

Board of Health Briefing Note

To: Chair and Members of the Board of Health

Date: September 7, 2022

Topic: **Closing the Digital Divide in Timiskaming**

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RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health:

1. **Receive updated report “Closing the Digital Divide in Timiskaming” for information.**

Issue

There is a digital divide in the District of Timiskaming: a discrepancy between those who have access to information and communication technologies and the benefits they provide, and those who don't. This divide can be the result of many factors, including high costs for technology and online access and limited internet connectivity in rural Northern Ontario. This digital divide leaves many without access to digitally delivered health and well-being programs, services, and information. These factors can be grouped into five core dimensions that impact digital equity, which are access, safety and security, affordability, digital literacy, and relevance.¹

Lack of digital equity has become a critical issue for many, and the COVID-19 pandemic underscored and exacerbated these already significant inequalities. Early stages of the pandemic saw a drastic shift in many fundamental services to the digital space, with mental and physical health services being delivered virtually, financial supports requiring online applications, distance learning and work from home becoming mainstream, and most social interactions being done online to accommodate physical distancing measures. While safety restrictions preventing the spread of COVID-19 have begun to loosen, many programs, services and opportunities are still only available to the public through online means.² Digital equity has emerged as a key determinant of health and well being and there is much work to be done to reduce this health inequity.

Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan (2019-2023)

This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) directly related to both the Health Equity and Emergency Management Foundational Standards and indirectly to all other program standards. This work also supports THU strategic directions 2,3 and 4:

We create, share and exchange knowledge

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- We use the best available information, including local lived experience, to inform local programs and services
- We exchange information with communities and partners to broaden our understanding of local needs
- We create quality data to address gaps in knowledge and to identify changing local needs
- We share our knowledge with stakeholders to understand the causes and impacts of health inequities

We collaborate with partners to make a difference in our communities

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- We nurture positive and effective relationships with community partners to improve public health
- We mobilize diverse and inclusive community resources in addressing the Social Determinants of Health and climate change to reduce health inequities
- We advocate for policy changes that make a difference in local communities

We adapt to address the diverse and changing local needs

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- Our programs and services are evidence-informed, customized and evaluated to ensure they address local needs
- We clarify roles with partners and allied agencies to reduce duplication, fill gaps and maximize our collective impact to create healthy populations
- We engage in meaningful relationships that respect and respond to our cultural and linguistic diversity

Background

Daily aspects of our lives are increasingly touched by digital technology, and access to high-speed Internet has become both essential service and key driver for improving our economic and social well-being and in democratic participation and freedom of expression.³ The United Nations recognizes the Internet as a human right.⁴

The digital divide also stems from income inequality among Canadians and differences in online connectivity practices exhibited by those of different age, gender, first language, and cultural background. Many of these same inequalities contribute to a lack of access for those in local communities, known as Internet inequity: differential access to the internet based on the factors mentioned above as well as community wealth, rurality, socioeconomic status and ethnicity.⁵ Many of the factors that influence the digital divide can be captured by the five dimensions of digital equity, as identified by the National Collaborating Centre for Determinants of Health.¹ These five dimensions include:

- 1) **Access** (factors that influence how people are able to acquire, safeguard, and use digital devices)
- 2) **Safety and Security** (factors that affect trust in digital services)
- 3) **Affordability** (factors that influence how affordable devices and connectivity services are)
- 4) **Digital Literacy** (factors that affect people's skills to seek, find, understand, appraise, and apply digital information)
- 5) **Relevance** (factors that influence online content, formats, modes of delivery, and other cultural and social factors)

The percentage of Ontario seniors aged 65 and over that use the internet continues to be lower than the rest of the population and tends to be influenced by income. Of the seniors in the lowest income level, 63.5% have home internet access compared to 88.2% of seniors in the second level, 94.9% in the third and 97.1% in the highest income level.⁵ Overall, 94.5% of Ontarians have home internet access but again, this percentage varies by income.⁶ For example, 83.4% of those in the lowest income bracket have home internet access compared to 94.9% in the second income bracket, 98.7% in the third income bracket, and 99.8% of those in the highest income bracket.⁶

In the Timiskaming Health Unit catchment area, there are an estimated 860 households with an annual income below \$20,000.⁷ Based on the above figures, about 143 of the lowest-income households across the region would not have access to home internet.

Of Canadians who did not have access to home internet, 47% have said it was because they couldn't afford the internet services or the technical devices, while 8% noted the unavailability of internet services.⁸ Rural areas across Northern Ontario are more likely than urban areas to experience the absence of internet services or poor quality and high cost of services when available.⁹ The Internet is one of the most common sources of health information and inequitable access to this information is a barrier to health.¹⁰

Closing the Digital Divide Pilot Project

Barriers to technology for population groups such as those living with low income and seniors was raised by community partners as a problem needing to be addressed. Timiskaming Health Unit drafted an [evidence brief](#) which included not only an outline of the problem, but potential solutions.

The *Closing the Digital Divide Pilot Project* is multi-phased and began in October 2020 and will conclude in October 2022, with funding from the Ministry of Municipal Affairs and Housing's Social Services Relief fund via the District of Timiskaming Social Services Administration Board, United Way and Temiskaming Foundation and partnership with CMHA Cochrane-Timiskaming, THU and various local partners who participated in the COVID-19 Community Collaborative Partnership. This initiative made technology more accessible for individuals, seniors and families experiencing barriers such as financial hardship in Timiskaming and was able to directly provide digital services and devices to over 400 project applicants. The micro-grant phase supported other organizations in accessing funding and is indirectly supporting a yet-to-be determined number of people through its current final phase. Of those directly provided devices and/or Internet, 83% were people who make \$25,000 or less per year, and 47% were people 50 years of age or older.

Recognizing that this downstream intervention does not address the root causes of these inequities, the first phase of the project aimed to address digital inequity through the provision of technology and Internet to people who experience barriers to accessing technology. Those who were referred to the project through partnering social service and health agencies received a device (smartphone, cellular tablet or laptop) as well a predetermined number of months of Internet connectivity through a wireless Wi-Fi hub or cellular data plan, and in the later phase of the project, prepaid phones. When accounting for other household members who benefitted from these devices and/or services, we estimate that over 750 people in total were helped. This phase of the project ran until June 2022. An overview of the project can be found on the [THU website](#).

Closing the Digital Divide Microgrants

The final phase of the project involved a local microgrant initiative for up to \$5,000 for community organizations that serve individuals who experience low income and/or face significant barriers to accessing technology and demonstrate an interest in maintaining the program beyond the initial funding provided. Recipients are required to submit a report back to Timiskaming Health Unit by October 28th, 2022.

The following organizations whose projects enable Timiskaming residents to access internet services, develop digital literacy, and enhance digital skills, successfully received funds for this purpose:

- **City of Temiskaming Shores Public Library** – expansion of Wi-Fi hotspot lending programs (purchase 5 more portable Wi-Fi devices with unlimited data plans).

- **Pavilion Women’s Centre** – creation of a Community Connection Outreach Space – a safe space for women to access activities, devices, support and technology.
- **Employment Options** – expansion of Youth Job Connection Program through purchase of 6 new laptops and software and enhancement of digital literacy skills.
- **Centre d’éducation des adultes de New Liskeard** – provision free classes that offer basic literacy skills and cybersecurity skills to francophones.
- **Armstrong Township Public Library** - purchase of an interactive display and provision of drop-in sessions to assist seniors and others to access technology in a safe way.
- **Timiskaming Child Care** – addition of six tablets/covers to the toy lending libraries across the district with educational aps for families.
- **Canadian Mental Health Association Timiskaming Branch**– purchase additional 15 cell phones, 2 tablets and 50 data cards for clients.
- **Englehart Public Library** – purchase of 5 new all in one computers for public courses, homeschool families and community members to access.
- **Matachewan First Nation** – purchase 10 mobile hotspots to increase Wi-Fi access and offer cyber security program for seniors.

Healthy Public Policy

In 2021, after having received a [Briefing Note](#) on the topic, Timiskaming’s Board of Health submitted a [Letter of Support](#) for Bill 226, *Broadband as an Essential Service Act, 2020*, to the Ontario Minister of Infrastructure. In June 2022, THU included education and advocacy for digital equity in the [provincial election communications campaign](#) and developed an [election primer](#) on the topic of digital equity to inform future policy efforts.

Monitoring & Evaluation

The project was monitored and evaluated at various stages:

- A process evaluation report was completed in January 2021. This report helped to inform decision-making, clarify roles and functions, and identify areas in need of revision.
- An outcome evaluation was done while the intervention was taking place; survey distribution and data collection were conducted from October 26, 2021, to January 19th, 2022, to assess the impact the project had on participants in terms of their health, well-being, social connectedness, ability to adapt to COVID measures, and so forth. The final outcome evaluation report is available on the [Timiskaming Health Unit website](#).

THU Budget Impact

The activities described above were carried out thanks to approximately \$361,000 provided by District of Timiskaming Social Services Advisory Board, United Way Centraide North East, Temiskaming Foundation, and Ontario’s Ministry of Municipal Affairs, complemented with in-kind staff and administrative supports from THU and CMHA Cochrane-Timiskaming.

Related Timiskaming Health Unit Actions

Being unable to access Internet connected devices and services leaves many without access to digitally delivered health and well-being related programs, services and information. It also impacts access to education and employment, two powerful and interconnected determinants of health; for example, not having quality Internet services means no online health services, it reduces options for social connection, and it prevents accessing online learning and employment opportunities.

The rising importance of digital health technologies supports internet connected device access as a determinant of health and barriers to these devices and services are influenced by the five dimensions

of digital equity described above. THU will continue to work in the following areas with our community partners:

- Continue to bring partners together to discuss mitigating health and well-being disparities in Timiskaming;
- Strengthen local advocacy efforts to support legislative changes that aid the development of timely, quality, affordable digital infrastructure in rural and remote areas in Timiskaming;
- Continue to connect community members with pre-existing cyber safety resources;
- Support digital health literacy in the population and promote digital literacy skills training opportunities, including connecting to existing local resources and services;
- Continue to work with community partners to address digital equity including: awareness of the issue, healthy public policy, and supportive environments.

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