

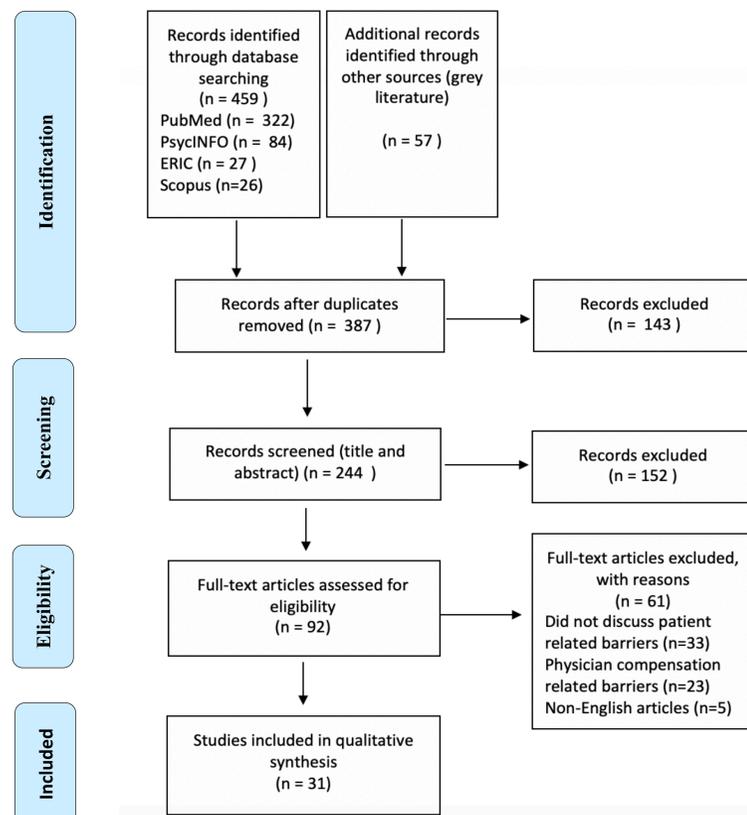
Introduction

- Virtual health care created a platform for sustained access to essential healthcare services during the COVID-19 pandemic
- However, in an effort to not further exacerbate existing health inequities, telehealth barriers need to be identified and addressed
- The purpose of this study was to identify barriers to accessing and utilizing telehealth services during the COVID-19 pandemic in general and for rural populations in particular.

Methods

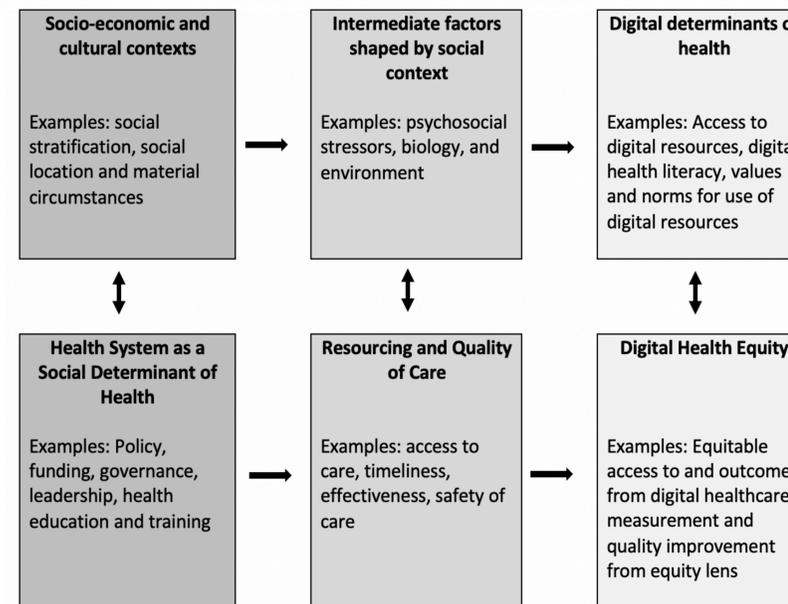
- Following the PRISMA guidelines for reviews, comprehensive searches were conducted in PubMed, PsycINFO, ERIC and Scopus.
- The PubMed strategy was translated and optimized for the other databases. Searches did not incorporate date, language, publication type, or other restrictions.
- The following search terms were used: barrier*[ti] OR challenge*[ti] OR facilitator*[ti] OR enabl*[ti] OR "Internet Access"[Major] OR "Health Services Accessibility"[Major] OR "Disabled Persons"[Major] OR "Violence"[Major] OR "Child Care"[Major] OR access*[ti] OR disabilit*[ti] OR violence[ti] OR childcare[ti] OR child care[ti] AND ("Telemedicine"[Major] OR telemedicine[ti] OR telepsychiatry[ti] OR telepsychology[ti] OR tele health[ti] OR teleconsult*[ti] OR econsult*[ti] OR e consult*[ti]) OR ((virtual[ti] OR video*[ti] OR online[ti]) AND (clinic[ti] OR clinics[ti] OR appointment*[ti] OR ward*[ti] OR consult*[ti] OR counseling[ti] OR visit*[ti]))

Fig. 1 PRISMA Flow Diagram



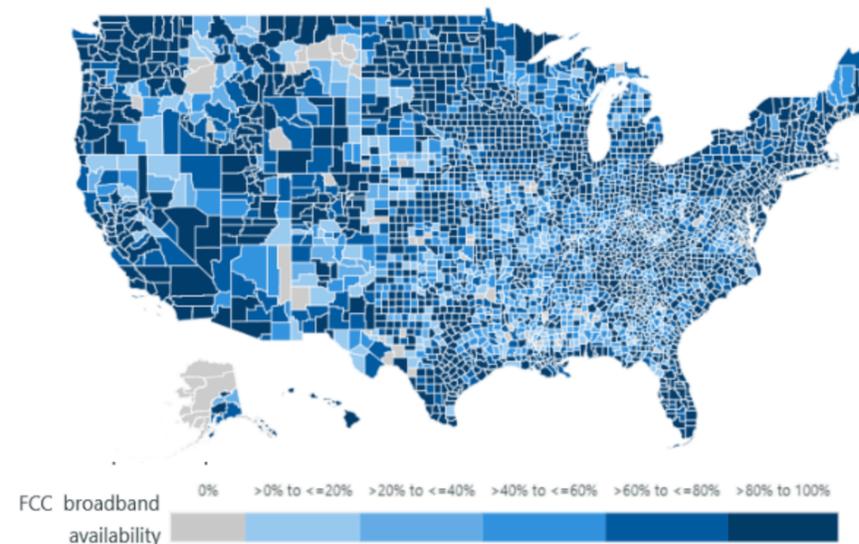
Results

Fig. 2 Health Equity Framework



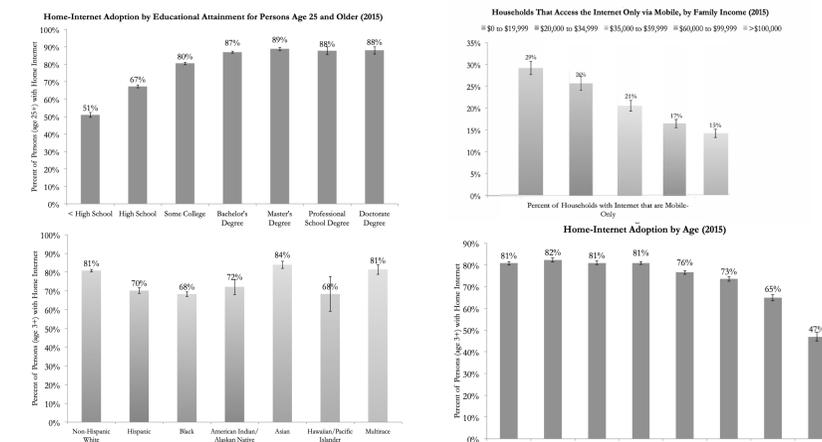
Crawford, A., & Serhal, E. (2020). Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. *Journal of Medical Internet Research*, 22(6), e19361.

Fig. 3 US Broadband Access and The Digital Divide



- 22.3 percent** of Americans in rural areas and **27.3 percent** of people living on Tribal lands lack access to high-speed internet
- While the Federal Communications Commission (FCC) estimates that **21.3 million** Americans do not have access to broadband, estimates by Microsoft suggest that it is closer to **42 million** individuals

Fig. 4 Internet Adoption /Access by Educational Attainment, SES, Race and Age



Figures adapted from S. Derek Turner, "Digital Denied: The Impact of Systemic Racial Discrimination on Home-Internet Adoption" (Washington: Free Press, 2018). Data: U.S. Census Bureau

Table 1. Common Telehealth Barriers

Common Telehealth Barriers Reported	
Digital Access	<ul style="list-style-type: none"> Age, ethnicity, economic status, literacy skills, educational attainment, and ability to pay for the technology all determine having access to and using devices that can be used for telehealth. Among adults with household incomes below \$30,000 a year: <ul style="list-style-type: none"> Three-in-ten don't own a smartphone. Four-in-ten don't have home broadband services or a traditional computer
Language	<ul style="list-style-type: none"> Non-English language is independently associated with: <ol style="list-style-type: none"> >50% lower telemedicine use 30-50% more missed appointments and Higher rate of telephone (as opposed to video) visits. There is growing anecdotal evidence regarding a lack of appropriately translated health information related to the pandemic
Disability and Communication Barriers	<ul style="list-style-type: none"> Most telemedicine platforms lack features that ease healthcare communications for persons with different disabilities Web accessibility standards that are not universally enforced on telemedicine platforms.
Sex	<ul style="list-style-type: none"> Female sex is reported to be independently associated with less telemedicine and video use. <ul style="list-style-type: none"> This is hypothesized to stem from the disproportionate distribution of childcare duties, but further investigation is needed

Conclusion

To create more equitable virtual health landscapes, it is essential to establish systematic ways of identifying, measuring and addressing health inequities in digital health platforms and policies

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