

San Francisco



Young people's access to contraceptive services through telemedicine: Inequities by food and housing insecurity

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Introduction

- The COVID-19 pandemic has led to greater provision of telemedicine for contraceptive care¹
- Concerns have been raised about inequities in access to telemedicine²⁻⁴
- We examined young people's access to telemedicine visits for contraception by experiences of food and housing insecurity

Methods

- Data are from an ongoing RCT testing a multi-level intervention with health providers and students
- 30 community college sites in California and Texas
- 1,414 student participants ages 18-25, assigned female at birth, sexually active, and not desiring pregnancy
- Surveys collected May 2020-April 2021 in supplementary study on COVID-19
- Chi-square tests and mixed-effects
 logistic regression with random
 intercepts for site to compare belief that
 it would be difficult to have a
 telemedicine visit for contraception by
 food and housing insecurity

Young adults are more likely to report **difficulty accessing telemedicine** for contraception if they are **food or housing insecure**

% saying it would be difficult to have a phone or video visit to get contraception (N=1,397)



Food secure

Food insecure

Statistically significant differences at P < .05, as determined by Chi-square test



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Housing secure Housing insecure

Additional Results

Only **9%** of participants received their **birth control method through telemedicine**.

Difficulty having a telemedicine visit for birth control by food insecurity and housing insecurity (N=1,377)

	aOR ^a	95% CI		
Foodincourro	0 1 7	1 4 2 2 0 0		
Food insecure	2.17	1.63-2.89		
Housing insecure	1.64	1.15-2.35		
^a All models included age, race/ethnicity,				
speaks language other than English at home,				
lives with parent, health insurance, state,				
random effects for site.				

Barriers to telemedicine visit for birth control

	Phone (%)	Video (%)
Have to get method in person	63	61
Telemedicine not offered	56	60
Insurance does not cover	47	50
Noprivacy	44	45
Not comfortable	37	39
Don't know how	33	33
No phone/device	15	17
No reliable Internet	n/a	27

Conclusion

- The shift to telemedicine during the pandemic likely exacerbated existing inequities in access to contraceptive care.
- Resources are needed to facilitate access to telemedicine for young people, especially those who are economically disadvantaged.

References

- ^{1.} Stifani, Avila, Levi, *Contraception*, 2021; 103.
- ^{2.} Katzow, Steinway, Jan, *Pediatrics*, 2020; 146.
- ^{3.} Cohen et al., *Am J Obstet Gynecol*, 2020; 223.
- ^{4.} Stifani et al., *Contraception,* 2021; 104.

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