



EDITORIAL

# Virtual Alternatives and Technological Disparities

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It is my pleasure to welcome you to Volume 5, Issue 1 of the *Ohio Journal of Public Health* (OJPH). As I worked with authors to prepare articles for this issue, I was reminded again of the admirable efforts of public health educators, researchers, practitioners, and providers to address new, changing, and ongoing public health challenges during the third year of a pandemic. Since I described the increasing prevalence of the Omicron variant in my January 2022 editorial, circumstances have continued to evolve. Some activities and resources now resemble prepandemic conditions, while others have been modified, suspended, or discontinued. Thus far in 2022, infection rates throughout the world have shown increases and decreases, although experts have expressed concerns that frequent use of home testing may interfere with accurate tracking.

I have observed friends, family members, colleagues, and students struggling to balance engagement in activities enjoyed before the pandemic with perceived infection risk, including the risk of long COVID. Convenience as well as safety may drive some decisions regarding activities. For many individuals, the flexible options for work, study, and leisure have proven not only convenient but cost-effective. Some advantages associated with efficiency of time and resources may be realized by individuals on both sides of an exchange: employers, producers, and educators may benefit along with employees, customers, and students. Although efficiency is typically a good thing, I believe the viability and desirability of sustained reduction of physical presence or in person transactions across a variety of settings remains to be seen. My particular concern is the influence of technological disparities in limiting some individuals' ability to participate in occupational, educational, leisure, and service opportunities. A range of online and virtual opportunities were developed with model users in mind: these include those who have or can access current devices, can purchase and navigate essential programs or apps, and rarely experience extended limitations in connectivity. I also fear technological disparities are most likely to impact individuals who are already at increased risk for poor mental and physical health outcomes. My hope is that organizations and institutions prioritize offering safe opportunities for live engagement, so individuals who prefer these, or those who experience technological constraints, have ample alternatives.

This issue of OJPH includes several articles which explore undersupported areas of individual health that are ongoing concerns to many Ohioans, including mental health, vision care, and hearing loss. Song and colleagues explored the role of mental health gatekeeper training in facilitating mental health referrals among university students at an Ohio institution. Bischof and colleagues' investigation of the association of depression with perceived COVID-19 risk reflects an additional report focused on mental health; in this instance the research is directly related to the current pandemic.





The commentary by Hinson-Enslin and McClintock describes barriers and burdens associated with hearing loss, and the authors provide recommendations to address this concern. VanNasdale and colleagues used Ohio data from the Behavioral Risk Factor Surveillance System Vision Module to investigate changes in vision care following Medicaid expansion of coverage.

Public health curricula have emphasized disparate health outcomes associated with factors including race, income, and education. In exploring prior research on adverse childhood experiences (ACEs), Gu and colleagues identified lack of diversity among research participants, which may have resulted in incomplete understanding and inadequate intervention efforts. Using data from the Ohio Cancer Incidence Surveillance System, Hood and colleagues described concerning trends in liver cancer care and survival associated with higher degrees of neighborhood deprivation. Lanese and Alrubaie explored trends in patients' health care outmigration, often inspired by deficiencies in available services, and potentially a particular problem in low population rural areas. Graham and colleagues also focused on a rural health concern by conducting qualitative interview research with providers working in an integrated care setting. Graham and colleagues suggested integration of medical and behavioral health care has potential to offer rural patients improved access to a broader range of services.

Authors of other articles published in this issue described outreach and community-based efforts. Russell and colleagues contributed case study research about the extent to which federal food service guidelines are applied in community-based permanent supportive housing sites for formerly homeless individuals. Authors of 2 papers carried out projects related to parenting. Clark and DiPietro Mager explored preconception and interconception challenges impacting women in a rural county in Ohio, and Sues-Mitzel and colleagues described encouraging results from a community-based program aimed at improving parental self-efficacy. Leuchtag and colleagues were motivated to discover effective practices in collaborative community development projects. The authors assessed 3 real world examples and present thoughtful recommendations aimed at improving processes, communications, and perceptions of health-promoting development projects. Clearly these articles reflect a broad range of methods and topics. Additionally, it is very gratifying to see individuals who are practitioners, academic faculty members, researchers, and graduate students all represented as contributing authors.

I visited the Columbus area twice in the last month, and one of my favorite places to share with out-of-town visitors is the field of giant corn in Dublin, Ohio. Given the rural focus of several articles in this issue, the cover photo, taken in early June of 2022, seems appropriate.

With the help and support of the Ohio Public Health Association (OPHA) and our online journal publisher, The Ohio State University Library publishing services, some changes are coming to the way OJPH processes, publishes, and promotes articles. Watch OPHA newsletters and the OJPH website for information and updates.