Chapter 8.3

The Digital Divide and the Emerging Virtual Therapeutic System

Christine H. Barthold
University of Delaware, USA

John G. McNutt
University of Delaware, USA

ABSTRACT

As the Internet becomes increasingly more and more ingrained in our society, the gap between those who have adequate Web access and those who do not will continue to widen. In the health, mental health, and disability sectors of society, technology helps provide access to previously unavailable information, communication, and services, allowing for greater independence, as well as 24/7 access to collaboration and support. The digital divide might prevent the people who will benefit the most from virtual services from accessing them. This chapter will explore systems of online health and mental healthcare, both formal and informal, the dependence on advanced networking technologies for these systems to be effective, and the impact of the digital divide on individuals' access to online health and mental healthcare. We will discuss the implications for both policy and practice.

INTRODUCTION

Health care is a major issue in American public policy. On one hand, Americans take considerable pride in having the most sophisticated and advanced heath care system in the world. While this system is formidable, it cannot address all of the American health issues and it cannot always deliver services in the way desired.

On balance, the cost of health care is high and access for many Americans is problematic. Large numbers of Americans lack health insurance and, for many who do have coverage, that coverage is inadequate. According to the United States Department of Health and Human Services (HHS), Americans paid 10.1 billion dollars for personal health expenses not covered by insurance in 2005. In 2006, approximately 25% of White Americans, 40% of Latino Americans, and 50% of African Americans were without private health insurance (National Center for Health Statistics, 2007).

Coverage for many psychological problems and chronic health conditions is inadequate at best, and nonexistent at worst. Many individuals elect to forgo needed medical care when coverage is inadequate, which may result in preventable death and disability (National Center for Health Statistics, 2007). In 2005, individuals whose family income was less than twice the poverty level were more likely to report that they would forgo needed medical care.

Most of American policy discussions are about the formal health care system, or the networks of doctors, hospitals, and service providers who work for pay. In the recent American Presidential election, formal health care was a major debate topic of debate (Republican National Committee, 2008; The Democratic Party, 2008). Central to this debate was affordability and access to quality healthcare services. One of the major proposals from American President Barack Obama was to improve the quality of American health care by using technology. This cannot happen if Americans do not find some way to address the digital divide.

In addition to the formal health care system, there is an informal system of health care that fills in the gaps and provides services in a more personal way. Informal providers include family members, friends, and community members who provide support and assistance primarily through volunteer channels. This is particularly true in the area of mental health services and services for people who have disabilities (Malone, Kropf, & Hope, 2005).

Information and communication technology is a part of the formal and informal health care system and this influence is constantly growing (Slack, 1997). Fox (2007), as part of the Pew Internet and American Life Project, found that 86% of internet users with a disability searched for health information online, and that 56% reported a change in habits or thoughts as a result of their searches. Technology makes managing the finance and delivery options of the system more efficient and rationalizes many aspects of the system. Not only does technology make possible the development of new types of interventions in the formal system, but it also makes the same kind of innovation available in the informal system.

Technology and health care can take many forms from information management systems (e.g., billing databases, scheduling, electronic medical records) to telemedicine and telecare, which broadly include the provision of actual healthcare services such as blood pressure monitoring and intervention online. Discussion groups and chat can help bring together individuals who might otherwise be divided by geography or scheduling. Websites provide always-available access to health information from virtually anywhere there is a computer and a connection to the internet. These advances promise to increase the availability of services and information in a way not seen in any previous time in history.

There are limitations, however. The digital divide promises to deny these benefits to many who need services. As a result, those without access to advances in information technology may find it difficult to participate in the barter and trade of information in government and in society as a whole. As society's institutions move to cyberspace, those left out may be very alone (McNutt, 1998).

The digital divide is a moving target. Previous conceptions of the digital divide looked at low speed networking. Now there is a serious discussion of the "broadband divide" between those with broadband and those without. "Nontechnical" concerns such as literacy, exclusion due to disability, and cultural appropriateness may increase the probability that individuals will be left behind (Neuhauser & Kreps, 2008).

This chapter will discuss the formal and informal systems of healthcare, as they exist online. We will examine these systems and compare them in terms of adequacy, acceptability and carrying capacity. We will then analyze the impact of the digital divide on these two systems of care. Finally,

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