

Inequities in Telehealth Access: Examining Structural Barriers Among Adult Hispanics

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INTRODUCTION

As telehealth continues to transform healthcare delivery, concerns remain about unequal access across populations (Ko et al., 2023). This study investigates whether structural determinants, specifically income and insurance coverage, affect telehealth utilization and contribute to healthcare disparities among Hispanic adults. Understanding these relationships is critical for guiding policies that advance health equity.

METHODS

1. Systemic Search (Nov 2025-Jan 2026) was conducted using National Institutes of Health (NIH) databases to identify peer-review, English-language articles (2011-2025) addressing telehealth access and structural barriers. Search terms included “telehealth” OR “telemedicine”, “barriers” OR “access” OR “disparities”, and “income” OR “insurance.” Eligible studies meeting criteria were compiled and managed using Mendeley.
2. A cross-sectional study using the 2023 Medical Expenditure Panel Survey (MEPS) was conducted, with telehealth utilization as the primary outcome variable. Income and insurance status were examined as key predictors, while age, sex, and perceived health status were included as covariates.
3. Descriptive statistics summarized sample characteristics. Multivariable analyses evaluated associations with telehealth utilization. All analyses were performed using Statistical Analysis System OnDemand for Academics (SAS ODA).



Figure 1: Photo of woman using telehealth with medical provider in white coat.

RESULTS

Table 1: Demographic characteristics of study population comparing structural determinants and telehealth accessibility frequency (weighted, N= 25364247)

Variable	Telehealth; Yes	Telehealth: No	P value
Sex			
Female	11.9%	42.4%	0.016
Male	4.3%	41.5	
Insurance			
Yes	15.7	81.9%	0.830
No	0.4%	1.9%	
Income			
\$0-\$14,999	6.7%	37.1%	0.266
\$15,000-\$39,000	1.8%	18.4%	
\$40,000-64,999	3.9%	13.7%	
\$65,000-\$99,999	1.6%	8.2%	
\$100,000+	2.1%	6.4%	
Age			
18-24	2.7%	2.5%	0.0020
25-44	4.3%	22.6%	
45-64	7.3%	39.0%	
65+	1.9%	19.8%	
Perceived Health Status			
Excellent	0.9%	7.7%	0.468
Very Good	2.9%	14.2%	
Good	6.3%	6.3%	
Fair	4.6%	18.8%	
Poor	1.5%	4.3%	

Table 2: Odds Ratio by telehealth access of demographic variables (weighted, N= 25364247)

Variable	Odds Ratio (OR)	P Value
Sex		
Female	2.81	0.011
Male (Ref)	-	-
Insurance		
Yes	0.43	0.457
No (Ref)	-	-
Income		
\$0-\$14,999	0.65	0.113
\$15,000-\$39,000	0.47	0.013
\$40,000-64,999	1.71	0.014
\$65,000-\$99,999 (Ref)	-	-
\$100,000+	2.08	0.004
Age		
18-24	16.39	0.0002
25-44	1.40	0.026
45-64	1.95	0.263
65+ (Ref)	-	-
Perceived Health Status		
Excellent	0.20	0.0256
Very Good	0.30	0.110
Good	0.38	0.681
Fair	0.76	0.081
Poor (Ref)	-	-

DISCUSSION

The study found that income and insurance status did not significantly predict telehealth access among Hispanic adults, while covariates such as age and sex were more strongly associated with disparities in usage, indicating demographic factors may outweigh traditional socioeconomic indicators.

These findings indicate that telehealth equity initiatives targeting Hispanic adults should prioritize age and gender related barriers when designing interventions. This pattern suggest that improving telehealth access requires more than expanding insurance coverage; it requires cultural and linguistic responsive support addressing digital familiarity across age groups.

Gender differences in caregiving roles and health seeking behaviors may contribute to disparities in telehealth engagement. Targeted outreach, community-based education, and bilingual digital literacy programs may reduce inequities among Hispanic adults.

REFERENCES

Please scan the QR code to the right to see references used.



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