





IMPACT REPORT

VIRTUAL HEALTH CARE 101: BRIDGING THE DIGITAL DIVIDE THROUGH COMMUNITY PARTNERSHIP

A London Health Sciences Centre and St. Joseph's Health Care London Virtual Care Program Report

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"The impact of hosting the class on the Beacock Branch and community is without measure. It is important we continue to run programs like this in communities with high concentrations of elderly or marginalized groups so they can be informed and up-to-date with how to keep on top of their medical care."
– Branch Supervisor

"Totally engaged and benefitted from this seminar. Thank you for creating and sharing this VITAL information."
– Workshop Participant

"Yes, I learnt a lot because I understand that it is a convenient access to medical care from home, it reduces wait times compare in-person visits, and is an access to healthcare professionals for non emergency issues."
- Workshop Participant

""Il faut que les hôpitaux et organismes informent aussi la communauté."
- Workshop Participant

Translation: "Hospitals and organizations must inform the community."

Acknowledgements

This report summarizes the outcomes of the Virtual Health Care 101 program, developed through collaboration with patient partners, community organizations, and library staff. Thank you to our virtual care patient partners, library staff across London Public Library and Middlesex County Library, and community partners, including LUSO Community Services, South London Resource Centre, CAPC (Families First), Franco-Santé, Carrefour Communautaire Francophone de London, Collège Boréal, London Middlesex Local Immigration Partnership (LMLIP), Oneida Nation of the Thames, and London Intercommunity Health Centre (LIHC) for their partnership, passion and interest in advancing digital health equity.

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Executive Summary

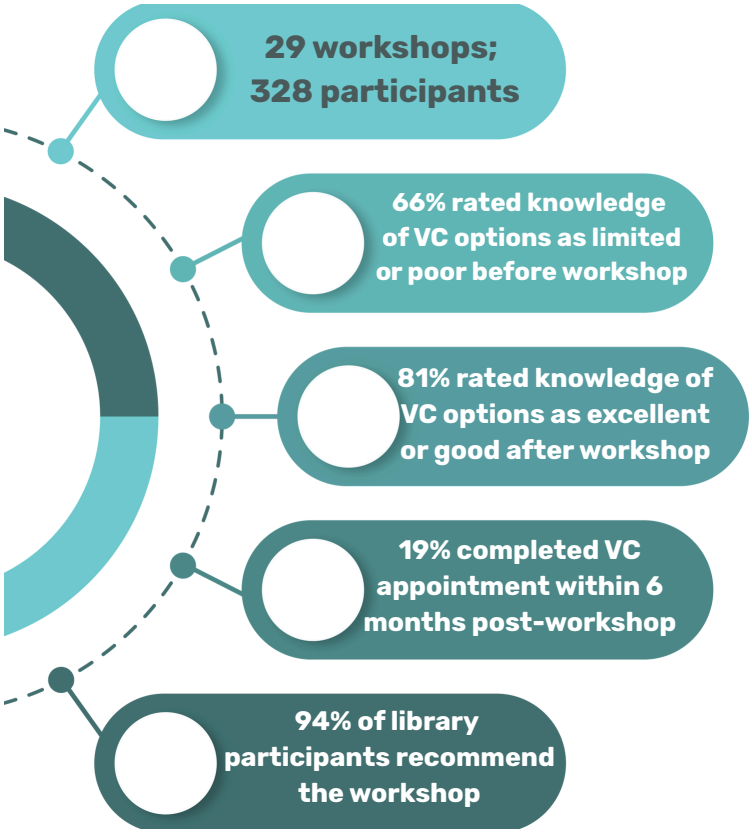
The Digital Divide

In today's rapidly evolving health care landscape, virtual care (VC) has emerged as a pivotal tool for improving how patients access and receive health care services (1). Despite growing recognition of the digital determinants of health (2), research suggests that virtual care solutions often fail to meet the needs of people facing systemic barriers, such as poor internet access, newcomer status, aging-related challenges, racialization, or living with poverty or low-income (3). As health systems continue to expand digital health offerings for patients, these gaps risk widening further for individuals experiencing digital health inequities.

Empowering Access to Care

The Virtual Care Program collaborated with London and Middlesex County Libraries and community organizations to offer Virtual Health Care 101 (VHC 101), a free 90-minute workshop designed to help community members understand and confidently use virtual care. Co-created with patient partners and library staff, workshops were delivered in familiar, accessible community spaces to reduce barriers and strengthen trust. Target audiences included groups facing digital health inequities, seniors, newcomers, low-income families, racialized communities, and Francophone participants.

By the Numbers



The report is intended for **hospital leadership**, **funders**, **policymakers**, and **community partners** interested in practical, scalable models for digital inclusion. It highlights the VHC 101 model, outlines key outcomes and lessons learned, and aims to inspire others to adopt a **community-based, co-designed approach**.

Six themes as major drivers of digital inclusion



1

The digital divide is about more than technology. Most participants had access to devices and basic digital skills, but lacked awareness of virtual health care services and how to use them effectively. Gaps in knowledge proved to be a greater barrier to particpation than technical skills or comfort.



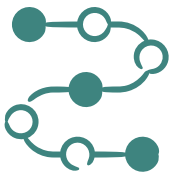
2

Trusted community partnerships make inclusion possible. Community organizations help reach equity-deserving groups through trusted relationships, existing infrastructure, and inclusion supports such as refreshments, childcare, and interpretation. They also provide continuity and a warm handoffs for ongoing digital support.



3

Workshops drive meaningful, lasting learning. A single 90-minute workshop produced significant and sustained increases in participants' understanding of virtual care options and supports, demonstrating that brief, targeted education can be highly effective.



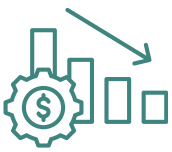
4

Knowledge empowers action. Participants applied what they learned into tangible behaviours, including increased use of virtual care and greater comfort navigating digital health tools. Accessible and practical information empowers community members to take part in digital health.



5

Co-design improves quality, relevance, and engagement. Patient and community collaboration made sessions practical, credible, and reflective of real-world needs. Embedding workshops within existing community programs consistently improved turnout and engagement.



6

Low-cost, scalable model for equity. The program required minimal resources and leveraged existing community infrastructure and hospital subject matter expertise. Together, these elements point to a scalable, sustainable model for advancing digital health equity.

We call on the Government of Ontario and Ontario hospitals to fund and promote community-embedded virtual care navigation as a core element of Ontario's virtual care framework, with equity supports included as standard practice. Advancing this work requires collective commitment and the resolve to inspire and demand systemic change.

How We Did It

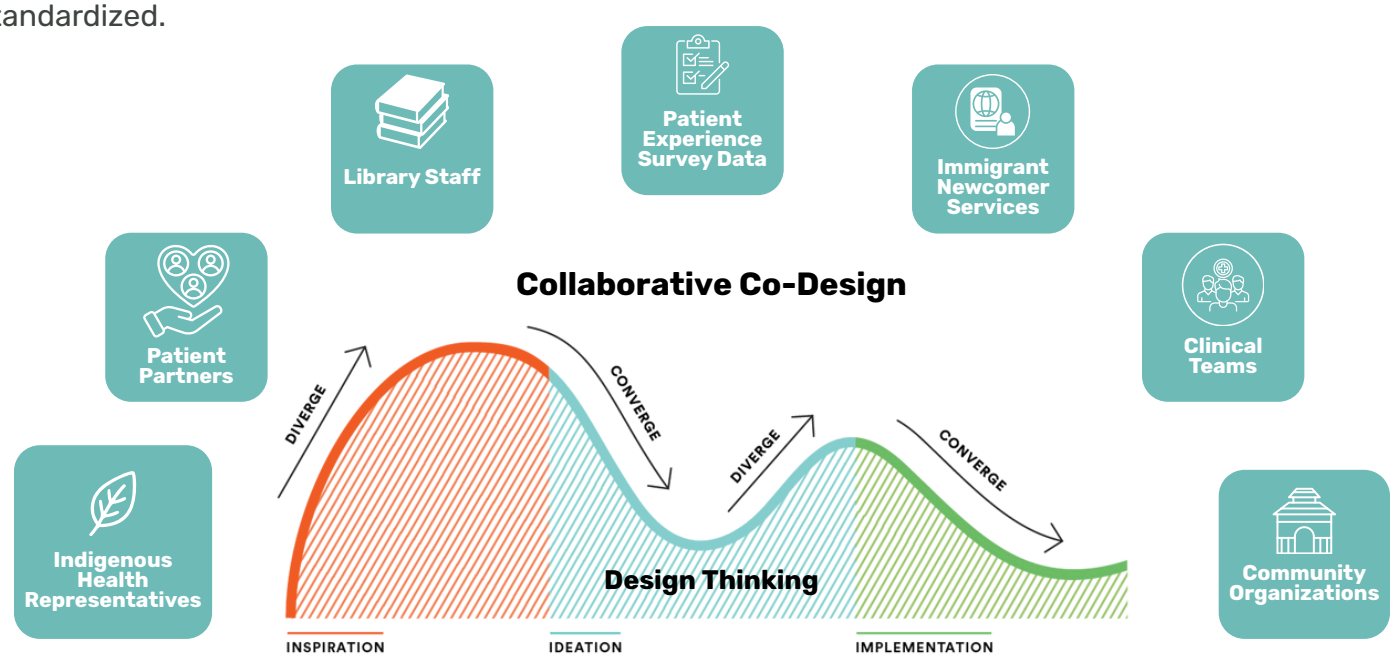
Virtual Health Care 101 (VHC 101) is delivered as a 90-minute, instructor-led workshop hosted in familiar, trusted community settings to reduce access barriers and increase participant comfort. Each session follows a consistent structure: a brief orientation on when and why virtual care is appropriate; a walkthrough of common modalities (telephone, video, secure messaging); and a practical hands-on segment on getting ready (devices, connectivity, consent, privacy). The class closes with local navigation resources—information on where to get help, including libraries, community program, and hospital resources such as Virtual Urgent Care (VUC), Health811, and patient portals. Materials are written in plain language and supported by visual prompts, and instructors adjust pacing, examples, and explanations to meet the needs of each audience.

Methodology

To assess the impact of VHC 101, a mixed-methods approach was used, combining quantitative data (registrations, attendance, demographics, structured survey responses) with qualitative feedback from attendees and community and library partners. Library-based classes utilized a standard pre- and post- workshop survey, with a follow-up survey conducted six months later by email or phone. Community sessions survey responses were not included in the statistical analysis as these surveys were not standardized.

Objectives

1. Build awareness of **virtual care benefits and options**, particularly among underserved populations.
2. Improve **digital health literacy** and **system navigation** confidence.
3. **Increase uptake** of virtual care (e.g., telephone and video visits, Virtual Urgent Care) and other digital access points.
4. **Strengthen community partnerships** that create trusted, accessible pathways to digital health supports and resources.

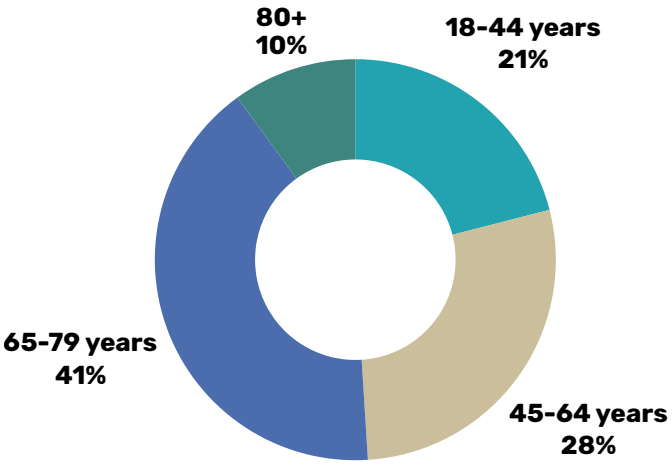


Who we reached

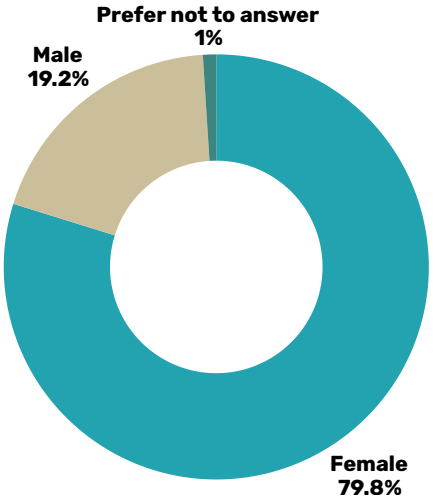
Data Source: VHC 101 Demographic Survey Responses.

45% of respondents completed the demographic information (146/328 respondents)

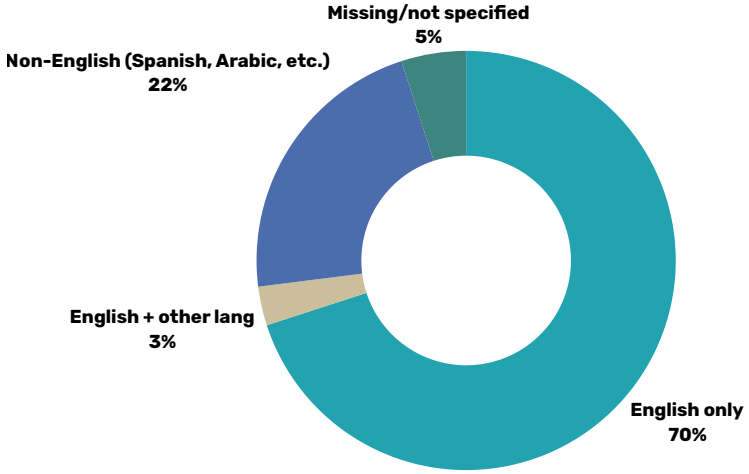
Age Distribution



Gender Distribution



Preferred/Primary Language



23%

Respondents identified as a newcomer to Canada (<5 years in Canada)

17%

Respondents identified income-related barriers to accessing virtual care (internet, devices)

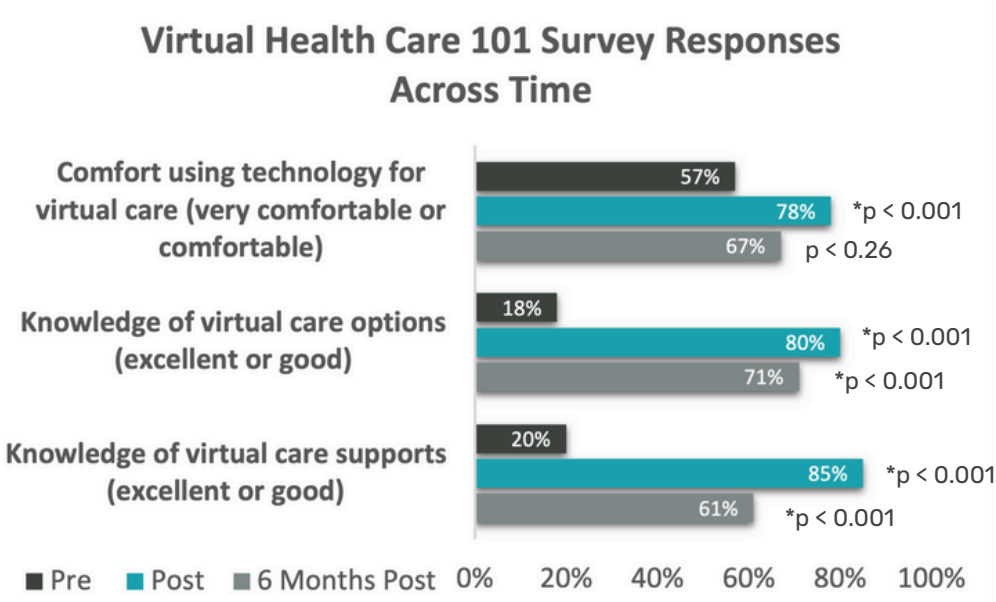
16%

Respondents identified as racialized

52%

Respondents reported no prior virtual care experience (video or telephone appointments)

VHC 101 KEY RESULTS



Participants showed a significant and sustained increase in their understanding and knowledge of virtual care options and supports six months post-workshop. Comfort with using technology improved immediately following the session, although this effect diminished over time.

Use of Virtual Care Post-Workshop

19%

Participated in a virtual care appointment (video or telephone) within 6 months following the workshop

17%

Reported using resources such as Health811 or Virtual Urgent Care within 6 months post-workshop.

Budget and Resources

8 hours

Total combined hours required for two facilitators to deliver one workshop.

$30

Total cost of materials and refreshments for one workshop.

Participant and Staff Experience

94%

Participants would recommend the workshop.

89%

Library staff interested in hosting future workshops.

Survey Response Rate

93%

Participants completed pre and post-sessions surveys (110 responses for 118 sent).

44%

Participants completed the 6-month follow-up survey (31 responses for 71 sent).

Six Themes Explored

Theme 1:

The digital divide is about more than just technology

Findings across library and community cohorts show that the biggest barrier to virtual care is not access to devices or comfort with technology; it is understanding what to use, when to use it, how to prepare, and having a trusted place to get help. Many participants reported at least moderate device comfort, yet their baseline knowledge of virtual care options, supports, and navigation resources was limited. This pattern—technical skills without system knowledge—validated the program's shift from "tech training" approach to one focused on system navigation.

Prior to the workshops, most participants had either no prior virtual-care experience (52%) or only telephone encounters (28%), indicating the program attracted individuals at the earliest stages of adoption.

Theme 2:

Trusted community partnerships make inclusion possible

Community organizations help reach equity-deserving groups through trusted relationships, existing infrastructure, and inclusion supports such as childcare, interpretation and refreshments. They provide continuity and warm handoffs for participants requiring ongoing support. Participants included older adults, newcomers, racialized communities, Francophone and First Nation participants, and individuals experiencing income-related barriers.

Hospital collaboration with libraries and community organizations is a productive relationship: education on hospital services and referral pathways, combined with trusted, low-barrier environments (accessible rooms, Wi-Fi and devices, familiar staff) encouraged the participation of underserved communities. Attendance patterns support this approach as sessions that had pre-established groups drew larger, more engaged audiences (average 27 participants) compared to stand-alone offerings (average 13), suggesting future delivery should favour partner-embedded models.

Theme 3:

Workshops drive meaningful, lasting learning

A single 90-minute workshop produced large, statistically significant gains in knowledge of virtual-care options and supports. This gain remained significant even at 6 months following the workshop.

Comfort using technology increased significantly immediately after the workshop, though this effect partially diminished by six months without ongoing reinforcement.

Six Themes Explored

Theme 4:

Knowledge empowers action

Participants translated learning into tangible behaviors: Within six months, 19% of library attendees reported completing a virtual care appointment, and 17% used resources such as Health811 or Virtual Urgent Care. Participants reported feeling more informed about health care options and expressed greater comfort using technology to support their health care.

Across five community sessions where we asked targeted questions about Virtual Urgent Care, prior awareness varied, but intent to use was high post-workshop, with most indicating they are likely/very likely to use it in the future. In one case, a participant booked an appointment during the session demonstrating both increased confidence and the workshop's emphasis on advocating for preferred methods of care.

Theme 5:

Co-design improves quality, relevance, and engagement

Patient and community collaboration ensured sessions were practical, credible, and reflective of real-world needs. Patient partners helped refine language and sequencing to improve clarity; library staff informed logistics and post-class scripts; and community organizations tailored outreach and supports (e.g., babysitting services and interpretation in Arabic, Spanish, Mandarin) to reduce participation barriers.

This collaborative approach positions VHC 101 as a meaningful entry point into ongoing digital health resources. Embedding the sessions within existing programs improved turnout and engagement. Iterative contributions led to improvements for surveys, marketing, branding, and content.

Theme 6:

Low-cost, scalable model for equity

The program offerings required minimal resources: 8 staff hours (preparation, delivery, promotion) and $30 in materials per workshop, with in-kind contributions from hospital and community partners. No fees were associated with hosting, and all workshops were free for participants.

Results showed high satisfaction rates: 94% of library participants would recommend the workshop, and 89% of staff were interested in future sessions. Considering the reported sustained knowledge gains, increased virtual care use and efficiency, this model proved to have high value output for low-cost input —especially when embedded in existing programs.

In-person presence may not be required, given baseline comfort with technology. Piloting virtual or hybrid formats could extend reach, reduce barriers, and further enhance accessibility and equity for participation.

Conclusions

VHC 101 is a practical, scalable approach for improving digital health literacy and virtual care navigation among people experiencing digital health inequities.

Collaborative delivery with libraries and community partners creates trusted access points and improves reach and satisfaction.

Evidence suggests increased awareness, intent to use, and some sustained knowledge gains; ongoing supports are needed to maintain technology comfort.

Recommendations

By sharing these findings, we hope to encourage other healthcare centers and provincial health authorities to adopt and adapt this model for their local context. The workshop approach outlined in this report is scalable, sustainable, and evidence-based. Below are practical steps to support effective implementation:

1. **Teach navigation first** — Prioritize helping participants understand when to use phone or video visits, how to book, and where to find help. Include information on the virtual care services available in your specific region or province.

2. **Meet people where they are** — Deliver workshops within trusted community programs (local public libraries, newcomer and English as a second language programs, seniors' centres, caregiver support groups, First Nations health centres) that already provide space, Wi-Fi, and established relationships.

3. **Offer multiple ways to join** — Maintain in-person delivery as the foundation but introduce virtual and hybrid options to reach rural, remote, and mobility-limited participants.

4. **Include equity supports** — Allocate resources for interpretation, childcare, refreshments, accessibility accommodations, and transportation. These supports ensure that workshops are inclusive, remove participation barriers, and set participants up for success.

5. **Reuse and co-design** — Provide a templated slide deck, handouts, and a facilitator guide that partners can adapt. Use ongoing co-design with patient partners and community staff to keep content relevant, clear, and culturally aligned.

Production of this report would not have been possible without the participation of the following people, whose help is gratefully acknowledged here:

- Maggie Perquin, Virtual Care Patient Partner
- Peggy Moffat, Virtual Care Patient Partner
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- Taryn Sendzik, PhD, Research Associate, Lawson Health Research Institute
- Natasha McIntyre, PhD, MSc, PGDipHCE, Clinician Scientist, Lawson Research, LHSC and CQuInS
- Brad Hiebert, PhD

Appendices

Appendix A: Additional Quotes from Library/Community Workshop Attendees

“Thank you so much for effort and time, really helpful, need more workshops.”

“Not an immigrant or new comer, but have been involved in local community non-profits - better information dispersal within the area is needed. Connect with Pillar Non-Profit, local MPPs, to share a video instruction.”

“Make it as one of the medical service standards, available to all.”

“Very informative, I will definitely spread the word.”

“We learn a lot about virtual care appoi. for me I wasn't know about it before and start from today I will use it, it will save time for me. Thanks”

“This was so good, I'm so happy that I dropped in”

“Il faudrait vraiment garantir l'accès aux soins en français.”

“Beaucoup plus de ateliers inviter beaucoup plus de participants.”

“It was informative and doesn't interfere with my health care @ SOAHAC”

“This was very informative. I thought it was great that a dialogue started that identified gaps in services and brought attention to information that needs investigating/updating. Great job!”

“Great resource. Helped people at various tech levels.”

“I will find this to be useful as my family have been on HealthCare Connects waitlist for over 3 yrs now, expected timeline says Spring 2026 to Spring 2027...“

“The instructors were very good and helpful. Also they were very nice and accommodating to everyone.”

“This session was extremely informative. I had no idea that many of these services and supports were available! Extremely helpful. Thank you.”

Appendices

Appendix B: Workshop Posters



Appendices

Appendix B: Workshop Posters Cont'd



Programme de soins virtuels de London Health Sciences Centre et St. Joseph's Health Care London.

References

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