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* OR challenge* OR facilitate* OR enable* OR 'Internet Access' OR 'Health Services Accessibility' OR 'Disabled Persons' OR 'Violence' OR 'Child Care' OR 'access*' OR 'disability*' OR violence* OR children* OR child care* AND 'Telemedicine' OR 'telemedicine' OR telepsychiatry* OR telepsychology* OR telehealth* OR teleconsult* OR 'teleconsult*' OR 'teleconsultation' OR 'video*' OR 'video*' OR online* AND clinical OR clinic* OR appointment* OR wait* OR consult* OR counseling* OR visit* OR visit*

Table 1. Common Telehealth Barriers

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<th>Common Telehealth Barriers Reported</th>
<th>Example</th>
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| **Digital Access**                | - Non-English language is independently associated with:  
|                                  | 1. >50% lower telemedicine use  
|                                  | 2. 30-50% more missed appointments  
|                                  | 3. 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. |
| **Language**                      | - Female is reported to be independently associated with less telemedicine and video use.  
|                                  | - This is hypothesized to stem from the disproportionate distribution of childcare duties, but further investigation is needed. |
| **Disability and Communication Barriers** | - 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**                           | - Higher rate of telephone (as opposed to video) visits.  
|                                  | - Female is reported to be independently associated with less telemedicine and video use.  
|                                  | - This is hypothesized to stem from the disproportionate distribution of childcare duties, but further investigation is needed. |

Results

Fig. 1 PRISMA Flow Diagram

Fig. 2 Health Equity Framework

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

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

References