November, 2023

Digital Equity by Design – Global Perspectives

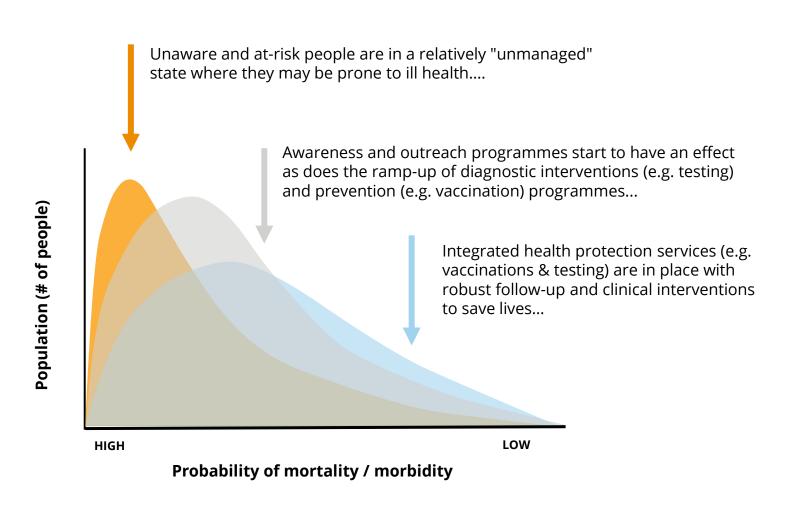
UKHSA Annual Conference
Designing for Participation and Access

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We need to bend the demand curve for infectious diseases and NCDs

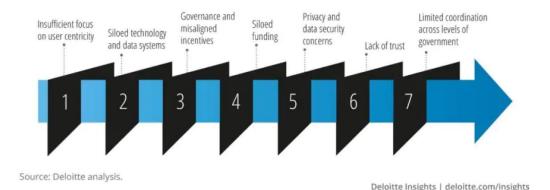
By creating awareness of health risks and providing access to health protection and prevention services, we can reduce the expected mortality and morbidity across our population. This requires participant engagement and reach.





We need to be honest about barriers to access

Inequitable access to health and social care is rife amongst the most vulnerable people in society. Depending on your service scope and policy objectives, improving equity and inclusion requires a conscious effort to monitor results.



Understanding hesitancy or barriers to access, is critical for improving engagement with health services. Without this understanding it is difficult to address gaps in Equity & Inclusion.

Designing for Equity & Inclusion requires a structured approach to clinical service design, data management, processes, culture and technology.

You will need an understanding of your vulnerable cohorts, trust, willingness to co-design and lived experience for this process.



Advance internal initiatives to improve diversity, equity, and inclusion. Ensure a deep understanding of priority cohorts (e.g. Core 20 plus 5)

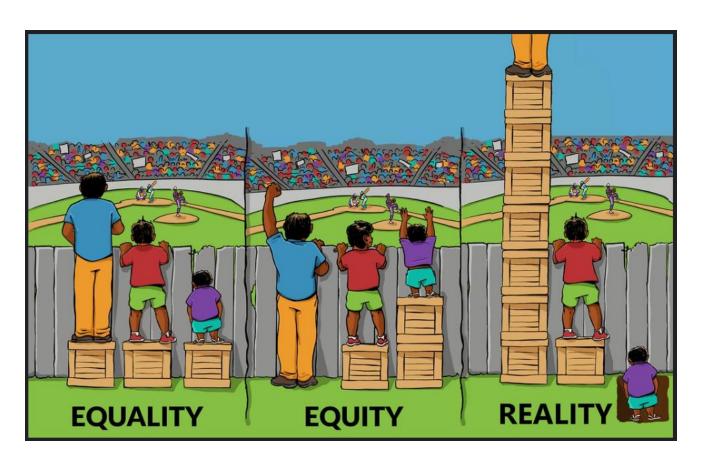
Assess and change how core services and/or products impact equitable health and the participants receiving them.

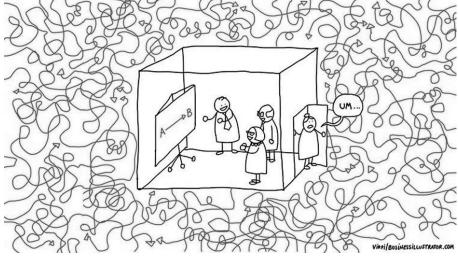
Advance equitable health in the community by building trusted relationships and outreach networks.

Demonstrate leadership in your commissioning and interactions with suppliers/vendors. Shape the ecosystem through relationships and advocacy.

We need to be clear about what we are striving for

It can be challenging to make changes, if stakeholders have different views on what equity and inclusion mean to them. Without clearly articulated KPIs, you will struggle to commence your journey.





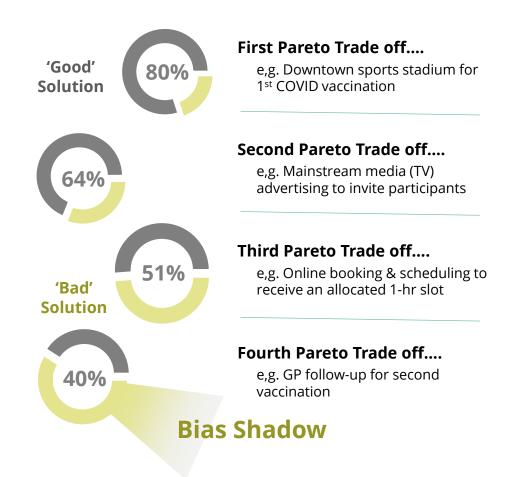
What are your baseline metrics – A?

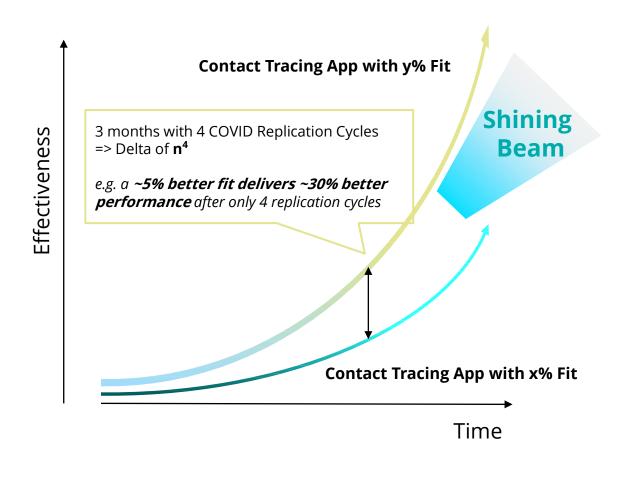


Where do you want to get to – B?

Lack of inclusion can leave a broad range of 'edge' use cases stranded

Pareto Principles can introduce a significant bias-shadow that impacts inclusion. Conversely a great design can pay significant dividends in terms of access and reach but will require more effort.





We can segment our target population into cohorts, to better manage access



Aware & informed

Engaged & considering options

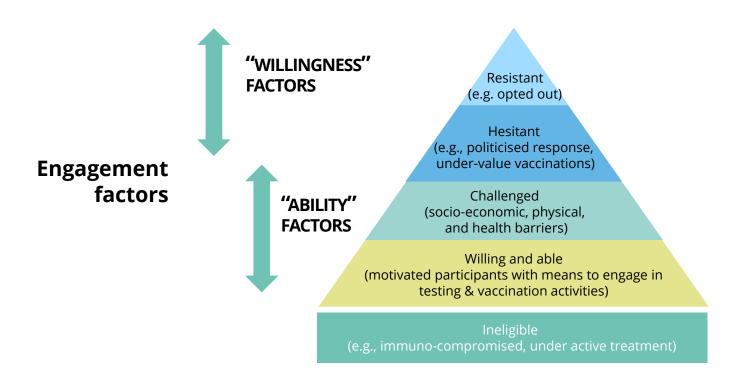
Accessing services

In treatment

Engaged & participating



A participant's journey starts long before a scheduled invitation and continues beyond the administration of a test or vaccination. Ideally their participation is "for life" and not just episode by episode.

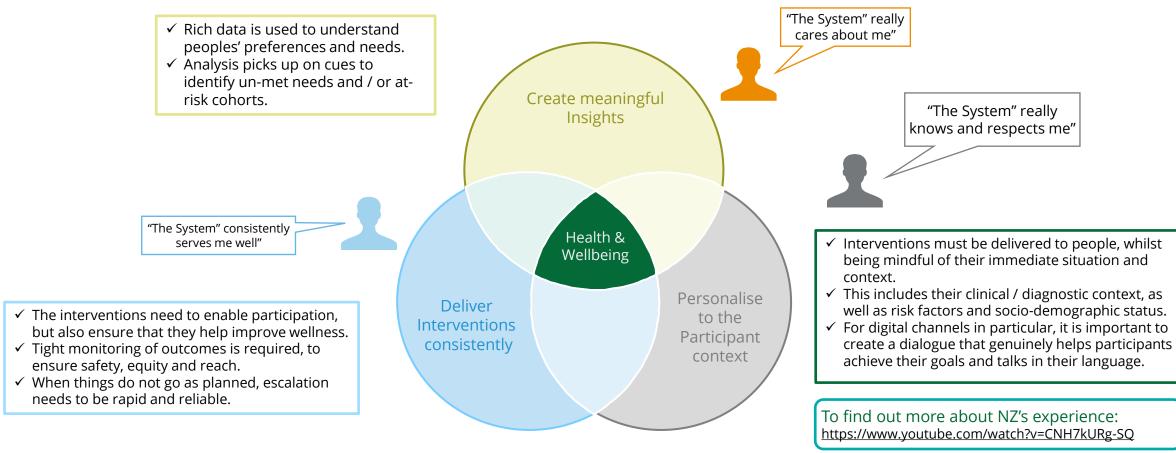


Understanding the drivers of hesitancy and barriers to access is critical to tailoring vaccination or testing programmes.

This can inform communications with priority populations and/or vulnerable cohorts as well as service design and support mechanisms that are needed to enable them to participate.

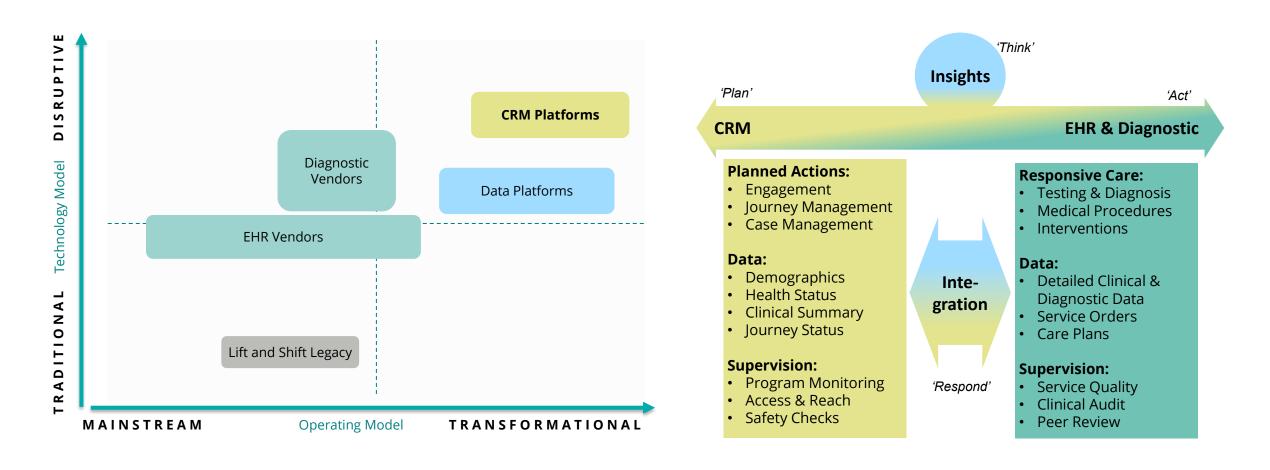
Encouraging participation, requires trust and consistency

Advanced health systems serve up the next best intervention at a given opportunity. This requires omni-channel reach with consistent and reliable processes that deliver a great experience. Building on COVID, some countries are conjoining their testing / screening / vaccination services for health protection and prevention services (e.g. NZ, CAD, AUD)



Leveraging modern digital platforms

There is no 'one-size-fits-all' solution and national health systems need to find their own balance between the different cloud platforms and digital pillars for their technology landscape – e.g. CRM / EHR / Diagnostic / Data Platforms, etc......



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Thank you.



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