Methodology

Commissioned Primary Research

Ethnographic Research

This commissioned study was completed by Neighbourly Lab. 12 Birmingham residents participated, generating insights into their lived experience of digital exclusion. The research sample consisted of the following:

- 2 x Black African/Caribbean adults (18+)
- 2 x Disabled adults: including those with sight/hearing loss, mobility challenges, and with long-term health conditions and mental health conditions
- 2 x Older residents (65+, 1x M, 1xF)
- 2 x South Asian males
- 2 x South Asian women (including those with child-caring responsibilities)
- 2 x People who are on low incomes (over the age of 18/ social grade D or E)

The rationale for this sample represented the city's diversity alongside groups that are more likely to be digitally included. There was much intersectionality between the participants, which helped to explore a range of perspectives. All identifiable information has been changed, including the names of participants. The research methodology included 12 in-depth research sessions, including an introductory pre-call, a participant pre-task and a 2-hour face-to-face ethnography. Meetings occurred at participants' homes and local cafes across different locations in Birmingham.

Focus Group Sessions

The commissioned study performed a series of focus group sessions to understand the attitudes of Birmingham residents towards digital technology and health. The outcomes have identified where the barriers to usage are as well as which solutions will be best introduced to mitigate them to improve the public's health. The focus groups included a diverse sample of the Birmingham population, including Asian and British Asian, Faith, LGBTQ+, Physical or Mental health condition, Unemployed and Younger adults (See Appendix 1 for a demographic breakdown of focus group participants).

Secondary Research

Evidence Review

The focus of the evidence review was to understand the relationship between digital technology and health and its impact on the aspects we discuss in the report.: The search involved a general examination of 'grey literature' available online and a specific search of relevant journal databases using key phrases. The databases and phrases used are displayed below:

Databases	Phrases
Sage Journals	'Public Health'
Taylor & Francis Online	'public health'
Wiley Online	'Digital public health'
Science Direct	'digital interventions'
ProQuest	'digital technology and health'

Digital Commons Network	'health inequalities'
	'public health intervention'
	'social media'
	'digital determinants'
	'digital mental health'
	'digital health literacy'
	'digital exclusion'
	'digital inclusion'
	'digitalisation'

The inclusion criteria for texts in the evidence review were:

- The original text must be published in English (so it did not need to be translated to be understood).
- It must have been published in the last ten years (from 2012 onwards) to reflect the rapid developments of digital technologies in that period.
- It must relate to at least one of the topics we explored.

We found 25 journal articles that fulfilled our inclusion criteria. This has been added to by 57 sources from a purposeful search of grey literature.

Practical Examples from Birmingham

We engaged with partners across the council, and the wider system, who have experience using digital technology in health-related projects. We asked a series of brief questions and devised a short case study based on their insights. The rationale is that we will be able to compare the approach of these local interventions to highlight good practice. Also, these are practical and local interventions used to support various communities that can benefit from interventions. The impact and the measure of the interventions have been investigated to test their viability for wider adoption by Public Health.

Analysis and Writing

The following report includes the context of the topic, the findings from the commissioned primary research, secondary research stages, and an analysis of the findings. The report has concluded with evidence-based possible solutions to the research questions along with a set of recommendations for future public health work on this topic. We have produced recommendations for actions that could help to mitigate these risks in future public health interventions. As part of this report, we have consulted with partners in Libraries, Digital Inclusion, Adult Social Care and partners in the Voluntary and Community Sector.