Abstract

Telehealth Challenges for California Rural Hospitals in Reaching Latino Populations During COVID-19

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Abstract

Background: Rural and remote communities were especially vulnerable to the COVID-19 pandemic due to the availability and capacity of rural health services. Research has found that key issues surrounded (1) the lack of staff, (2) the need for coordinated health services, and (3) operational and facility issues. Similarly, research also confirms that irrespective of hospital capacity issues existing during crisis, compared to urban communities, rural communities typically face poorer access to health services. Telehealth programs have long held promise for addressing health disparities perpetuated by inadequate health care access. In response to the current COVID-19 pandemic, Adventist Health Saint Helena Hospital, a rural hospital in northern California, urgently worked to expand telehealth services. However, as Adventist Health Saint Helena Hospital is the longest-serving rural hospital in the state of California, administrators were also able to draw on experiences from the pandemic of 1918/1919. Understanding their historically rural and heavily Latino populations, their telehealth approach was coupled with cultural approaches for prioritizing socially responsive and equitable access to health services.

Objective: This study aimed to present one rural community's holistic sociotechnical response to COVID-19 in redesigning their health care delivery approach. Redesign efforts included the expansion of digital health services coupled with county-wide collaborations for nondigital mobile health centers, testing, and vaccination clinics to meet the needs of those with limited digital access and language barriers.

Methods: We present data on telehealth services for maintaining critical care services and a framework on the feasibility of private-public partnerships to address COVID-19 challenges.

Results: In this paper, we provide a critical review of how a rural hospital adapted its health care approach to incorporate telehealth services and distance services to meet the needs of a diverse population.

Conclusions: This paper contributes empirical data on how rural communities can use telehealth technologies and community partnerships for a holistic community approach to meet health needs during a natural disaster.

Conflicts of Interest: None declared.

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KEYWORDS

telehealth challenges; California rural hospitals; Latino populations; COVID-19

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