

# Disparities in Telehealth Access

**Telehealth use**, including video, audio-only, and hybrid care, rapidly expanded during COVID-19 and remains a core part of California care.

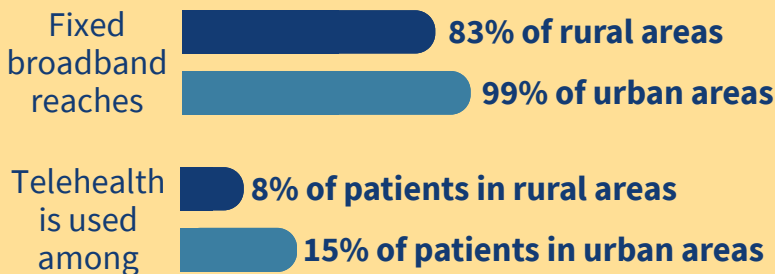


Telehealth often matches in-person care in effectiveness across a range of health conditions — but **access and use are not equal** across several key dimensions.



## Geography

**Rural Californians** are as willing as urban residents to use telehealth, but access is limited due to structural and technological barriers.



## Language

Adults with **limited English proficiency** face barriers to telehealth use, including:



Inadequate **interpreter integration**



Limited **digital access and literacy**



Inaccessible **platform design**

Disparities in use differ by preferred language, with **Spanish-speaking patients** using video visits the least.



## Income

**Low-income Californians** are willing to use telehealth but rely far more heavily on **audio-only visits**, since broadband, devices, and digital literacy remain out of reach for many.

	Use of Telehealth During COVID-19	Reliance on Audio-Only Visits During COVID-19
California population	62%	38%
Low-income residents	65%	43%



## Race and Ethnicity

**Racial and ethnic minorities** use telehealth less due to broadband access and insurance coverage. As of 2021, home broadband access gaps were most pronounced among:

**35%**  
of **Hispanic**  
adults

**29%**  
of **Black**  
adults



## Age

**Older adults** consistently use telehealth less than younger populations, and when they do, they lean toward audio-only rather than video visits.



**Fewer than 1 in 10** telehealth claims nationally came from patients 65 and older in early 2025.



## Sex and Gender

**Females and sexual minority adults** have higher odds of telehealth use than males and heterosexual adults, respectively.



**Females were 21% more likely** to use telehealth services than males in a 2024 study.



**Sexual minority adults** are more likely to use telehealth for mental health services and cite convenience.

## Addressing Disparities

**Key strategies** for addressing barriers and disparities in telehealth utilization include:



Culturally-tailored **platform design**



**Trusted intermediaries** (e.g., community health workers)



Expanded **reimbursement and payment parity**



Investment in **broadband, devices, and digital literacy**



Inclusion of **equity metrics** in policy evaluation

Telehealth has become a significant and clinically effective component of **California's health care delivery system**, though its use varies across key dimensions.

As the Legislature considers health insurance-related legislation, **policymakers and stakeholders** should consider how existing disparities may limit the impacts of proposed legislation.

**Want to learn more? Read the full explainer at [chbrp.org](https://chbrp.org)!**

*Data sources linked in the explainer. Last updated July, 2026.*