COVID-19 limitations unique opportunity for researchers to decrease digital divide
30 April 2020, by Karen Nikos-Rose

The COVID-19 shelter-in-place orders and other limitations could offer researchers the chance to use technology to decrease the digital divide and disparities in academic research, suggests a University of California, Davis, professor in a new commentary.

"While I know many of my colleagues are frustrated with this pause in clinical research, it is actually a unique opportunity," said Leigh Ann Simmons, chair of the Department of Human Ecology, whose research interests include increased equity in health care delivery and chronic disease prevention in rural areas. "People who live in rural areas are often left out of clinical trials that can benefit them, partly because they are not near large medical centers," she said. This includes migrant workers, farmers and the general public who live in outlying areas.

She is co-author of the commentary, "Navigating Nonessential Research Trials During COVID 19: The Push We Needed for Using Digital Technology to Increase Access for Rural Participants?" published in The Journal of Rural Health earlier this month. Co-author is Devon Noonan, a researcher at Duke University.

Simmons said some research in which research subjects have to be contacted personally for interviews, testing or surveys has stopped since social distancing went into effect. This is a mistake, she said. "If we think creatively we can extend our reach."

"We need to stop and think," said Simmons, who is herself currently engaged in two rural health prevention studies that are being conducted solely using remote strategies. "How can we do our work remotely? Is there a way to get our data without human contact? And if we go this route, how can we include people who may not usually participate in our studies?"

It is well known, the authors said in their paper, that rural populations experience significant health disparities, especially in rates of common chronic diseases such as heart disease, diabetes, cancer and the associated health behaviors such as diet, physical activity, and tobacco and other substance use. "These disparities are in part due to rural residents' lack of access to, knowledge about, and participation in clinical trials," they said.

Participation in such trials is made more difficult in these areas too by lack of good internet access. Simmons said this could be augmented by researchers using community centers or regional facilities, or other community partners, to enable access for those in the study. Regional facilities could also be used to help with data and sample collections.

Further, state departments of health "could replicate the partnership that the California Department of Education initiated with Google to distribute mobile hotspots to areas without broadband access so that
K-12 education could continue amid school closures associated with shelter-in-place orders," the authors suggest.

"Moving to remote clinical trials is not without its challenges, especially for studies that are well underway," she emphasizes. "Importantly, the steps we take now to continue nonessential research remotely may provide the evidence we need to ensure that future studies target these hard-to-reach populations for study inclusion."

Establishing remote access to clinical trials will serve to not only decrease rural clinical trial disparities, the authors said, but also to promote rural health equity into the next decade and beyond.


Provided by UC Davis

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