

Baylor College of Medicine
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Title of Proposal: Technological determinants of health: Factors associated with equitable utilization among minority Adolescents and Young Adults (AYA) receiving sexual health services

BCM Mission Area: Healthcare

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Abstract:

Purpose: As clinics limited face-face appointments during the COVID-19 pandemic, youth at risk of sexually transmitted infections (STI) were vulnerable to disruptions in medical care. While utilization of telehealth platforms has the potential to address pandemic related disruptions in care, and are likely to be maintained in a post-pandemic world, there are inequities in access and utilization of telehealth. The goal of this presentation is to explore telehealth acceptability and digital inequities (device access, internet access, and digital literacy) affecting utilization of telehealth for sexual health services among adolescents and young adults (AYA). **Methods:** The setting was a nine-clinic system that provides free preventive primary care and reproductive health services to >10,000 Medicaid, low-income, and uninsured AYA annually. Majority (97.9%) of patients fall below the 250% Federal Poverty Level threshold and 96% belong to racial and ethnic minority groups. We surveyed youth aged 18 – 24 who requested an appointment for a sexual health related concern. A 70 question survey, compiled using psychometrically validated instruments, was administered via email, text link, or telephone survey (if expressed inability to access the survey electronically). Sexual behavior and demographic information were collected. The constructs of interest included attitudes, intentions, barriers, and facilitators for telehealth. **Results:** A total of 347 AYA responded to the survey, with 250 completing the entire survey. A majority of the population identified as

female (89%), non-Hispanic (58%), and Black (52%). 37% of the respondents had scheduled their planned visit as a video or telephone visit. Overall respondents reported favorable attitudes towards telehealth with 69% agreeing that it could save them time, and 59% agreeing that they could be satisfied with a telehealth visit. A minority of respondents agreed that they had concerns about privacy (8%), difficulty with using technology (12%), and did not like the lack of physical contact (39%). Nearly all respondents reported having access to a computer, tablet, or smartphone (99.6%) and to the internet (99.2%); however 37% reported that they could not always trust the equipment to work. While 96% of respondents were willing/very willing to have an in-person visit if they were experiencing sexual health symptoms, ~ 80% of respondents were willing/ very willing to discuss sexual behaviors via telephone or video visit, and ~ 36% were willing/ very willing to have an examination via video. Race, education, ethnicity, and insurance status were not associated with telehealth utilization. Individuals who used telehealth services had significantly more positive attitudes towards telehealth than those who did not, as assessed by a questionnaire of beliefs and attitudes about telehealth, $d = .50$, $p < .001$. Conclusions: Utilization of telehealth is affected by attitudes towards telehealth. Minimizing concerns for privacy, improving patient experience and comfort with using technology, and addressing negative attitudes towards the lack of physical contact may improve utilization. These findings will lay ground-work for subsequent research focused on action-oriented steps to develop innovative interventions that will improve health care access for STI-related outcomes, and health equity among AYA served by BCM.