BIRTH IN COLOR

Telehealth Listening Project

RESEARCH REPORT · JANUARY 2024

Birth in Color

WRITTEN BY :

Galina Varchena

DIRECTOR OF POLICY

APPROVED BY:

Kenda Sutton-El

EXECUTIVE DIRECTOR

Table of Contents

Birth in Color is a Black women-led Reproductive Justice organization dedicated to maternal and reproductive health, policy, and removing biases and barriers for people of color.

Project Overview

The Telehealth Listening Session Project was established by Birth in Color to engage our community members, doulas, and partner organizations to gain a more comprehensive understanding of the current utilization of telehealth in Virginia.

Birth In Color and our partners would like to engage in conversations and listening sessions across the state with various populations to understand better the utilization and access to telehealth services, including reproductive and maternal healthcare.

Recent studies suggest telehealth may improve some obstetric and gynecologic outcomes and may be effective for contraceptive care.[1] During the COVID-19 pandemic, contraceptive healthcare delivery was significantly impacted. Telehealth has sustained access to contraception in essential ways but has been met with various challenges, including technological access and confidentiality.[2]

Why Telehealth Matters

Birth in Color reached out to two telehealth networks, the Virginia Telehealth Network (VTN) and the Telehealth Equity Coalition (TEC), to inform our research on this subject of our project. The Virginia Telehealth Network is a nonprofit membership organization supporting telehealth efforts in the Commonwealth. The Telehealth Equity Coalition is a national collaboration of nonprofits, academics, and industry partners working together to optimize equitable telehealth delivery and utilization.

According to the VTN, the isolation of the COVID-19 pandemic increased the presence of telehealth for many providers. Additional research from the University of Pennsylvania found that from 2019-2021, Black patients saw a steep increase in follow-up visit completion rates, from 52 to 70 percent.[3] Telehealth also allows providers to follow up and support patients with chronic conditions remotely.

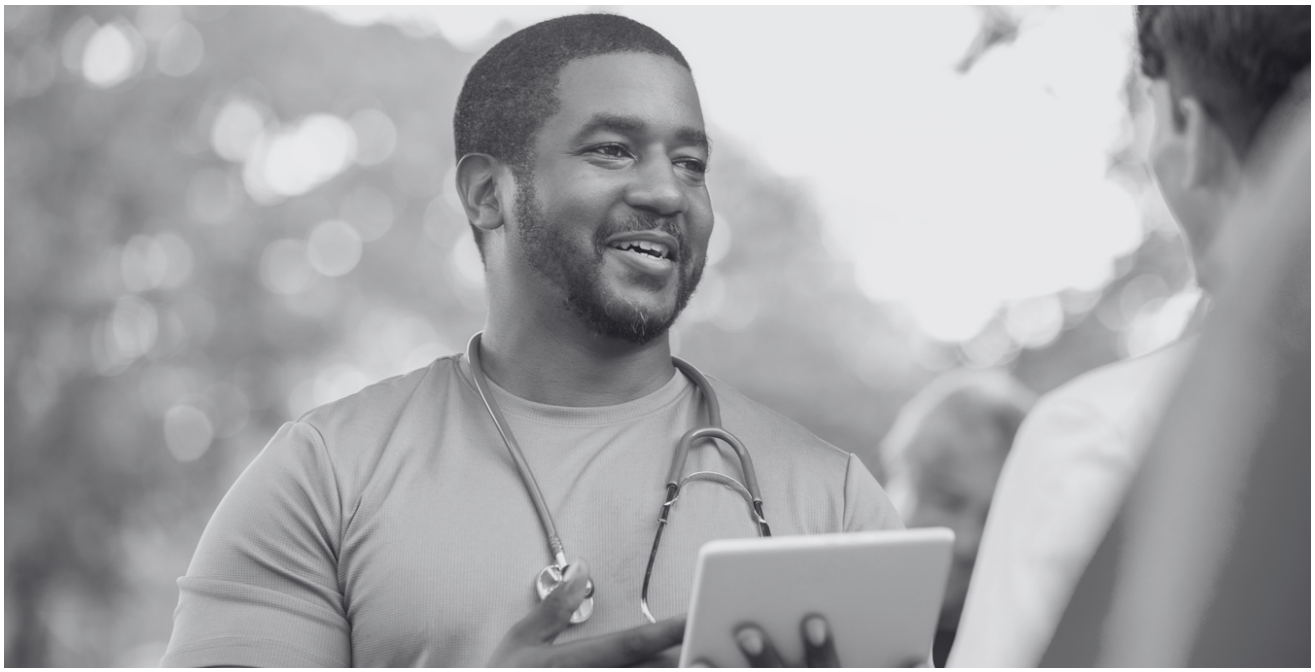
Similar themes were found in the TEC. Telehealth offers considerable opportunities to improve patient trust and mitigate disparities in care quality and access, especially for communities of color.[4]

Given these findings, we utilized these data points as context for our report.

Overview Continued...

Findings from our project were varied, indicating that additional research is needed to determine if telehealth increases access to care or results in better health outcomes than in-person care for women's reproductive health.

Most importantly, the variety of patient experiences shows that additional research is needed into the modalities of delivery, access, and unique circumstances that face our communities when accessing healthcare, especially reproductive healthcare through telehealth.



After the Project is Completed...

We believe that policy change is needed to improve equitable access to telehealth services in the Commonwealth. We see this research report as an entry way for potential legislation within the General Assembly in 2025 and beyond. It will also act as an entry way into additional conversations that need to be had with communities of color, immigrant communities, LGBTQ communities and others whose needs are not currently being fully met by existing healthcare system.

Some Definitions and Background

This project was funded with a generous grant from Reproductive Health Initiative for Telehealth Equity & Solutions (RHITES). It was engendered by a desire to connect with our communities, partners, patients and providers around telehealth access to healthcare, especially reproductive healthcare.

RHITES
REPRODUCTIVE HEALTH INITIATIVE FOR TELEHEALTH EQUITY & SOLUTIONS

Doula — A doula is a non-medical, trained, and supportive professional who provides emotional, physical, and informational assistance to pregnant individuals before, during, and after childbirth. Doulas offer guidance and comfort to ensure a positive birthing experience.

Recruitmemt Process

Participants interested in attending the listening sessions could sign up for sessions through Birth in Color's website. Birth in Color also hosted pre-scheduled sessions with community partners, including the Tidewater Lactation Group.

We contacted several existing partners and selected new partners to expand recruitment efforts. New and existing partner organizations were emailed surveys with supporting information on the telehealth project. Additional work must be done to develop deeper partnerships with organizations working with affected communities. Also, given the difficulties we faced in outreach to specific communities, this project could benefit from an expanded timeline and additional resources in the future.

Community Survey

RECRUITMENT AND CONDUCT

Individuals interested in participating in the project but could not attend the live sessions could take our community survey. The survey was also sent to community partners who shared it with their communities. A Google survey was created in English and Spanish.

Those who completed the survey were entered into a raffle for a fifty-dollar or a one-hundred-dollar gift card. The survey opened in mid-October 2023 and remained open until mid-January 2024. Recipients were selected randomly from survey participants.

Live Listening Sessions

RECRUITMENT AND CONDUCT

Those interested in attending the live sessions could sign up through Birth in Color's website. The live session information was shared with community partner organizations across the Commonwealth. All participants who completed listening sessions received a stipend for their time of $30/hour of participation.

Group and individual listening sessions lasted approximately 30-60 minutes. Most sessions were scheduled using the Zoom platform, and all but one were recorded; there was a technological malfunction in that instance.

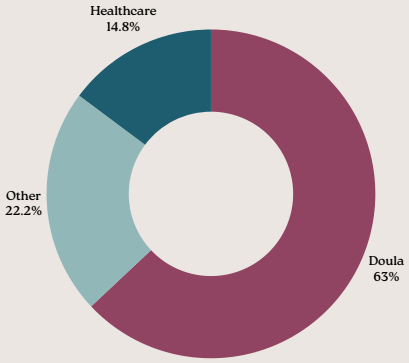
Sessions were transcribed using Otter AI, with a student fellow taking parallel notes and going back to review session transcripts and correct any errors. Sessions started at the beginning of October and ran through mid-January 2024.

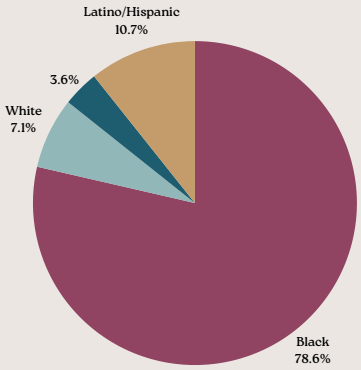
Live Listening Sessions
INITIAL RESULTS

The following data points represent the initial results from Birth in Color's live listening sessions. In total, Birth in Color hosted 14 sessions with 27 participants. Below are data revealing more insights into who participated in our live listening sessions. Due to scheduling conflicts, several sessions included only one participant. Most sessions involved at least two to five participants. The goal was always to have more than one participant to encourage a lively discussion.

Most participants came from Urban or Rural areas of the state. Geographically, we talked to folks from every part of the Commonwealth; however, most came from Northern Virginia, Richmond, the surrounding area, and Hampton Roads.

The majority of our Interviewees are doulas or working in healthcare in other capacities



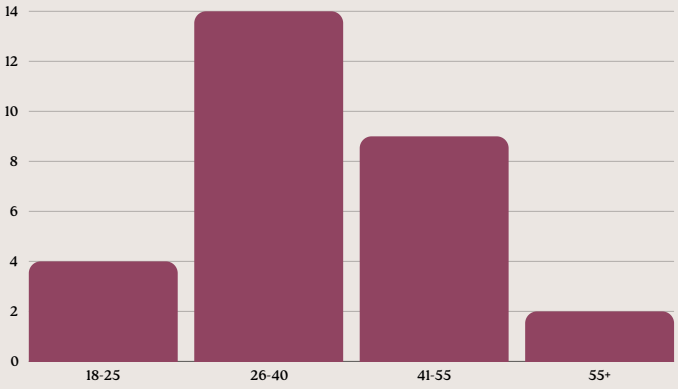


Most participants identified as Black or African American. Also of note, out of the 27 participants, all but two identified as female, one as male, and one as nonbinary.

Live Listening Sessions
INITIAL RESULTS

Here is additional information about our live session participants. Almost all of our participants were insured, and everyone with insurance could access some form of telehealth medicine through their insurance provider.

Age of Participants

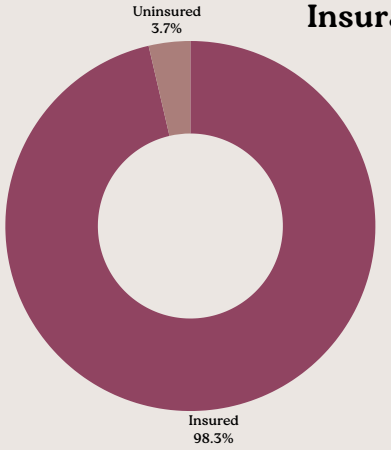


The sessions drew a mix of participants of varying ages. The majority of participants were between the ages of 26 and 40.

22 (or 96%) of participants reported they had insurance.

100% of participants who had insurance also had access to telehealth services.

Insurance Coverage



One repeated refrain was that Covid made telehealth an available option for most people, and the majority only used or provided telehealth services after the pandemic.

Live Listening Sessions
INITIAL RESULTS

Every live session participant was asked questions as a telehealth and healthcare consumer. Those who identified their occupations as doulas or other healthcare workers were also asked questions related to the provision of telehealth reproductive healthcare.

Participants were asked a series of questions about healthcare generally, reproductive healthcare specifically, their use and experience with telehealth and telehealth for reproductive healthcare, and how they see telehealth technology in the context of reproductive healthcare delivery.

Here are six major takeaways:

As patients, most people value the convenience of telehealth and accessibility, especially folks from rural areas or provider deserts of the state. Some had few to no providers in their area and had to go multiple hours away to obtain the needed care. For example, a few patients from Eastern Shore expressed that they had few OBGYN providers near them and that none were taking new patients when they needed care, including prenatal and post-partum care. These patients had no choice but to seek care hours away, and telehealth significantly helped with follow-up appointments.

Many expressed that telehealth allowed them to obtain an appointment significantly faster than in-person care for specialists, especially for rural people.

Telehealth only met some of the patients' needs. Many patients felt telehealth was more impersonal and rushed than in-person care and inadequate to their needs.

Overall, those who could access telehealth preferred it for follow-up appointments and check-ups, not initial visits to a provider. They liked their experiences overall, even if there were some issues.

Those living in rural areas and some in urban areas discussed the issues around access to telehealth due to technological constraints, such as a lack of reliable internet and reliable equipment.

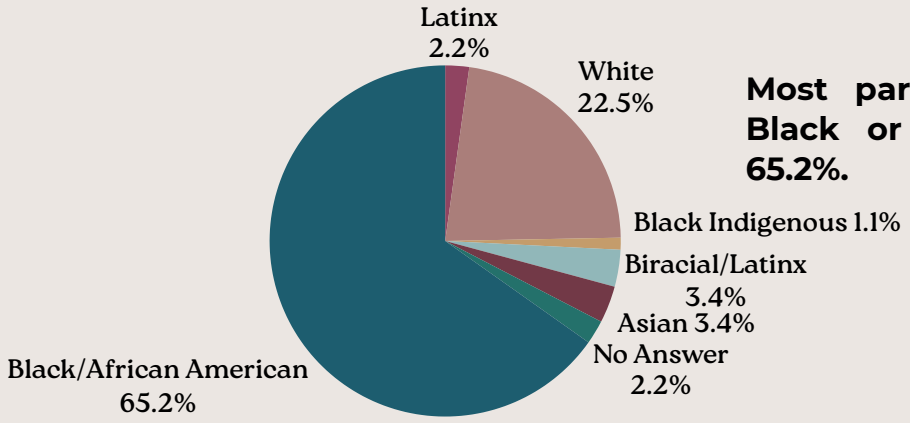
WORD CLOUD – OVERALL IMPRESSION OF TELEHEALTH

Many people we talked to noted that they were unaware of telehealth as an option for OBGYN and prenatal/postpartum care. Their providers either did not disclose or did not provide such care in their area, and when they did, it needs to be utilized more. Many expressed discomfort in obtaining reproductive healthcare through telehealth, some because in-person care made them feel more comfortable, others because their home/work does not provide them with the privacy they would want for those kinds of appointments.

Survey Responses
INITIAL RESULTS

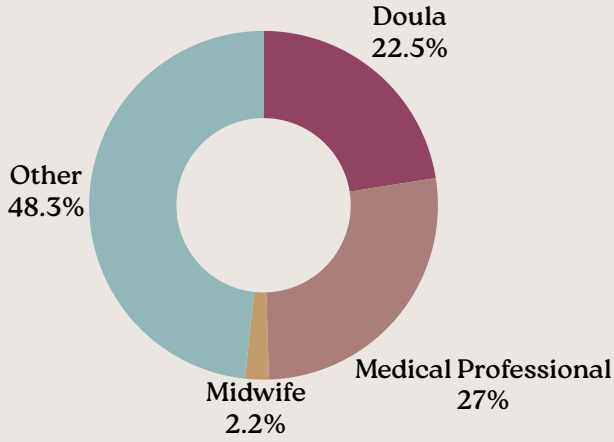
The following data points represent the initial results from Birth in Color's telehealth survey. In total, Birth in Color received 89 survey responses. Below are data revealing more insights into who participated in our survey.

Race / Ethnicity



Most participants identified as Black or African American, at 65.2%.

Profession/Occupation



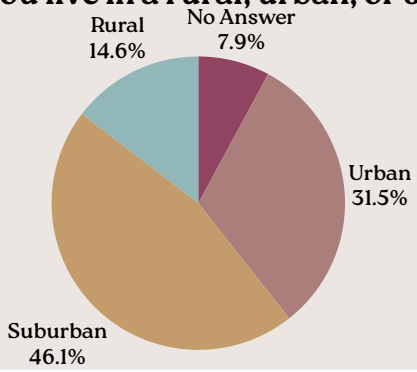
We coded all medical professionals including RNs, Doctors and Medical Researchers as "Medical Professional." If a participant indicated more than one profession, we tried to code the profession from which perspective they responded to the relevant questions. Other is used for all other responses, we had students, entrepreneurs, social workers, corrections officers and many others represented by individuals who took our survey.

All but two participants identified as Female, and two identified as nonbinary.

Survey Responses
INITIAL RESULTS

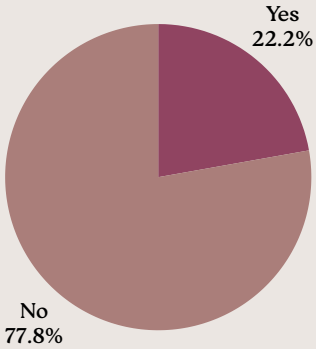
The following data points represent the initial results from Birth in Color's telehealth survey. In total, Birth in Color received 89 survey responses. Below is data revealing more insights into who participated in our survey and how they responded to crucial questions.

Do you live in a rural, urban, or suburban area?



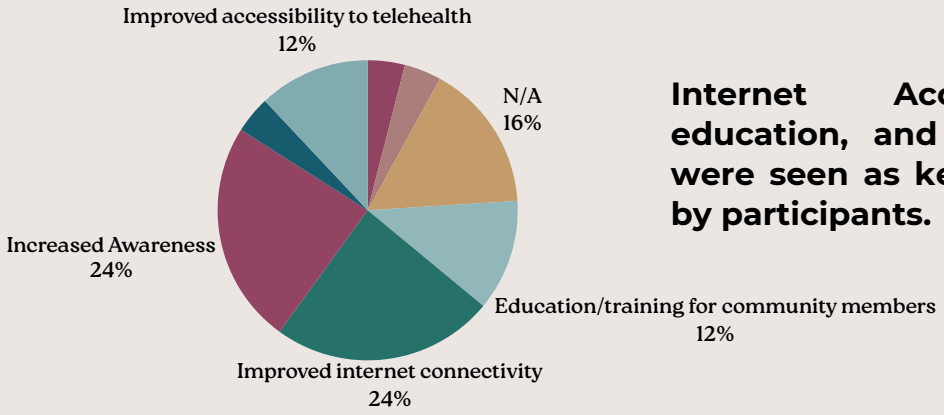
Most of our survey respondents lived in urban or suburban areas of the Commonwealth.

Preference for in person care:



Of those who noted a preference, almost 1/4th preferred in-person care over telehealth.

What would improve telehealth access in your community?



Internet Access, technology education, and lack of awareness were seen as key barriers to access by participants.

Our Findings
SURVEY + CONVERSATIONS

In both live sessions and on the survey, we asked whether people used telehealth for reproductive healthcare in the past and whether they have provided reproductive healthcare or related services through telehealth to those in the healthcare space. The survey questions are attached in Appendix A.

The baseline questions for live telehealth sessions revolved around the following areas:

1. What is the current access to telehealth reproductive healthcare across the different areas of the state for our communities?
2. What are the current barriers to reproductive telehealth access?
3. What are the experiences people of color and marginalized communities have with reproductive telehealth?
4. What are the gaps in telehealth coverage across the different areas of the state?
5. Is there experience of racial implicit or explicit bias in reproductive telehealth among our target populations?

As discussions progressed, we asked follow-up questions and allowed the conversation to proceed organically, allowing participants to share as much about their experiences as they wanted to.

Most participants in both surveys and live sessions have not used telehealth as much for reproductive healthcare, though most also indicated that they would like to but have yet to be provided with this as an option by their reproductive healthcare provider. Of the doulas interviewed, a few have offered some consultations by telehealth. Doula care is hands-on, and every healthcare provider mentioned that in-person care delivery was superior, especially during the pandemic. Still, remote provision of services was sometimes necessary. There was significant confusion among the doulas about when and how Medicaid might cover telehealth services. In Virginia, Medicaid pays for some doula services while there is no private insurance mandate. Doulas expressed a strong desire for additional clarity around this issue and a preference for increased remote session coverage.

There are many reasons why a client or patient may require a remote doula appointment. The most frequently mentioned was - illness on the part of the client/patient. Another was the illness/inability of a doula to travel to the location on short notice, the desire for a quick consult about a specific question that did not necessitate an in-person visit or a lack of time to devote to an in-person visit.

Given the special relationship of trust between doulas and patients, doulas are often the first point of contact for an expectant or new mother about an issue or a question that arises. This means that unlike a doctor, with whom one has to make an appointment to do a check-in and therefore pay, doulas are often fielding questions and taking time for long conversations without proper compensation in the same way as any other professional would.

A strong desire was expressed by both doulas and interviewees who had used doula care for additional flexibility regarding Medicaid reimbursements to expand access to telehealth doula appointments. While most participants with insurance included coverage for telehealth appointments for community healthcare providers and folks like lactation consultants, some questions remained as to coverage. Not everyone knew whether and how their insurance providers covered telehealth.

Findings Continued...

Among the participants we interviewed and surveyed, one massive benefit of telehealth was getting a faster appointment than in-person services; however, some patients spoke about the associated drawbacks. The lack of providers, especially specialists and OBGYNs in some areas of the Commonwealth, including southwestern Virginia, the Eastern Shore, and regions like Hampton Roads, has caused patients to wait many months before being able to see a provider in person, even in seemingly urgent cases where patients were experiencing worrying symptoms and much discomfort.

Telehealth was the only way for some to get any answers promptly. Even if those answers included a referral to a different specialist. For example, one patient from the Eastern Shore was not able to get prenatal care in her area at all, as no providers were accepting new patients when she required care. So, she had to drive more than an hour to receive her care from a qualified provider. Many patients mentioned months-long wait times even to see a provider for all kinds of issues, including reproductive health concerns. They found telehealth a necessary stop-gap when in-person appointments were impossible.

A few barriers were mentioned by most participants coming from rural areas and even some from urban/suburban areas that either prevented them from using telehealth entirely at times or significantly limited or impeded access to telehealth for themselves and their communities.

One frequently mentioned barrier was the availability of reliable, high-speed internet. Sometimes, patient appointments were cut off, calls were dropped, and patients were charged for the appointment or as a no-show, even though the fault did not lie with them.

More than one person mentioned that they would like to see public libraries or other institutions in the community provide telehealth service rooms or spaces with good internet access where patients might be able to go for their telehealth appointments if they had poor or no internet service in their homes. However, concerns about privacy in such arrangements were expressed.

Another barrier was privacy. Participants mentioned that privacy was a primary concern, whether at home or in an office. Many participants used telehealth for follow-up appointments, prescription refills, or checkups and did so from their offices; however, only some have a private space in their office to have the kind of honest conversation one needs with a provider to receive good quality services. Even in one's home, privacy is not always easy.

Participants and colleagues in partner organizations who work with multilingual or Spanish-speaking communities also noted that language can be a barrier. Telehealth should make this barrier less pronounced, as having a translator simultaneously on telehealth could be beneficial. However, many patients rely on family members for translation, even in telehealth appointments.

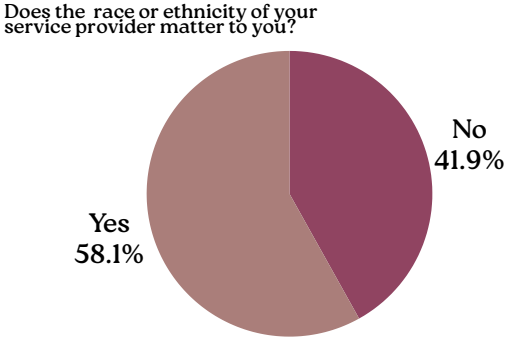
This was noted as less than ideal both by participants from a patient and provider perspective, especially in the area of reproductive health: the presence of a known friend or family member can make the patient uncomfortable. This discomfort resulted in a lack of frank, open conversation with a doctor. The presence of a person not required to keep confidential information private breaks the privacy guarantees generally present in medical-provider/patient relationships.

Findings continued...

Participants, both patient, and provider, frequently mentioned that a barrier to care in general, especially when it comes to reproductive healthcare, is how difficult it is to find culturally appropriate care that is supportive and kind. A strong preference from patients of color was for providers who match their gender and cultural/racial background.

Participants of color frequently preferred providers who matched their racial and cultural backgrounds.

ALL PARTICIPANTS

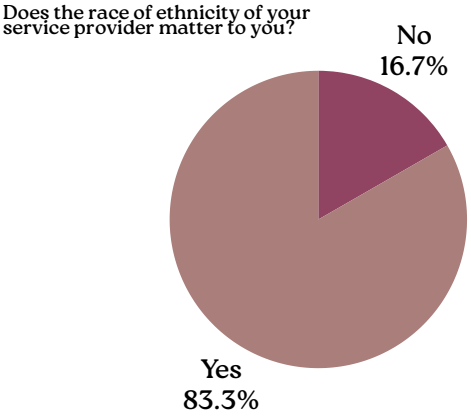


Participants named several reasons for their preference. Even though the majority did NOT experience racial or ethnic bias on their telehealth appointments, although a few did, there was still a strong preference for providers with similar racial backgrounds. One frequent reason given was "cultural sensitivity," being "taken more seriously," belief in "culturally congruent care," and the ability of provider and patient to relate to each other based on shared experiences. Even when not experiencing specific issues with their telehealth providers, many participants did experience cultural insensitivity, dismissal, and racism within the medical system. Providers who participated in our conversations, whether doulas, doctors, nurses, or others in the medical field, have all seen racial bias in medical care.

"I feel more comfortable asking questions and sharing my experience with someone who looks like me. I do feel a white service provider has certain biases, may overlook pain, or make assumptions, and I'm distrustful of them to a certain extent."

"Yes, I've seen [racial bias in reproductive healthcare]. It was more so of an experience with a young lady. This wasn't from me at Birth in Color but from a personal student experience. It was a woman of color, and she was having a C-section explaining her discomfort, and she was just basically told that she could handle it. She was totally disregarded as to what she was going through. You can handle it. You're fine. It's not that painful. So you definitely see the bias, and they exist here and in healthcare."

BLACK/AA PARTICIPANTS



"It matters to me because I often fear, as a black woman, that I am unheard by my providers. They do not relate to my experience as a black person."

"As Black women, our needs are not always addressed appropriately. I seek out Black women providers when possible in hopes that they will be more responsive."

"As an Afro-Latina, it is important that I am talking to someone who looks like me, can understand my culture and issues, and makes me feel seen. I've had providers who are white and great, but there's nothing like the comfort of a provider who is just like you."

Findings continued...

SAMPLE OF ANSWERS FROM BOTH
SURVEY AND LIVE SESSION PARTICIPANTS

Does the race of your provider matter?

"With telehealth, with me being a black woman. It depends. So, like, if I'm seeing a white doctor. There's already a barrier there. It's almost like it's like they think you're pill-chasing. So they let me, you know, like you're not in that much pain. And so for me, yes, for telehealth, there is a definite barrier when I see a doctor of a different race, that but also in regular, that's in person or with telehealth, but it's worse with telehealth."

"I would love to talk to a provider who understands a little bit more about my background. You know [...] Yeah, I'm first generation. My mom was an immigrant like that. Like there's just a lot of different things and then also even like health wise you know, it would be wonderful to talk to somebody you know, that is that you know has that same cultural background or can come from it from a different perspective. However, the providers that I have gone to have all been great for the most part. There's only one or two that I remember having experiences with where there was that assumption because of, you know, coming from a Latin or Hispanic background, you know, they were they say, Well, this because of this statistic, this thing is is more prevalent and, you know, in talking in a way where it was like, Oh, you're going to get this thing you know, you're going to this is like in your future as opposed to really looking at my personal medical history and, and not just making those assumptions is that you know, so you know. It was really interesting. I hadn't thought about it until you asked, like some of those I've just gotten used to. Okay, okay, that's the way it is. They have to listen to our providers, but also being trained to have a voice in it, you know, which is what we tell our folks all the time. People need to have a voice in their care."

"I think it's hard for African Americans to trust the medical system because I feel like the harsh, you know, history that we've had to deal with. And I think that sometimes if it isn't like a person of color that is taking care of us, some of our symptoms could be ignored; certain things, certain biases are presented because they're not able to either relate or they think that we want drugs or they think that we can take a certain amount of pain tolerance when we're all human. And if you can scale pain for a white person one way, you should, you should scale that pain for the black person the same, and sometimes it doesn't work that way."

"Because if it's telehealth, it doesn't necessarily; it's not contingent on location. If somebody is accessing telehealth and meeting with a provider who's not necessarily in their immediate area, that gives an opportunity for somebody else who comes from a different background or one that matches them, and then they can look for that. And it doesn't have to be relevant to, like, in the same town, so yeah, that can be a benefit, where more access to providers is what a patient is looking for. Absolutely. Yep, it provides a lot more access to the remote aspect of it, not having to be in the exact location."

"You know, race is important to them. They want a provider that looks like them and can relate to them, but they're not necessarily opposed to someone else caring for them. It's just their preference. Because there is a lot of fear surrounding birth, maternal health, and reproductive health, the idea is if you have someone who looks like you, they can relate to you, and they may be more empathetic and understanding."

Findings continued...

When asked how telehealth can help fill in the gaps currently existing in the delivery of reproductive care, participants responded from both the providers' and patients' perspectives. Still, they gave essentially a similar set of responses:

1. Many participants from more rural and remote areas wanted to see an improvement in internet and cellular connectivity.
2. The lack of medical providers, especially reproductive healthcare providers and specialists in these areas, made obtaining a timely appointment nearly impossible, so telehealth can help fill the gap and hold people over until they can see a provider in person. Telehealth can provide an opportunity for an initial consultation.
3. The convenience of telehealth is a great asset. Almost every participant in the survey and telehealth live sessions mentioned convenience as a significant factor in choosing telehealth.
4. However, both providers and patients opined that telehealth cannot be an excuse not to expand care more generally. Telehealth is only an appropriate delivery service for some types of care. In many instances, patients would have preferred to be seen in person, even when telehealth ultimately met their appointment needs.
5. Telehealth, just like the race of a provider, can create a barrier between provider and patient, making the experience less personal and personable. Many mentioned that they would prefer telehealth for checkups and follow-ups but would have preferred an initial appointment with a provider to be in person.
6. Telehealth, in theory, can help increase multilingual accessibility to care; however, it is up to the providers to integrate and also **PUBLICIZE** the availability of translation to the appropriate communities. Many patients needed to be informed if their medical providers had telehealth options. This excepts mental health providers, who appeared to have been the most consistent adopters of the telehealth model and have retained it post-pandemic.
7. Telehealth can help patients find more culturally appropriate providers, allowing them to find someone they are comfortable with, even if the provider does not live in their immediate area. This is especially important for patients of color.
8. Telehealth can improve the delivery of doulas and other community healthcare services, provided insurance or Medicaid coverage exists. Again, this is not a substitute for access to in-person doula care but can allow a stop-gap when in-person appointments are not available or practicable.
9. However, to allow for telehealth access - even for routine or follow-up appointments when an in-person appointment is impossible, inadvisable, or unnecessary - the medical providers need to have the infrastructure to allow for secure access to appointments, fluency with the technology they are using, and clear instructions for patients to be able to access the services.
10. Providers also need to advertise telehealth as part of their practice. Especially for services traditionally not associated with telehealth, like OBGYN and prenatal/postpartum care.
11. To increase language accessibility, providers **MUST** ensure that their telehealth services are available in multiple languages. The programs they use must have multilingual instructions, and translation services must be made available.
12. In rural areas or areas with low internet accessibility, it would behoove local community organizations and governments to create spaces where people can access telehealth appointments outside their homes. These spaces must provide privacy, must be accessible to be helpful, and must have good internet access.

Communities Left Out

MORE RESEARCH IS NECESSARY

Accessing reproductive healthcare through telehealth has never been more possible; however, some groups are still left out.

Latinex Communities

Theoretically, telehealth should make it easier to include translation in healthcare delivery; however, these communities often don't know that telehealth is available. Also, providers need to make multilingual healthcare delivery a priority that is advertised and implemented in person and via telehealth to improve the provision of services. Relying on friends or relatives is not sufficient when it comes to treating patients for a variety of reasons, not the least of which is patient privacy and the ability of patients to speak freely with their providers about sensitive topics.

Rural/Low Internet Communities

Connectivity issues and reliable access to necessary technology are essential for patients to use telehealth. Policymakers must redouble their efforts to expand broadband access in rural communities.

Providers should consider allowing for phone-call telehealth in addition to video. Localities with low healthcare availability and bad internet connectivity should consider setting up public spaces with reliable equipment for telehealth use.

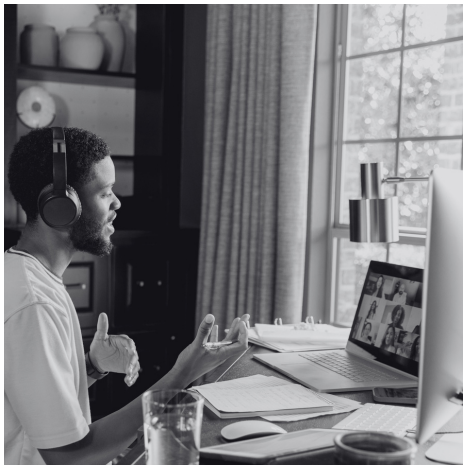
Unhoused

While we did not have an opportunity to speak with unhoused folks, our community partners noted the issues with outreach many times. These communities often struggle with accessing healthcare. Lack of funds, reliable transportation, and healthcare coverage make accessing healthcare challenging. Telehealth was often mentioned as a potential help in this area; however, the need for consistent access to reliable internet and available telehealth resources targeting this population and a need for more private areas to have appointments create additional barriers. The unhoused often have difficulties maintaining appointments due to various factors, and incorporating telehealth care into the care plans for those in these communities could help with continuity of care. However, without consistent internet access and private locations that can be used for healthcare appointments, this potential is not being utilized to fill in some of the gaps in care for these communities.

Doulas/Birth Workers

While the pandemic has allowed Medicaid to offer some coverage for telehealth appointments for doulas, there is a lack of consistent and clear coverage for telehealth in this area. Other birth and postpartum workers, like lactation consultants, also mentioned that the various insurance and coverage models do not cover every patient for telehealth appointments. While there are good reasons to encourage in-person visits for doulas and other birth and postpartum workers, remote appointments may be necessary in many and varied circumstances.

Lessons Learned



1. In reaching out to some communities, especially traditionally marginalized communities, wary of outside interference, it is vital to have trusted partners who can vouch for the researchers.

2. Assume a longer timeline than expected for gathering data and creating spaces for conversation.

3. Include a broader network of partners, looking outside the healthcare space to partners who work in communities outside healthcare but have strong ties with community groups and leaders.

4. Include additional outreach to religious institutions as trusted community partners.

5. Improve survey and live session questions with a more rigorous process.

6. Consider providing additional incentives for participants and hiring other personnel who could hold the telehealth live sessions to improve access.

7. Make the survey less open-ended to encourage responses. Many open-ended questions were answered only by a portion of those taking the survey.

Conclusions

TELEHEALTH CAN BE A BOON FOR ADDRESSING THE LACK OF REPRODUCTIVE HEALTHCARE IN CERTAIN AREAS, BUT IT HAS ITS LIMITS. DELIVERY AND PUBLIC EDUCATION IMPROVEMENTS ARE NECESSARY FOR IT TO BE UTILIZED OPTIMALLY.

1. Internet connectivity remains a problem in rural communities and for those needing more funds or infrastructure access.
2. For Latinx communities and other immigrant communities, language barriers remain an issue regardless of the mode of healthcare delivery; however, telehealth can provide a meaningful way to bridge this gap, provided healthcare providers can incorporate translation services effectively into their practice.
3. Many patients did not know they could get access to reproductive healthcare through telehealth.
4. Many people interviewed and surveyed expressed a preference for in-person appointments over telehealth, which can be a barrier to using the available services.
5. Technological literacy on the part of both the providers and patients can create an impediment. It is crucial that the providers are fluent in telehealth technology and can aid patients in navigating the new modality of healthcare delivery, especially patients with educational, language, or age-related difficulties in navigating new technologies.
6. The same racial biases, conscious or implicit, exist regardless of whether care is provided by telehealth or in person. However, people of color see telehealth as one way to find culturally competent care outside their immediate area.
7. Telehealth can significantly expand postpartum follow-up care and prenatal care for folks in low-access areas, provided there is a mixture of in-person and telehealth appointments and telehealth is available.
8. There needs to be increased awareness and uptake of telehealth as a delivery method of prenatal and postpartum care. This can take advantage of the possibilities this technology holds when it comes to dealing with care deserts in Virginia and helping deal with the maternal mortality and morbidity disparities present in the state.

“I COULD HELP, BUT WE WOULD ALSO NEED TO IMPLEMENT SOME EDUCATION (FOR TELEHEALTH) JUST FOR, LIKE, HARDCORE EDUCATION FOR HOW YOU TALK TO THE DOCTOR BECAUSE THAT TAKES OUT THE PHYSICAL ASPECT OF A DOCTOR BEING ABLE TO SEE YOU IN THOSE SITUATIONS. - PATIENT RESPONDING TO A QUESTION ABOUT THE PROS/CONS OF TELEHEALTH”

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We contacted several existing and new partners to expand recruitment efforts across the state. New and existing partner organizations were sent surveys over email with supporting information on the telehealth project.

We want to thank the partners below who helped spread the word about our project, hosted sessions, and gave their time to discuss this project and telehealth access within the communities these organizations advocate for and represent:

Our heartfelt thanks to everyone who took the time to speak with us and share our project! Thank you!

Questions?

E-mail us at **hello@birthincolor.org**


BirthinColor.org


115 E Broad St. Unit 1A, Richmond, VA


804-840-6435

Apendix A

Birth in Color RVA: Telehealth Project Community Survey

Thank you for participating in our telehealth project. Birth In Color, along with our partners, would like to engage in conversations and listening sessions across the state with a variety of populations to gain a better understanding of the utilization and access to telehealth services, including reproductive and maternal healthcare. We hope to run sessions through early November and create a comprehensive report answering some basic questions about people's experiences with telehealth access, both from the provider and consumer perspectives.

These survey findings will be used to gather information and then use it later in a public report.

Please answer the following questions as honestly as possible.
As a "thank you" for your participation, all survey participants will be submitted into a drawing for the chance to win a Visa gift card!

Drawing Winner #1 — $50 Visa Gift Card

Drawing Winner #2 — $50 Visa Gift Card

Drawing Winner #3 — $100 Visa Gift Card

Drawings will be randomly chosen.

* Indicates required question

1. Email *

Demographic questions

2. How old are you? *

3. What race do you identify with? *

4. What gender do you identify with? *

5. What is your professional occupation? *

6. What city/town/municipality in Virginia do you live in? *

7. Do you live in a rural, urban or suburban area? *

8. Do you have health insurance coverage? Medicaid? Medicare? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

9. Does your health insurance cover telehealth? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

10. Does you health insurance cover reproductive care through telehealth? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

Internet Access

11. How would you qualify your internet access? *

Mark only one oval.

- ◯ Reliable
- ◯ Partly reliable
- ◯ Not reliable
- ◯ Non-existent

Experience with Telehealth

12. Have you experienced accessing healthcare services through telehealth? *

Mark only one oval.

- ◯ Yes
- ◯ No

13. Are you a doula? *

Mark only one oval.

- ◯ No *Skip to question 14*
- ◯ Yes *Skip to question 29*

Section A

For individuals and health care providers who are not doulas

14. Who was your service provider? *

Mark only one oval.

- ◯ Nurse
- ◯ Doctor
- ◯ Other: _____

15. What was their race/ethnicity? *

_____

16. On a scale of 1-5, with 1 being poor, how well or poorly did the visit go? *

Mark only one oval.

1	2	3	4	5
◯	◯	◯	◯	◯

17. Did you get the kind of attention/conversation you were looking for in that/those telehealth visits? *

Mark only one oval.

- ◯ Yes
- ◯ No

18. On a scale of 1-5, with 1 being poor, what were your overall impressions of the service(s) you received?

Mark only one oval.

1	2	3	4	5
◯	◯	◯	◯	◯

19. What could have been done better/differently to make the experience better? *

20. Did you experience any biases, racial, ethnic, socioeconomic or otherwise from your provider? *

Mark only one oval.

- ◯ Yes
- ◯ No

21. Does the race or ethnicity of your service provider matter to you? You'll have the opportunity to explain further on the next question. *

Mark only one oval.

- ◯ Yes
- ◯ No

22. Please explain why the race or ethnicity of your service provider matters/does not matter to you. *

_____

_____

_____

_____

_____

23. What kinds of healthcare services would you like to be able to access through telehealth? *

_____

24. What are the barriers that exist for you to access healthcare through telehealth?

25. Are there barriers to accessing healthcare through telehealth in your community?

Mark only one oval.

- ◯ Yes
- ◯ No

26. What is access to reproductive healthcare like in your community generally?

27. When was the last time you had a virtual or in-person visit with an OB/GYN (obstetrician/gynecologist)? *

28. What do you feel would improve access to reproductive healthcare through telehealth in your community? *

Section B

For doulas (If you are not a doula you can skip these questions)

29. Have you ever helped your clients access healthcare services through telehealth?

Mark only one oval.

- Yes
- No

30. Have any of those services been in reproductive healthcare?

Mark only one oval.

- Yes

31. If so what were they?