



# Health Literacy in the Digital Age: Challenges and Opportunities

Kriangsak Niltakan

Phon Hospital, Khon Kaen, Thailand  
Author Corresponding Email: [kraingsak.n10@gmail.com](mailto:kraingsak.n10@gmail.com)

Received: 10 February 2023; Revised: 10 April 2024; Accepted 05 September 2024  
© The Author(s) 2024

## Abstract

In the digital age, health literacy has expanded beyond traditional concepts to include digital health literacy, which encompasses the skills needed to access, evaluate, and use health information through digital platforms. This paper explores the opportunities and challenges associated with health literacy in an increasingly technology-driven healthcare landscape. The study highlights the benefits of digital health advancements, such as improved access to information, personalized health management through health apps and wearables, and the rise of telemedicine, which offers healthcare solutions for underserved populations. However, it also addresses significant barriers, including the digital divide, the spread of misinformation, privacy concerns, and the complexity of health technologies, which can hinder the effective use of digital health resources. Strategies to enhance digital health literacy, such as policy initiatives, user-friendly technology design, and collaborative efforts to promote reliable information, are examined. The paper concludes with future directions, emphasizing the importance of bridging health literacy gaps to create an inclusive digital health environment that empowers all individuals to make informed health decisions.

**Keywords:** Digital Health Literacy, Telemedicine, Health Information Technology, Digital Divide, Personalized Health Management

## 1. INTRODUCTION

Health literacy is the ability of individuals to access, understand, evaluate, and use health information and services to make informed decisions about their health and well-being. It goes beyond basic reading and writing skills, encompassing a broader range of competencies needed to navigate the healthcare system, communicate effectively with healthcare providers, and engage in self-care practices (Nutbeam, 2008). Health literacy is crucial for improving health outcomes, as individuals with higher health literacy levels are more likely to adhere to medical instructions, participate in preventive care, and manage chronic diseases effectively (Berkman et al., 2011). Conversely, limited health literacy can

lead to poor health outcomes, including higher hospitalization rates, less frequent use of preventive services, and overall poorer health status (Kickbusch et al., 2013).

The concept of health literacy has evolved significantly in recent years, particularly with the rise of digital technologies. Traditionally, health literacy focused on an individual's ability to understand printed health information, but in the digital age, it also encompasses digital health literacy—the skills required to search, interpret, and apply online health information (Norman & Skinner, 2006). The shift from paper-based health materials to digital formats, such as websites, mobile apps, and telemedicine platforms, has expanded the scope of health literacy. The proliferation of these technologies has made health information more accessible, but it has also increased the complexity of managing and interpreting information, requiring individuals to possess not only basic literacy skills but also digital and technological skills (Levin-Zamir & Bertschi, 2018).

The digital age has transformed how individuals access and interact with health information. With the widespread availability of the internet and mobile technology, individuals can now access a vast array of health resources at their fingertips. Websites, mobile health applications, social media platforms, and telehealth services have become common avenues for disseminating health information (Gibbons et al., 2009). This digital shift has increased the availability and immediacy of health information, allowing users to seek advice, manage health conditions, and even consult healthcare professionals remotely. However, the influx of digital health resources also presents challenges, such as the risk of misinformation, the digital divide, and issues related to data privacy (Oh et al., 2005). These complexities highlight the need for developing digital health literacy to navigate and evaluate online health information effectively.

This paper aims to explore the challenges and opportunities associated with health literacy in the digital age. It examines the impact of technological advancements on health information dissemination and accessibility, highlighting how digital tools can both empower and complicate individuals' efforts to manage their health. The paper discusses the evolving nature of health literacy, the barriers individuals face in acquiring digital health literacy skills, and the disparities caused by the digital divide. Furthermore, it explores strategies for enhancing digital health literacy to ensure equitable access to health information and services. By understanding these challenges and opportunities, policymakers, healthcare providers, and educators can better support individuals in becoming digitally health-literate, ultimately contributing to improved health outcomes in a technology-driven world.

## 2. UNDERSTANDING HEALTH LITERACY IN THE DIGITAL AGE

### 2.1. Definition and Components of Digital Health Literacy

Digital health literacy, also known as eHealth literacy, refers to the ability of individuals to seek, understand, and use health information from digital sources, such as the internet, mobile applications, and other electronic platforms, to make informed health decisions (Norman & Skinner, 2006). It encompasses several components beyond basic reading and writing skills, including digital literacy (the ability to use computers and mobile devices), information literacy (the ability to find and evaluate information), media literacy (the ability to interpret and critically assess media content), and health literacy (the understanding of medical concepts and healthcare systems) (van der Vaart & Drossaert, 2017). Digital health literacy is vital for navigating the increasingly digital landscape of healthcare, as it allows individuals to access health information efficiently, engage in online health communities, and use telemedicine services effectively.

## **2.2. Differences Between Traditional Health Literacy and Digital Health Literacy**

Traditional health literacy focuses primarily on an individual's ability to understand and use printed health information, communicate with healthcare providers, and follow medical instructions (Nutbeam, 2000). In contrast, digital health literacy extends these skills into the digital domain, requiring individuals to navigate and interpret online health information, interact with digital health services, and manage health data through electronic means (Berkman et al., 2011). The expansion of health literacy into the digital realm introduces a layer of complexity, as individuals must possess not only basic literacy skills but also the ability to evaluate the credibility of online information, understand digital privacy and security measures, and use health technologies such as health apps, wearables, and telemedicine platforms (Chan & Kaufman, 2011). Thus, digital health literacy requires a multi-dimensional set of skills that integrate health knowledge with digital and media competencies.

## **2.3. The Role of Technology in Shaping Modern Health Communication**

Technology has revolutionized health communication by expanding the ways in which health information is accessed and shared. Social media platforms, health applications, and telemedicine services play central roles in this transformation. Social media enables individuals to join online health communities, access peer support, and receive real-time health updates from public health organizations (Ventola, 2014). Mobile health apps offer tools for managing chronic conditions, tracking physical activity, and monitoring vital signs, providing users with personalized health insights (Torous et al., 2018). Furthermore, telemedicine has become a vital tool in modern healthcare, allowing patients to consult healthcare providers remotely, which is particularly beneficial for those in rural or underserved areas (Shaw et al., 2018).

However, these technological advancements also present challenges. The rise of social media and health apps has led to concerns about misinformation, as unverified health advice circulates online, potentially endangering public health (Cuan-Baltazar et al., 2020). Additionally, the digital divide—the disparity in access to technology among different populations—limits the ability of certain groups to benefit from digital health resources. These challenges emphasize the need for comprehensive digital health literacy programs to equip individuals with the skills necessary to navigate this complex landscape effectively.

# **3. OPPORTUNITIES OF HEALTH LITERACY IN THE DIGITAL AGE**

## **3.1. Increased Access to Information**

The digital age has led to an unprecedented increase in the availability of online health resources and platforms, providing users with immediate access to medical information. Various websites, health apps, and online forums offer vast amounts of health-related content, ranging from basic wellness tips to in-depth medical knowledge. This digital transformation has empowered individuals to become more proactive in seeking information about their health conditions and treatment options (Eysenbach, 2008). For example, platforms like WebMD and Mayo Clinic provide extensive medical libraries where individuals can explore symptoms, diagnoses, and recommended treatments (Anderson et al., 2018). The accessibility of such information enables individuals to make more informed decisions about their health.

E-learning platforms and digital libraries have become integral tools for improving health literacy. These resources provide users with access to educational materials that were once limited to medical professionals or academic institutions. Platforms like Coursera, Khan

Academy, and other online universities now offer courses in health and medicine, allowing users to deepen their understanding of various health topics (Tonsaker et al., 2014). Additionally, digital libraries such as PubMed and Google Scholar provide free access to peer-reviewed medical journals and articles, giving individuals the opportunity to explore credible sources of health information (McInnes & Haglund, 2011). These developments support self-directed learning and enhance the overall health literacy of the public.

### **3.2. Personalized Health Management**

Health apps and wearable devices have revolutionized personal health management by providing tools for monitoring and improving well-being. Apps like MyFitnessPal, Fitbit, and Apple Health help users track their physical activity, diet, sleep patterns, and vital signs, encouraging a proactive approach to health management (Steinhubl et al., 2015). Wearables, such as smartwatches and fitness trackers, collect real-time data, which users can analyze to monitor their progress and adjust their behaviors accordingly. These technologies not only promote self-care but also offer opportunities for individuals to share data with healthcare providers for more informed consultations.

Another opportunity presented by digital health literacy is the ability to deliver personalized health information. Advances in technology allow health apps to analyze user data and offer tailored recommendations based on individual health profiles and preferences. For instance, some platforms provide customized fitness routines, meal plans, and reminders based on a user's medical history and health goals (Lupton, 2017). This personalized approach enhances user engagement and motivation, as the information and guidance received are directly relevant to their specific health needs. It also supports the concept of precision medicine, where medical advice and interventions are adapted to each individual's genetic makeup, lifestyle, and environment (Topol, 2019).

### **3.3. Engagement and Empowerment**

Social media has emerged as a powerful tool for patient engagement and empowerment, offering communities where individuals can share experiences, provide support, and exchange knowledge. Platforms like Facebook, Reddit, and Twitter host numerous patient groups focused on various health conditions, from diabetes to mental health disorders (Greene et al., 2011). These communities create spaces for users to discuss symptoms, treatments, and coping strategies, promoting peer-to-peer support that complements traditional healthcare services. Such interactions not only foster a sense of belonging but also empower individuals to manage their health more effectively through shared knowledge and experiences.

Digital platforms have also enabled the development of educational tools that facilitate patient engagement. Websites like PatientsLikeMe and advocacy groups offer information and resources tailored to specific health conditions, allowing patients to learn about their diagnoses and treatment options in an interactive and supportive environment (Frost & Massagli, 2008). These platforms often include features such as symptom trackers, medication reminders, and virtual support groups, which empower patients to take an active role in managing their health. Additionally, advocacy organizations use these platforms to raise awareness, influence health policy, and mobilize patient communities, thereby increasing patient agency in healthcare settings.

### **3.4. Telemedicine and Remote Care**

Telemedicine has become a cornerstone of modern healthcare, offering patients the

ability to consult healthcare professionals from the comfort of their homes. This technological advancement is particularly beneficial for individuals in rural or underserved areas, where access to healthcare facilities may be limited (Sharma & Clarke, 2014). Telehealth platforms enable video consultations, online prescription services, and virtual follow-ups, reducing the need for physical visits while ensuring continuity of care. This increased access contributes to improved health outcomes, as patients receive timely medical attention regardless of their geographical location.

In addition to providing access to healthcare professionals, telemedicine facilitates continuous monitoring and remote consultations. Chronic disease management, such as for diabetes or cardiovascular conditions, often requires regular monitoring and intervention. Telehealth services allow healthcare providers to track patient data remotely and intervene when necessary, minimizing the risk of complications (Marcin et al., 2015). Furthermore, remote consultations enable ongoing support for patients who need frequent check-ins, such as those undergoing physical rehabilitation or mental health therapy. These opportunities contribute to more comprehensive and efficient healthcare delivery, demonstrating the potential of telemedicine to enhance health literacy and patient outcomes.

## 4. CHALLENGES OF HEALTH LITERACY IN THE DIGITAL AGE

### 4.1. Digital Divide and Inequities

The digital divide remains a significant barrier to health literacy, particularly among marginalized populations such as those in low-income, rural, or remote areas. Limited access to internet services and digital tools hinders these groups from benefiting fully from online health resources and telemedicine services (Robinson et al., 2015). In regions where internet connectivity is scarce or unaffordable, individuals face obstacles in accessing timely and reliable health information, exacerbating health disparities and preventing them from engaging in digital health initiatives (Van Dijk, 2020). Bridging this divide is essential to ensuring equitable access to digital health resources and improving overall health outcomes.

Socioeconomic status heavily influences disparities in digital health literacy. Individuals from lower socioeconomic backgrounds are less likely to have the skills and resources necessary to navigate digital platforms effectively (Viswanath et al., 2012). The costs associated with acquiring and maintaining digital devices, alongside limited education on how to use such technologies, further widen the gap between socioeconomically advantaged and disadvantaged populations. These disparities contribute to unequal access to health information, leaving vulnerable groups at risk of being underinformed or misinformed about critical health issues.

### 4.2. Information Overload and Misinformation

The proliferation of health information online presents challenges in distinguishing between reliable and unreliable sources. Individuals are confronted with a vast array of health-related content, ranging from scientific journals to blog posts and social media updates, making it difficult to discern which sources are credible (Wilson & Lankton, 2016). This information overload can overwhelm users, especially those with limited health literacy or digital skills, leading to confusion and difficulty in making informed health decisions.

The digital age has also facilitated the rapid spread of misinformation, which poses a significant threat to public health. Misinformation, particularly related to vaccines, has led to widespread public confusion and resistance, undermining public health efforts and vaccination campaigns (Broniatowski et al., 2018). Social media platforms, while valuable

for health education, are also channels through which false information circulates, often appearing as credible sources (Wang et al., 2019). Addressing this challenge requires developing strategies to promote digital health literacy skills that help users critically evaluate online information and differentiate between trustworthy and misleading content.

#### **4.3. Privacy and Security Concerns**

The use of digital health tools, including apps, telemedicine platforms, and wearable devices, raises significant concerns about the privacy and security of personal health data. Many digital health platforms collect sensitive information such as medical history, location, and biometric data, which can be vulnerable to cyber-attacks or unauthorized access (Thompson & McGill, 2017). Users often lack awareness of these risks and may not know how to protect their information effectively, increasing the potential for data breaches and identity theft.

Concerns about data privacy can also lead to mistrust of online health information and services. Users who are skeptical of how their personal information is managed may avoid using telehealth services or health apps, even if these tools could improve their health outcomes (Coughlin et al., 2018). Building trust requires ensuring transparency in how data is collected, used, and protected, as well as educating users on how to safeguard their privacy when using digital health platforms.

#### **4.4. Complexity of Health Technology**

The complexity of modern health technologies presents significant challenges for users, particularly those with limited digital skills. Health apps, online portals, and telemedicine services often require navigating multiple interfaces, understanding medical terminology, and inputting personal health data—tasks that can be daunting for individuals who are not tech-savvy (Rennie et al., 2020). The difficulty of using these tools can discourage individuals from fully engaging with digital health resources, thereby limiting the potential benefits these technologies offer.

Older adults and individuals with low levels of technological literacy often face difficulties using digital health tools due to usability issues and complex designs. Many digital health platforms are not designed with accessibility in mind, making them challenging for these groups to use effectively (Czaja & Lee, 2007). Inadequate consideration of the diverse needs of users can result in the exclusion of these populations from accessing essential health services. Addressing this challenge requires designing intuitive, user-friendly interfaces and offering digital literacy support tailored to different demographic groups.

### **5. STRATEGIES FOR HEALTH LITERACY IN THE DIGITAL AGE**

#### **5.1. Bridging the Digital Divide**

To address disparities in digital health literacy, policymakers must prioritize initiatives that expand internet access and digital tools in underserved communities. Governments and organizations can implement programs to build infrastructure, ensuring reliable and affordable internet access in rural and low-income areas (Park & Humphry, 2019). These efforts could also include providing subsidized digital devices, such as smartphones or tablets, to facilitate access to health information and telemedicine services. Such policies can help reduce the digital divide, enabling a broader population to benefit from digital health resources and support.

In addition to expanding access, digital literacy programs are essential for

empowering marginalized populations to utilize technology effectively. Educational initiatives that focus on teaching digital skills, such as navigating health apps, using online health portals, and evaluating online information, are vital in increasing engagement and participation in digital health platforms (Beaunoyer et al., 2020). Tailoring these programs to specific groups, including older adults and individuals with low literacy levels, ensures that diverse populations gain the skills necessary to make informed health decisions in the digital age.

### **5.2. Promoting Reliable Health Information**

Collaborative efforts between healthcare professionals, public health organizations, and technology developers are crucial for promoting reliable health information. Partnerships can lead to the creation of verified health content on platforms such as social media, mobile health apps, and websites (Friedman & Smirnova, 2020). By integrating credible sources directly into these platforms, users are more likely to access accurate information, reducing the risk of misinformation. Involving healthcare professionals in the development and review of digital health content enhances the credibility and trustworthiness of these resources.

Developing tools and apps that help users verify health information is another strategy to combat misinformation. Fact-checking services integrated within health apps can automatically analyze content and flag unreliable or false information (Chou et al., 2020). Additionally, mobile apps designed to educate users about evaluating online health sources can provide step-by-step guides, enhancing users' digital health literacy and critical thinking skills. These tools are particularly valuable in reducing the impact of misinformation, empowering users to make informed decisions based on accurate data.

### **5.3. Designing User-Friendly Digital Health Platforms**

To enhance digital health literacy, it is essential to design platforms with inclusivity and accessibility in mind. Health tech developers should follow principles that accommodate diverse user groups, including people with disabilities, the elderly, and those with limited digital skills (Czaja & Lee, 2007). Features such as screen readers, voice commands, adjustable font sizes, and simplified navigation can significantly improve accessibility and usability for all users. Inclusive design practices ensure that digital health resources are available to a wider audience, contributing to better health outcomes.

Customizing digital health technologies to meet the specific needs of diverse user groups is critical for improving engagement. For example, platforms aimed at elderly users may incorporate larger text, simple interfaces, and tutorial videos to facilitate easier interaction (Gonzalez et al., 2020). Similarly, features that accommodate individuals with disabilities, such as speech-to-text options and compatibility with assistive technologies, are vital in making digital health platforms more inclusive. By ensuring that digital health solutions cater to various abilities and preferences, developers can foster greater adoption and usage among diverse populations.

### **5.4. Data Privacy and Ethical Practices**

Ensuring the privacy and security of users' health data is a fundamental aspect of enhancing health literacy. Policymakers and technology developers must work together to strengthen regulations that govern the collection, storage, and sharing of health information on digital platforms (Thompson & McGill, 2017). Implementing strict data protection laws, such as encryption standards and secure authentication processes, helps protect users from data breaches and cyber threats. Strengthening these regulations builds trust, encouraging

more individuals to engage with digital health services confidently.

In addition to regulatory measures, user education is crucial for maintaining data privacy. Digital health literacy programs should include modules that teach users how to protect their personal information online, such as creating strong passwords, recognizing phishing attempts, and understanding privacy policies (Coughlin et al., 2018). Providing accessible guides and resources on safe internet practices empowers users to take control of their data security, enhancing trust and promoting active use of digital health tools.

## 6. CASE STUDIES AND BEST PRACTICES

### 6.1. Example of a Successful Digital Health Literacy Initiative (e.g., Community-Based Digital Training Programs)

One successful digital health literacy initiative is the National Digital Health Initiative launched in Australia, which focuses on improving digital health skills among older adults and marginalized communities. The program offers free community-based digital training sessions that teach participants how to access and navigate online health information, use telehealth services, and manage digital health records. By partnering with local libraries, community centers, and healthcare providers, the initiative provides hands-on support in familiar settings, making it accessible and inclusive (Woods et al., 2020). Evaluations of the program show that participants improved their confidence and ability to engage with digital health tools, demonstrating the effectiveness of localized and collaborative approaches in enhancing digital health literacy (Bennett et al., 2019).

### 6.2. Analysis of a Health App that Effectively Integrates User-Friendly Design and Credible Information

The MySugr app, designed for individuals with diabetes, is a prime example of a health app that effectively combines user-friendly design with credible information. MySugr offers personalized diabetes management tools, including blood sugar tracking, meal logging, and medication reminders. The app's interface is intuitive and accessible, featuring simplified navigation, visual aids, and customizable dashboards to accommodate diverse user needs, including older adults and people with disabilities (Lindholm et al., 2020). Furthermore, the app integrates information verified by healthcare professionals and provides educational content based on evidence-based guidelines. MySugr also collaborates with medical institutions, ensuring the credibility of its resources while offering users direct access to professional support through teleconsultations. The app's success highlights the importance of combining ease of use with reliable, professional information to engage users effectively and promote better health outcomes.

### 6.3. A Case Study on the Impact of Telemedicine in Rural or Underserved Areas

In the United States, the Project ECHO (Extension for Community Healthcare Outcomes) initiative has significantly impacted rural and underserved communities by providing telemedicine services. This program connects specialists from urban healthcare centers with healthcare providers in rural areas through teleconferencing technology. By offering virtual consultations, mentorship, and training, Project ECHO enables rural healthcare providers to offer specialized care locally, reducing the need for patients to travel long distances for treatment (Arora et al., 2011). A study of Project ECHO's implementation in rural New Mexico showed that the program improved patient outcomes for chronic conditions such as hepatitis C, diabetes, and cardiovascular disease (Komaromy et al., 2016).

It also enhanced the skills and confidence of rural healthcare providers, ensuring more comprehensive and accessible care for underserved populations. This case study demonstrates the transformative potential of telemedicine in bridging healthcare gaps and improving health literacy in remote areas.

## 7. FUTURE DIRECTIONS

### 7.1. Emerging Trends in Digital Health and Their Implications for Health Literacy

As digital health technology continues to evolve, several emerging trends are shaping the future of health literacy. These include the proliferation of wearable devices, the integration of augmented and virtual reality (AR/VR) in health education, and the expansion of digital therapeutics. Wearables, such as fitness trackers and smartwatches, are becoming increasingly sophisticated, allowing individuals to monitor their vital signs, track their physical activity, and manage chronic conditions more effectively. These devices encourage proactive health management, but they also require a higher level of digital health literacy to interpret the data accurately and make informed health decisions (Luxton, 2016).

AR/VR technologies are being used to create immersive health education experiences, such as virtual anatomy lessons or simulations of chronic disease management. These tools have the potential to enhance understanding and engagement in health education, but they also demand advanced digital skills and access to technology that may not be available to all users (Zhu et al., 2019). Digital therapeutics, which offer evidence-based interventions through apps and digital platforms, are expanding the role of technology in managing mental and physical health conditions. While these innovations promise to make healthcare more accessible and personalized, they highlight the need for ongoing efforts to develop digital health literacy programs that address these emerging trends.

### 7.2. The Role of AI and Machine Learning in Personalized Health Information Delivery

Artificial intelligence (AI) and machine learning are increasingly being integrated into digital health platforms, providing personalized health information and recommendations based on user data. These technologies analyze large volumes of health data from users' medical records, wearables, and apps to create tailored advice, such as medication reminders, fitness recommendations, or alerts for potential health issues (Topol, 2019). AI-driven chatbots and virtual health assistants are also becoming common, offering users immediate access to health information and guidance.

The integration of AI and machine learning in health information delivery has the potential to significantly enhance health literacy by providing individuals with accurate, relevant, and timely information. However, it also poses challenges, such as ensuring the transparency and accuracy of AI algorithms and maintaining user trust in automated systems (He et al., 2019). For these technologies to be effective, it is crucial to educate users on how AI operates in healthcare, helping them understand its benefits and limitations while building trust in these digital tools.

### 7.3. Opportunities for Global Collaborations in Digital Health Literacy Education and Policy Development

Global collaboration is essential for developing effective digital health literacy education and policies. International organizations such as the World Health Organization

(WHO) and non-governmental organizations (NGOs) are increasingly working with governments and tech companies to establish frameworks that promote digital health literacy and ensure equitable access to technology (Kickbusch & Maag, 2020). Such partnerships aim to create standard guidelines for digital health education, improve internet infrastructure in underserved areas, and support training programs that build digital skills in diverse populations.

Additionally, global collaborations provide opportunities for sharing best practices and innovations in digital health literacy across regions. For example, successful telemedicine models and digital health training programs developed in one country can be adapted and implemented in others facing similar challenges (Betjeman et al., 2013). By fostering international cooperation, stakeholders can address disparities in digital health literacy, promote inclusive health technologies, and create policies that ensure all individuals, regardless of location, can access and benefit from digital health resources.

## 8. CONCLUSION

Health literacy in the digital age presents both challenges and opportunities. On the one hand, the proliferation of digital tools and platforms has increased access to health information, enabling personalized health management, patient empowerment, and remote care solutions like telemedicine. These advancements offer unprecedented opportunities for individuals to take control of their health, participate in digital health communities, and access medical care regardless of geographical limitations. On the other hand, significant challenges persist, including the digital divide, the spread of misinformation, privacy concerns, and the complexity of health technologies. These obstacles can limit the effectiveness of digital health solutions and disproportionately affect marginalized populations.

To fully harness the benefits of digital health, ongoing efforts are crucial to bridge the gap in digital health literacy. This includes implementing policies that expand access to internet services and digital tools in underserved areas and developing comprehensive digital literacy programs that cater to diverse populations. Collaborations among healthcare professionals, technology developers, and policymakers are essential to promote credible health information and build trust in digital platforms. Additionally, addressing privacy and security concerns through robust regulations and user education is vital to ensuring that digital health tools are safe and accessible for everyone.

As technology continues to advance, the future of health literacy will rely on the integration of new innovations such as artificial intelligence, wearable devices, and immersive educational tools like augmented reality. These technologies hold the potential to make health information more personalized, engaging, and accessible. However, it is critical that stakeholders work together to ensure these advancements do not exacerbate existing inequalities but instead contribute to a more inclusive digital health environment. By investing in digital health literacy initiatives, expanding global collaborations, and developing user-centered technologies, society can move towards a future where everyone has the knowledge and resources to manage their health effectively in an increasingly digital world.

## References

Anderson, M., & Perrin, A. (2018). Tech adoption climbs among older adults. *Pew Research Center*.

Arora, S., Thornton, K., Murata, G., Deming, P., Kalishman, S., Dion, D., ... & Qualls, C. (2011). Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine*, 364(23), 2199-2207.

Beaunoyer, E., Dupéré, S., & Guitton, M. J. (2020). COVID-19 and digital inequalities: Reciprocal impacts and mitigation strategies. *Computers in Human Behavior*, 111, 106424.

Bennett, C., Maton, K., & Kervin, L. (2019). Older adults' digital health literacy skills: A scoping review. *Australian Journal on Ageing*, 38(3), 173-180.

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97-107.

Betjeman, T. J., Soghoian, S. E., & Foran, M. P. (2013). mHealth in Sub-Saharan Africa. *Telemedicine and e-Health*, 19(6), 482-487.

Broniatowski, D. A., Jamison, A. M., Qi, S. H., AlKulaib, L., Chen, T., Benton, A., ... & Dredze, M. (2018). Weaponized health communication: Twitter bots and Russian trolls amplify the vaccine debate. *American Journal of Public Health*, 108(10), 1378-1384.

Chan, C. V., & Kaufman, D. R. (2011). A framework for characterizing eHealth literacy demands and barriers. *Journal of Medical Internet Research*, 13(4), e94.

Chou, W. Y. S., Gaysinsky, A., & Cappella, J. N. (2020). Where we go from here: Health misinformation on social media. *American Journal of Public Health*, 110(S3), S273-S275.

Coughlin, S. S., Stewart, J. L., Young, L., Heboyan, V., & De Leo, G. (2018). Health literacy and patient web portals. *International Journal of Medical Informatics*, 113, 43-48.

Czaja, S. J., & Lee, C. C. (2007). The impact of aging on access to technology. *Universal Access in the Information Society*, 5(4), 341-349.

Cuan-Baltazar, J. Y., Muñoz-Perez, M. J., Robledo-Vega, C., Perez-Zepeda, M. F., & Soto-Vega, E. (2020). Misinformation of COVID-19 on the internet: Infodemiology study. *JMIR Public Health and Surveillance*, 6(2), e18444.

Eysenbach, G. (2008). Medicine 2.0: Social networking, collaboration, participation, apomediation, and openness. *Journal of Medical Internet Research*, 10(3), e22.

Friedman, D. B., & Smirnova, M. (2020). Creating credible digital health information: Guidance and best practices for health communicators. *Journal of Health Communication*, 25(2), 1-12.

Frost, J., & Massagli, M. (2008). Social uses of personal health information within PatientsLikeMe, an online patient community: What can happen when patients have access to one another's data. *Journal of Medical Internet Research*, 10(3), e15.

Gibbons, M. C., Wilson, R. F., Samal, L., Lehmann, C. U., Dickersin, K., Lehmann, H. P., ... & Bass, E. B. (2009). Impact of consumer health informatics applications. *Evidence Report/Technology Assessment No. 188*.

Gonzalez, C. E., Politis, A., & Delgado, S. R. (2020). Digital health interventions for older adults: A systematic review of current trends. *Journal of Gerontology*, 75(3), 471-

482.

Greene, J. A., Choudhry, N. K., Kilabuk, E., & Shrunk, W. H. (2011). Online social networking by patients with diabetes: A qualitative evaluation of communication with Facebook. *Journal of General Internal Medicine*, 26(3), 287-292.

He, J., Baxter, S. L., Xu, J., Xu, J., Zhou, X., & Zhang, K. (2019). The practical implementation of artificial intelligence technologies in medicine. *Nature Medicine*, 25(1), 30-36.

Kickbusch, I., & Maag, D. (2020). Global health literacy: Toward policy development. *Health Promotion International*, 35(2), 251-259.

Kickbusch, I., Pelikan, J. M., Apfel, F., & Tsouros, A. D. (2013). Health literacy: The solid facts. *World Health Organization Regional Office for Europe*.

Komaromy, M., Duhigg, D., Metcalf, A., Carlson, C., Kalishman, S., Thornton, K., ... & Arora, S. (2016). Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders. *Substance Abuse*, 37(1), 20-24.

Levin-Zamir, D., & Bertschi, I. (2018). Media health literacy, eHealth literacy, and the role of the social environment in context. *International Journal of Environmental Research and Public Health*, 15(8), 1643.

Lindholm, C., Birk, T., & Jørgensen, L. (2020). Usability and adherence of a diabetes app in older adults with type 2 diabetes: Mixed methods study. *JMIR Diabetes*, 5(4), e22462.

Lupton, D. (2017). How does health feel? Towards research on the affective atmospheres of digital health. *Digital Health*, 3, 2055207617701276.

Luxton, D. D. (2016). Artificial intelligence in psychological practice: Current and future applications and implications. *Professional Psychology: Research and Practice*, 47(3), 147-155.

Marcin, J. P., Shaikh, U., & Steinhorn, R. H. (2015). Addressing health disparities in rural communities using telehealth. *Pediatrics*, 136(1), 202-209.

Norman, C. D., & Skinner, H. A. (2006). eHealth literacy: Essential skills for consumer health in a networked world. *Journal of Medical Internet Research*, 8(2), e9.

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267.

Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072-2078.

Oh, H. J., Lauckner, C., Boehmer, J., Fewins-Bliss, R., & Li, K. (2005). Facebooking for health: An examination into the solicitation and effects of health-related social support on social networking sites. *Computers in Human Behavior*, 51, 675-684.

Park, S., & Humphry, J. (2019). Exclusion by design: Intersections of social, digital, and data exclusion. *Information, Communication & Society*, 22(6), 934-953.

Robinson, L., Cotten, S. R., Ono, H., Quan-Haase, A., Mesch, G., Chen, W., ... & Stern, M. J. (2015). Digital inequalities and why they matter. *Information, Communication & Society*, 18(5), 569-582.

Sharma, R., & Clarke, M. (2014). Nursing and telemedicine: Evolution and prospects. *Journal of Telemedicine and Telecare*, 20(1), 28-35.

Shaw, T., McGregor, D., Brunner, M., Keep, M., Janssen, A., & Barnet, S. (2018). What is eHealth (6)? Development of a conceptual model for eHealth: Qualitative study with key informants. *Journal of Medical Internet Research*, 20(10), e302.

Steinhubl, S. R., Muse, E. D., & Topol, E. J. (2015). Can mobile health technologies transform health care? *JAMA*, 313(5), 463-464.

Thompson, N. C., & McGill, T. J. (2017). Factors affecting the adoption of online health services. *Health Policy and Technology*, 6(2), 218-223.

Tonsaker, T., Bartlett, G., & Trpkov, C. (2014). Health information on the internet: Goldmine or minefield? *Canadian Family Physician*, 60(5), 407-408.

Topol, E. J. (2019). *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again*. Basic Books.

Torous, J., Friedman, R., & Keshavan, M. (2018). Smartphone ownership and interest in mobile applications to monitor symptoms of mental health conditions. *JMIR mHealth and uHealth*, 6(1), e2.

Van Dijk, J. A. (2020). The digital divide. *Polity Press*.

Viswanath, K., & Kreuter, M. W. (2012). Health disparities, communication inequalities, and eHealth. *American Journal of Preventive Medicine*, 43(1), 1-7.

Wang, Y., McKee, M., Torbica, A., & Stuckler, D. (2019). Systematic literature review on the spread of health-related misinformation on social media. *Social Science & Medicine*, 240, 112552.

Wilson, E. V., & Lankton, N. K. (2016). Modeling patients' acceptance of provider-delivered e-health. *Journal of the American Medical Informatics Association*, 11(4), 241-248.

Woods, L., Green, S., & Boyd, M. (2020). Digital health literacy for older adults: Critical assessment and training in community settings. *Australian Journal of Public Health*, 44(4), 306-312.

Zhu, E., Hadadgar, A., Masiello, I., & Zary, N. (2019). Augmented reality in healthcare education: An integrative review. *PeerJ*, 7, e6202.