

Digital determinants of health as a way to address multilevel complex causal model in the promotion of Digital health equity and the prevention of digital health inequities: A scoping review

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Abstract

Background: With the progressive digitization of health services and the current spread of Telemedicine and e-Health, it became clear that promoting Digital health equity (DHE) is necessary to support health potential, to avoid that some individuals can incur in unintended inequities. In this paper, we address the complex causal process(es) that may generate risk of inequities, considering the so-called “Digital Determinants of health” (DDoH) and their relationship with determinants of health (DoH).

Design and methods: We conducted a scoping review, according to methodological framework proposed in PRISMA-ScR guidelines, on the definition of DDoH (Scopus, Pubmed and Web of Science electronic databases). Inclusion criteria: papers on the definition of DDoH, no time limits, all study designs eligible.

Results: There is an agreement on the link between DDoHs and “digital divide” and on their effects on a wide range of health, functioning outcomes, both as barriers and as facilitators. Authors proposed to modify or integrate with DDoHs the “Rainbow model” or other conceptual models on DoH. To promote DHE, authors suggest considering a multidimensional complex causal model, with interdependence among the different levels and the mutually reinforcing effects.

Conclusion: To study DDoH and their relationship with main determinants of health could be a way to address the complex causal model in the promotion of DHE. However, as they act in a multidimensional causal context, any intervention may consider the interdependence among different involved levels, within them, and the mutually reinforcing effects. Further research is needed to gain a more complete picture of the field.

Keywords

Digital determinants of health, social determinants of health, definition, meaning, equity, digital health equity, health inequities, scoping review

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Introduction and background

Since the second half of 20th century, there have been an increasing interest in promoting health and equity in Health. Since 1946, the WHO Constitution defined health and highlighted the importance of promoting health and health equity as “the highest standards of health (which) should be within reach of all, without distinction of race,

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religion, political belief, economic or social condition” (WHO, 1946 in International Health Conference¹). During the years, it became more and more clear that promoting health equity is necessary to support health potential. The debate on equity in health gained even more interest in the last decades, due to the increasing awareness that there can be some critical loci in the promotion of equity in health and that some individuals can incur in some forms of inequities. Aiming to clarify equity in health and the risks of inequities, an open debate started, and various theoretical approaches were proposed on the complex causal model for the promotion of health potential.² Moreover, some authors focused on specific determinants of health and proposed more specific model on this issue.^{3,4}

One of the more worldwide used model is the so-called “Rainbow model” proposed by Dahlgren and Whitehead, which described the main determinants of health as a series of layers/levels, as rainbow-like layers.⁵ The first level of the model is composed by the major structural environment, on the second level there are the material and social conditions in which people live and work (housing, education, health care, agriculture, mutual support from family, friends, neighbors and local community), in the third level there are actions taken by the individuals (like exercise, diet and lifestyles).⁵ The authors described also fixed factors like age, sex and genetics at a fourth level.⁵ In 2007, the same authors clarify that age, sex and constitutional characteristics influence health and are largely fixed; however, there are surrounding factors that influence them and that are theoretically modifiable by policy: there are personal behavior factors (smoking habits and physical activity); social and relational factors (individuals interact with their peers and immediate community and are influenced by them); moreover, personal factors (a person’s ability to maintain their health which is influenced by their living and working conditions, food supply, and access to essential goods and services). Finally, as mediator of population health, economic, cultural and environmental influences prevail in the overall society.⁶ According to the “Rainbow model,” there are various levels of interactions and feedback between the layers: individual lifestyles are embedded in social norms and networks, and in living and working conditions, which in turn are related to the wider socioeconomic and cultural environment.⁶ Moreover, the determinants of health that can be influenced by individual, commercial or political decisions; those environmental factors can be positive health factors, protective factors, or risk factors Dahlgren and Whitehead.^{7,6}

According to Whitehead Dahlgren, Whitehead Dahlgren equity in health implies “that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

Moreover, Dahlgren and Whitehead⁷ highlighted that equity in healthcare is related to “multifaceted and incorporating ideas about fair arrangements that allow equal geographic, economic and cultural access to available services for all in equal need of care.” They also claimed that “Inadequate access to essential health services is one of several determinants of social inequities in health.” Dahlgren and Whitehead distinguished social “inequities in health” from “differences in health”: social inequities in health are systematic differences in health status between different socioeconomic groups, they are socially produced and unfair. Social inequities in health may be within countries and between countries. Also Braveman and Gruskin⁸ described “equity in Health” as an ethical value and as “equal opportunity to be healthy, for all population groups” and they highlighted that it can be defined as the “absence of disparities in health (and in its key social determinants) that are systematically associated with social advantage/disadvantage.”⁸ They claimed that “health inequities put populations who are already socially disadvantaged at further disadvantage with respect to their health.”⁸

In 2021, Dahlgren and Whitehead summarized the main features of the “Rainbow model” after 30 years of its worldwide use:

- the determinants of health in the rainbow are described as health promoting (salutogenic) factors, health protective factors or health-damaging factor;
- the model is focused on determinants of health rather than on causes of different diseases;
- the model proposed a multisectoral approach for action, helping people in different sectors to work together on a common goal;
- the model offered a theoretical framework to structure research on social determinants of health.⁹

The relationship between Determinants of health and inequities in health is not a simple one; it makes even more important to gain a deep knowledge and understand of the complex causal model between them. According to the Diderichsen’s model of pathways to inequalities in health, there may be four main mechanisms operating on the determinants of health and promoting health inequities: societal context/social stratification and differential power and resources; differential exposure; differential vulnerability; and differential social and economic consequences of being sick.¹⁰ Moreover, in 2019, Diderichsen and colleagues described in a deeper way the mechanisms of differential exposure and differential vulnerability, which are not mutually exclusive, by which individual’s social position may influence disease risk: “there is either some cause(s) of disease that are

unevenly distributed across socioeconomic groups (differential exposure) and/or the effect of some cause(s) of disease differs across groups (differential effect).¹¹ According to the same authors vulnerability is a complex concept which covers three dimensions: exposure to hazard; susceptibility or effect of exposure; and capacity of response by coping and adaptability. In that regard, susceptibility refers to a complex causal model, where the effect of one cause depends on the exposure to other—interacting—component causes of the same disease. They claimed that “Susceptibility to the health effects of one specific cause can then be defined as the set of complementing genetic or environmental causes sufficient to make a person contract a disease after being exposed to the specific cause.”¹¹

With the progressive digitization of health services and the current spread of Telemedicine and e-Health, the discussion about health equity and main Determinants of health became even more important, with a huge need to understand how to promote health equity and prevent inequities in health in those e-environments and taking into account the current “digital revolution” and massive use of Information Communication Technology (ICT) in health. As a consequence, the use of e-environments and the spread of ICT to support health potential puts attention on the so-called “Digital Health equity.”

Even if there is an agreement on the positive effects on this “digital revolution” in health, also in this field there can be unintended consequences related to the risk of inequalities,^{12–15} (Petretto et al., submitted). According to the so-called risk of “digital paradox,” people which could have the better support from digitization process, can also incur the higher risk of difficulty in accessing to services, information and they can have an higher risk of exclusion from digital health if all the elements and variables that can influence the use and the access to, are not correctly taken into account.^{13–16}

Otherwhere, we discussed about the so-called “Digital Health Equity” in the use of Telemedicine and e-Health, on its definition and on the need to better understand the complex causal model on its base, with the aims to promote it and to prevent inequities (Petretto et al., submitted). From this regard, according to some other authors, we claimed that it is very important to acquire a deeper knowledge and awareness about critical loci in promoting health equity and preventing health inequities in Telemedicine and e-Health environments. In this paper, we propose to further analyze and discuss the complex causal process(es) that may generate those critical loci and we focused on and on the so-called “Digital Determinants of health” (DDoH) and their relationship with main determinants of health; we aim to discuss current definition(s) and theoretical model(s) of Digital Determinants of health, according to the following research questions:

- (1) **How did previous papers define Digital determinants of health?**
- (2) **How did previous papers describe the relationship between Digital Determinants of health and main Determinants of Health?**
- (3) **How did previous papers describe interventions to promote Digital Health Equity starting from the discussion on Digital Determinants of health?**

Methods

Protocol

The protocol was developed using the scoping review methodological framework proposed in PRISMA-ScR Guidelines.^{17,18} We reported data according to these guidelines. We conducted a literature review on the definition of DDoH via Scopus, Pubmed and Web of Science electronic databases. The following inclusion criteria were established: papers on the definition of DDoH, written in English. All study designs were eligible, including those that utilized qualitative and quantitative methods, methodology or guidelines report. We excluded papers written in other languages than English. Considering the novelty of the topic, no time limits were considered.

Information sources and search strategy

Literature searches were conducted by two authors (DRP and GPC) in the following online databases: Scopus and PubMed and Web of Science. These databases were chosen to cover health sciences. We used the following search keywords: Digital Determinants of Health combined with the “OR” Boolean operators and “Digital determinants of health.” Then literature was selected, and results were analyzed. According to the needs, the keywords were searched in the publication title or abstract. A total number of 60 records was found. Two authors (DRP and GPC) independently reviewed the chosen references, deciding to exclude further papers and to remove duplicate references. A total number of 15 papers was found. Papers were analyzed with respect to their content, and papers with content that were not fully within the scope of this review were eliminated. A group of 12 full-text articles were considered. Starting from the references in the full text of the articles derived from the literature review, some other papers were included (article). After the reading of the full text, a total of eight papers were then considered for the final analysis.

Methodological quality appraisal

According to Tricco et al.¹⁷ and considering the peculiarity of scoping review, we did not appraise methodological quality or risk bias of the included papers.

After examination of included articles and according to the quality of the studies and to the research questions, we did both quantitative and qualitative analysis of the papers, with the aim to address the proposed research questions. The findings are summarized using a narrative, but systematic review.

Results

Table 1 describes the eight papers that met the selection criteria. Only recently the authors of the selected papers proposed to describe and analyze the role of “Digital” Determinants of health in the promotion health, as a consequence of the use of ICT in health and of the so-called “digital revolution”^{19,20} or “digital age.”²⁰ Only one paper described this phenomenon before Covid-19 outbreak,²⁰ while all the other papers are focused on the massive and emergency use of ICT and e-environments in health during and after the Covid-19 outbreak.^{12,19,21–25} The geographical distribution of the papers revealed interests in America,^{12,24} Australia,¹⁹ Canada²¹ and Europe (Germany,²² Switzerland,²⁵ United Kingdom²⁰ and Finland²³). The authors addressed the topic mainly with theoretical papers (chapter, viewpoints, debate, editorials) and only one paper is based on specific research with semi structured interviews.²³

How did previous papers define digital determinants of health?

In the selected papers, there is no unique definition of DDoH and only some papers proposed a definition. Some papers listed specific DDoHs and did not propose specific definition^{20,25,29}; they described them in an indirect way with reference to “digital literacy and digital access”²⁵ or with reference to “ICT as a major determinant of health”²⁰; other papers discussed about them according to a general approach, like Backholer and colleagues that referred to “all the consequences of rapid and exponential technological changes on future of public health promotion.”¹⁹ When a definition is proposed, there are some differences in the sorted perspective: Lawrence claimed “is a term that describes the unique elements of people’s experiences with the digital health ecosystem that impact on their experience of health and healthcare”¹²; Richardson and colleagues focused on the effects of DDoH, they “are condition in the digital environment that affect a wide range of health, functioning and quality of life outcomes and risks” and described some example (access to technological tools, digital literacy, community broadband availability)²⁴; the same authors and other authors focused also on their impact on digital health equity.^{22–24} Moreover, some papers described their multiple and hierarchical structure²² and on the cross over interactions between levels or layers and within them.^{20,22,24}

How did previous papers describe the relationship between digital determinants of health and main determinants of health?

The sorted papers focused on Digital Determinants of Health in the framework of the promotion of Digital Health equity and/or context of the prevention of digital health inequities, according to two general approaches: firstly, some authors proposed to integrate or modify the “Rainbow model” with Digital Determinants of Health^{5,20,22}; secondly, some other authors proposed to define Digital Determinants of Health according to/or within other models, like the Digital Health equity framework^{21,23,24} or the Social Determinants of Health model of the WHO.¹²

Even when the “Rainbow model” is proposed, the authors used different approaches: Rice and Sara²⁰ proposed to integrate the model with a new level/layer, the so-called “virtual environment” and they proposed the “Rainbow model 2.0” with the aim to distinguish it from the previous version; Jahnel et al.²² proposed an adaptation of the model where the digital environments influence each layer and the interaction between layers and within each layer.

When Digital Health Equity Framework is considered, the authors claimed that DDoH interact with the other intermediate health factors, such as psychosocial stressors, coping styles, current health status and preexisting health conditions, health related beliefs and behaviors, and current health needs²¹; other authors described specific DDoHs that influences specific layers, such as individual access to digital resources, use of these resources for health seeking, digital health literacy, beliefs about the potential help or harm of digital health care, values and cultural preferences regarding the use of digital resources, the integration of digital resources into community and health infrastructure.²³ Richardson et al.²⁴ proposed an expansion of the NIMHD framework for digital equity²⁸ with the incorporation of DDoH in the digital environment domain, where they influence individual level, interpersonal level, community level, and societal level. They highlighted that “DDoH function independently as barriers to and facilitators of health, as well as interact with the social determinants of health to impact outcomes” (Richardson et al.²⁴)

A similar perspective is proposed by Lawrence¹² who discuss about the WHO’s “Social determinants of health” model (WHO, 2010) and he proposed to incorporate DDoH at individual level, community level and system level. Kickbusch and Holly²⁵ based their paper on Geneva Charter (WHO, 2021) and they described direct and indirect effects of digital divide on health and wellbeing (direct effects are related to the application of digital technologies and approaches in health care; indirect effects are produced by quality of digital connectivity, access to effective digital services, nature of online contents, levels of combined digital, health and civic literacy among health

Table 1. Characteristic of the papers which met the inclusion criteria.

| Author/s (year) | Title | Country/s | Definition(s) of Digital Determinants of Health | Kind of study | Relationship with main Determinants of health | Model/s | Levels | Interventions/recommendations for digital health equity | Other |
|-----------------------------------|---|-----------|---|---------------|---|---|--|---|--|
| Backholer et al. ¹⁹ | Digital determinants of health: the digital transformation | Australia | Rapid and exponential technological change with reflections on the future of public health promotion. How the digital revolution will unfold is unknown, but it is clear that advancements and integrations of technology will fundamentally influence our health and wellbeing in the future | chapter | Not defined | Reports on digital megatrends by Commonwealth scientific and industrial research Organization ²⁶ | Six interlink megatrends: - smarter machine, a data-driven future, reinventing of work, the rise of burning platforms, an increased importance on invisible technologies and ongoing dilemmas, | 1) Application of AI must move beyond empowering individuals to manage their own health to better understanding how the environments in which we live, work, play and age can be improved to support everyone to live healthy and prosperous lives. 2) increase of digital inclusion, everyone should be able to make full use of digital technologies to inform their health and wellbeing. 3) improve in data privacy. 4) the digital ecosystem must be continually challenged and debated to uphold societal values and expectations and the impacts on health, wellbeing and equity must be continually and rigorously examined. | Digital revolution Digital transformation Smarter machine, data-driven future, reinvesting of work, rise of invisible technology and ongoing digital dilemma |
| Crawford and Serhal ²¹ | Digital health equity and innovation curve cannot reinforce the social gradient of health | Canada | Access to digital resources Use of digital resources for health seeking or health avoidance Digital health literacy Beliefs about potential for digital health to be helpful or harmful Values and cultural norms/preferences for use of digital resources Integration of digital resources into community and health infrastructure | Viewpoint | DDoH interact with other intermediate health factors, such as preexisting health conditions, health-related beliefs and behaviors, and the environment, along with the person's current health and need. Digital health technologies interact with social, cultural and economic realities and with social determinants of health to indirectly contribute to health equity. | Digital Health Equity Framework with the aim to identify the DDoH and their links to digital health equity. | - Socio-economic and cultural contexts (social location and material circumstances) - health system as a social determinant of health (health policy, health funding, governance, institutional policies and leadership, health education and training, patient-provider relationship) - Intermediate health factors that shape health and health behaviors, including psychosocial stressors, styles of appraisal and coping, biology, including current and health status and preexisting conditions, health related beliefs and behaviors, current health needs, and their environment. DDoH interact with other intermediate health factors (psychosocial stressors, styles of appraisal and coping, biology, including current and health status and preexisting conditions, health related beliefs and behaviors, current health needs) | To improve the resourcing and quality of digital health care for all social groups to reduce digital health disparities The importance of approaching digital health technologies from an ecological perspective, considering the ways that the use of technology by an individual extend out into and are shaped by their social, cultural, and economic position in the world | 2030 Agenda for sustainable development |

(Continued)

Table 1. (Continued)

| Author/s (year) | Title | Country/s | Definition(s) of Digital Determinants of Health | Kind of study | Relationship with main Determinants of health | Model/s | Levels | Interventions/recommendations for digital health equity | Other |
|-----------------------------------|---|-------------|---|---------------------------------------|--|--|--|---|--------------------------------------|
| Jahnel et al. ²² | The digital rainbow: digital determinants of health inequities | Germany | Digital Determinants of health are organized on multiple hierarchical levels starting from individual-level determinants, such as educational attainments, to higher level determinants, such as cultural and policy norms. Health inequities are the results of differential access to resources and barriers in these layers, with possible cross-over interactions | Essay | The determinants of health and health inequities in the Rainbow model are subject to a digital transformation. All levels of determinants of health inequities are permeated by digitization | Adaptation of the Rainbow model of determinants of health and health inequities ⁵ | Five hierarchical levels - General socio-economic, cultural and environmental conditions - living and working conditions - social and community network - individual lifestyle factors Age, sex and constitutional factors - Digital rainbow model that integrates Rainbow model with digital environments, in each layer of the model, with within and between layers interaction | - on the first layer, to put attention on different generational resources allocations (access to technology, availability of technology, broadband access, digital literacy) and the political implementation of data protection policy, - on the second layer, to monitor how digital technology affects most living (broadband access, financial and physical barriers) and working (condition (tracking and monitoring apps in some jobs), and the delivery of healthcare (broadband access, financial and physical barriers) and to prevent inequities - on the third level, social formal and informal networks must be improved in "deprived" area (vertical and horizontal interactions) - on the fourth level, to be aware that exposure to digital technology can constitute a health protective factor, or health risk factor | |
| Kahtanen et al. ²³ | Toward digital health equity- a qualitative study of the challenges experienced by vulnerable groups in using digital health services in the COVID-19 era | Finland | Digital Determinants of health as Elements that may prevent vulnerable groups from benefits from digital health services | Research (semi-structured interviews) | DDoH reflect the socio-economic and socio-cultural context of individuals and the intermediate health factors | Digital Health Equity Framework of Crawford and Serhal ²¹ | - Individual access to digital resources - use of these resources for health seeking - digital health literacy - digital health care - values and cultural preferences regarding the use of digital resources - the integration of digital resources into community and health infrastructure | Areas for the development of digital health services: - increasing physical access, digital skills and social support - improving digital remote support infrastructure - hybrid strategies, with high and low-tech perspective and combination of online and offline strategies - focus on usability of digital services and on opportunity and ability of individuals to benefit from them Five areas of action: - build healthy public policy with precautionary and value-based approach to digital and data governance and close the gaps in digital infrastructure and literacy - create supportive environments - empower community in health promotion - develop personal skills - reorient health services (advocate, enable, mediate) | Rapid digitization of health service |
| Kickbusch and Holly ²⁵ | Addressing the digital determinants of health: health promotion must lead the change | Switzerland | Digital literacy and digital access affect not only people's access to health services but their health outcomes Misinformation and disinformation Digital divide | Editorial | Digital transformation as important determinant of health | Geneva Charter (Who, 2021) and Lancet and Financial Times Commission on Governing Health Futures 2030 (GHFutures 2030) | Direct and indirect effects on health and wellbeing - digital divide - direct effects by application of digital technologies and approaches in healthcare - indirect effects are shaped by quality of digital connectivity, access to effective digital services, nature of online contents, levels of combined digital, health and civic literacy among healthcare professionals and the general population - a balance between benefits and harmful aspects to both digital exclusion and digital access | | |

(Continued)

Table 1. (Continued)

| Author/s (year) | Title | Country/s | Definition(s) of Digital Determinants of Health | Kind of study | Relationship with main Determinants of health | Models | Levels | Interventions/recommendations for digital health equity | Other |
|---------------------------------|--|-----------|---|---------------|--|--|--|---|--|
| Lawrence ² | Digital health equity | USA | DDoH is a term that describes the unique elements of people's experiences with the digital health ecosystem that impact their experience of health and healthcare | Chapter | DDoH can be complexly inter-related in addition to and interacting with social determinants of health at multiple levels | Social determinants of health model of World Health Organization (WHO and) ³⁷ | DDoH incorporate individual (individual experiences with digital health technologies, patterns, habits and digital skills), community (larger representative population's relationship with technology, including cultural beliefs, and communal attitudes, perception of usability, usefulness, trust, privacy, security), a system level factors (the larger policies, practices, and beliefs of a society that influence, reinforce interactions with technology) | <ul style="list-style-type: none"> - Industry supporting digital health innovation must themselves be more diverse, equitable and inclusive in order for their products to be both effective and valid as a tool to reduce disparities - stakeholders and end users must be actively involved in the development process from inception to implementation - systematic long-term assessments of the impact of digital health technologies in health disparities - having a plan in place that incorporate equity in implementation and evaluation of digital health tools | |
| Rice and Sara ²⁰ | Updating the determinants of health model in the information age | UK | ICT is a major determinants of health communication as an important determinant of health | debate | DDoH operates at all levels of social determinants of health | Updating od Rainbow model of health 1.0/2.0 ⁵ | <p>Virtual world of Internet and ICT as a new level of the Rainbow model.</p> <p>Some of the broad mechanisms through which ICT impacts on health, physical health (sedentary lifestyles, or positive effects), mental health (negative effects of use of ICT on sleep, mood and stress and positive effects of virtual communication) and social health (negative and positive effects of use of ICT)</p> <p>ICT operates outside of the model 1.0,</p> | <ul style="list-style-type: none"> - ICT is a key level for public health policy makers and if a health policy is to be successful, ICT must be targeted, as well as the other four levels/layers. - Importance of communication - virtual world as medium/context for investigating possibilities for new interventions and emergent approaches to health improvements - it is important to be aware of possible risks and barriers in the use of ICT in health | Information age, computer age, digital age, digital revolution |
| Richardson et al. ²⁴ | A framework for digital health equity | USA | DDoH are condition in the digital environment that affect a wide range of health, functioning and quality of life outcomes and risks. They include access to technological tools, digital literacy, and community infrastructure like broadband internet and operates at the individual, interpersonal, community and social levels. They impact digital health equity, equitable outcomes from experience with digital healthcare, and equity in the design of digital health solutions. | review | DDoH, including access, can significantly impact the Social Determinants of health | Expansion of NIMHD Framework for digital health equity ²⁸ | <p>Several domains:</p> <p>Biological, behavioral, physical built environment, sociocultural environment and the healthcare system. DDoH are incorporated in the digital environment domain. Different levels:</p> <ul style="list-style-type: none"> - individual level (digital literacy, digital self-efficacy, technological access, attitude toward use) - interpersonal level (implicit tech bias, interdependence, and the patient-the-clinician relationship) - community level (community infrastructure, healthcare infrastructure, community tech norms, and community partners) - societal level determinants (tech policy, data and design standards, social norms, and ideologies, algorithmic bias) | <ul style="list-style-type: none"> - Digital health leaders and developers in industry, academia and healthcare operations must be aware of the DDoH and the role they play to ensure the use of technology does not widen disparities - Digital health stakeholders should consider the DDoHs in product development and intervention design and dissemination, incorporating community and societal level determinants as well as developing multilevel approaches. | |

professionals and the general population, and a balance between benefits and harmful aspects of digital exclusion and digital access).

How did previous papers describe interventions to promote digital health equity starting from the discussion on digital determinants of health?

Regarding intervention and recommendation to promote Digital Health equity starting from the knowledge of DDoH, a common approach arise among the sorted papers: the reference to multiple levels of analysis and intervention (individual level, interpersonal level, community level, societal level) and to the awareness on the need to consider the interdependence among the different levels and the mutually reinforcing effects²⁴ (Petretto. et al., submitted).

Crawford and Serhal²¹ highlighted the need to improve the resources and quality of digital health care for all social groups, aiming to reduce digital health care disparities; they also discussed about the need to approaching digital health technologies from an ecological perspective, able to consider a deeper way how the use of them by each. Individual is influences by social, cultural and economic aspects.

Jahnel et al.²² recommended intervention on each level of the “Rainbow model”⁵: general socioeconomic, cultural and environmental conditions (to put attention on resources allocation of tools, devices, broadband, digital literacy, and on data protection policy), living and working conditions (to put attention on how technologies affects living, working conditions, and the delivery of healthcare, such as broadband access, financial and physical barriers and the negative issue of tracking and monitoring apps used in some jobs to control individual), social and community network (to improved formal and unformal networks in “deprived” areas), individual lifestyle factors (to improve awareness that the use of digital technology may constitute an health risk factors or a health protective factor).

Starting from the Digital Health equity framework of Crawford and Serhal,²¹ Kaihlanen et al.²³ described specific areas of improvement of digital health services: to increase physical access, digital skills and social support, to improve digital remote support infrastructures, to balance digital health with hybrid strategies which consent access with high and low tech perspective and the combination of online and offline strategies, to put attention on usability of digital services and the ability of individual to benefit from them).

Backholer et al.¹⁹ discussed about DDoH starting from the Report on Digital Megatrends by Commonwealth scientific and industrial organization: they highlighted the need to balance digital revolution with some open “digital

dilemmas,” and they recommended that the application of ICT and Artificial Intelligence (AI) must empower individuals to manage their own health in a better way and increase digital inclusion to permit everyone to make a full use of digital technologies to inform and support their health and life, improve data privacy and management. Moreover, they claimed that the digital ecosystem must be continually challenged and debated to increase and support societal values and there must a continuous and rigorous monitoring on positive impacts on health and wellbeing.¹⁹ Also, Kickbusch and Holly²⁵ discussed on the need to build healthy public policy with precautionary and value-based approach to digital and data governance with a direct involvement of community in health promotion. From this regards, Lawrence¹² focused on the role of industry supporting health innovation in being equitable and inclusive with the aim to design and produce products both effective and valid as a tool to reduce disparities. They also recommended an involvement of stakeholders and end-users in all the phases from design to implementation and further long-term monitoring and assessment of the impact of digital health technologies in health equity. In a similar vein, Richardson et al.²⁴ discussed about the need to deepen awareness of the DDoH by digital health leaders and developers in industry, as well as academia and healthcare, with the aim to prevent the widen of health disparities.

Rice and Sara²⁰ claimed that ICT policy in the digital age must be a key for public health policy makers to support health policy, with an increasing awareness of the balance between risks/barriers and advantages in the use of ICT in health.

Discussion

This review has summarized the evidence regarding the definition of Digital Determinants of health and their role in the promotion of digital health equity and in the prevention of inequities. Starting from the sorted papers, in this scoping review we addressed three research questions to discuss these issues in a deepen way.

The first research question is focused on the general definition of DDoH. Even if, the sorted papers didn’t propose a unique definition, there is a shared idea about the link between DDoH and “digital divide” and “digital environment,” some authors proposed list of specific DDoH and they described their effects on a wide range of health, functioning and quality of life outcomes, both as barriers and as facilitators.

Regarding the relationship between them and the main determinants of health, as discussed in the second research question, there are two general approaches that have been followed by the authors: firstly, to refer to the main determinants of health proposed in the so-called “Rainbow model” and to describe specific relationship between them

or general influences; secondly, to refer to other conceptual models on main determinants of health and to describe specific relationship between them.

Moreover, both the DDoH and determinants of health may act as health promoting factors, health protective factors or health-damaging factor. There is a close link between the evidence used to address the first research question and the second research question, because the definition of DDoH and/or their list are strictly related to the general model(s) proposed.

Regarding intervention and recommendations to promote Digital Health equity starting from the knowledge of DDoH, as discussed in the third research question, a common approach arise among the sorted papers: the reference to a multidimensional complex causal model, with multiple levels of analysis and intervention (individual level, interpersonal level, community level, societal level, policy level) and to the awareness on the importance to consider the interdependence among the different levels and the mutually reinforcing effects. Again, there is a close link between the evidence used to address the first research question, the second research question and the third research question, because recommendations for intervention aiming to promote digital health equity are strictly related to the definition of DDoH and/or their list and to the general model(s) proposed.

Conclusion

In summary, the present paper discussed the role of DDoH in the promotion of Health equity, Digital health equity and in the prevention of inequities. In the last years, there is an increasing interest in this topic and on the need to acquire enough knowledge of the complex causal model at the base of Digital health equity. According to the reviewed literature, it seems that to study DDoH and their relationship with main determinants of health could be a way to address this complex causal model, because DdoH as well as models of Health Equity and of Health inequities offer a deeper knowledge on different reasons/variables that can promote equity or limit inequities.

As DDoH and other main determinants of health may act as health promoting factors, health protective factors or health-damaging factor, they can be addressed with specific intervention to increase healthy equity and reduce risk of inequities. However, as they act in a multidimensional causal context, any intervention, may consider this feature and relationship, interdependence among different levels (individual level, interpersonal level, community level, societal level, policy level) and within them, and the mutually reinforcing effects.

An agreed position arising from this scoping review is that the promotion of Health Equity must be based on a multilevel complex causal network which needs to be understood both for designing, producing and implementing

digital environments, tools and devices, as well as for the implementation of active policy in health and in digital health. In this multilevel complex causal network, a role is played by main determinants of health and by Digital Determinants of health, but a role is played also by all the involved stakeholders. Further research is needed to gain a more complete picture of this multilevel complex causal network. As in our previous papers, all the evidence from the sorted literature in this scoping review highlighted the need to acquire an overall and integrated picture of all these variables in this multilevel complex causal model of digital health, even if by now we have only a partial picture¹⁶ (Petretto et al., submitted). Only taking into account all the variables that influence health and digital health and only promoting and supporting direct involvement of all the authors of this scenario (health policy makers, health professionals, industry, academia, communities and people), and considering all the levels involved, equity in health and in digital health will be pursued. A lot of work has just been done but other work needs to be done in next future to guarantee equity of access in healthcare and in digital health care, and further research is needed.

Author contributions

Conceptualization, D.R.P. and R.P.; methodology, D.R.P., G.P.C. and L.G.; Literature review, D.R.P., G.P.C., R.B., and L.G.; writing original draft preparation, D.R.P. and A.D.P.; writing—review and editing, D.R.P., R.P., A.D.P., L.G., R.B., G.P.C. and M.P. All authors have read and agreed to the published version of the manuscript.

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