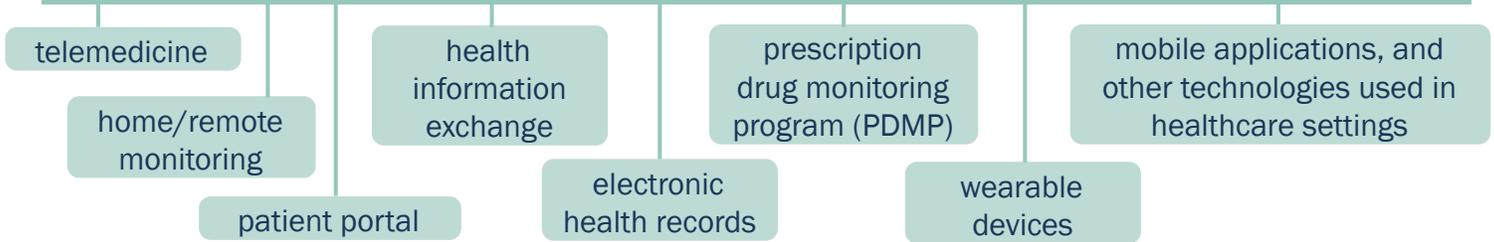


Leveraging Digital Health Tools to Advance Health Equity

KENTUCKY

To address gaps in technology adoption that impact underserved communities, the National Center for Primary Care (NCPC) at Morehouse School of Medicine is examining the adoption and use of digital health tools by primary care clinicians in four southeastern states: Georgia, Kentucky, North Carolina, and Tennessee.

Digital health tools (DHT) include:



Kentucky Demographics

Total Population: 4.5 million+

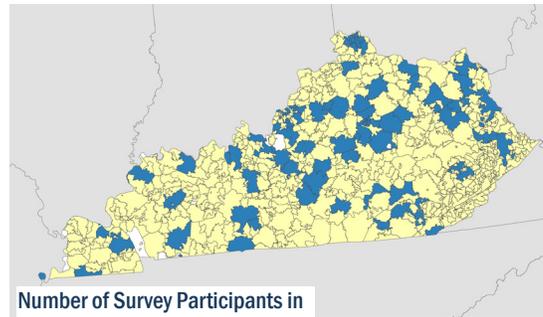
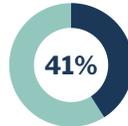
2% Asian | 9% Black | 2% Other | 88% White



Hispanic Ethnicity

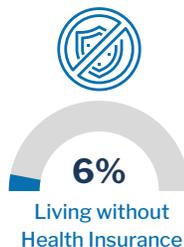


Live in Rural Area



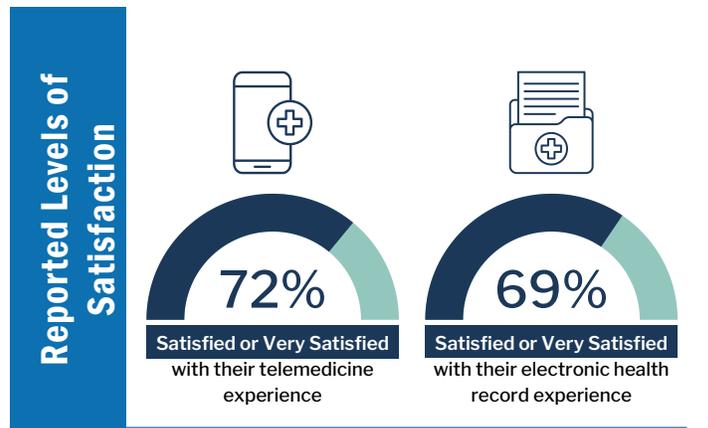
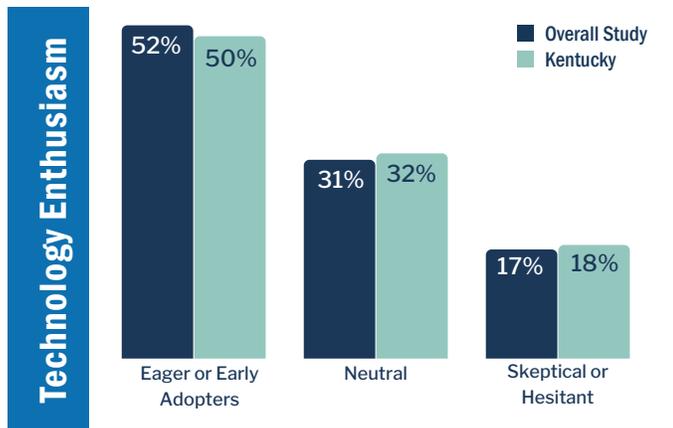
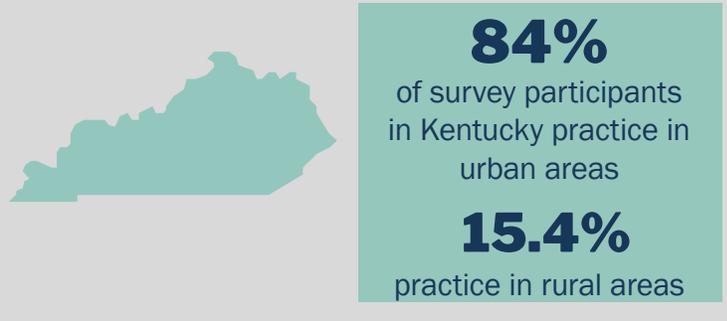
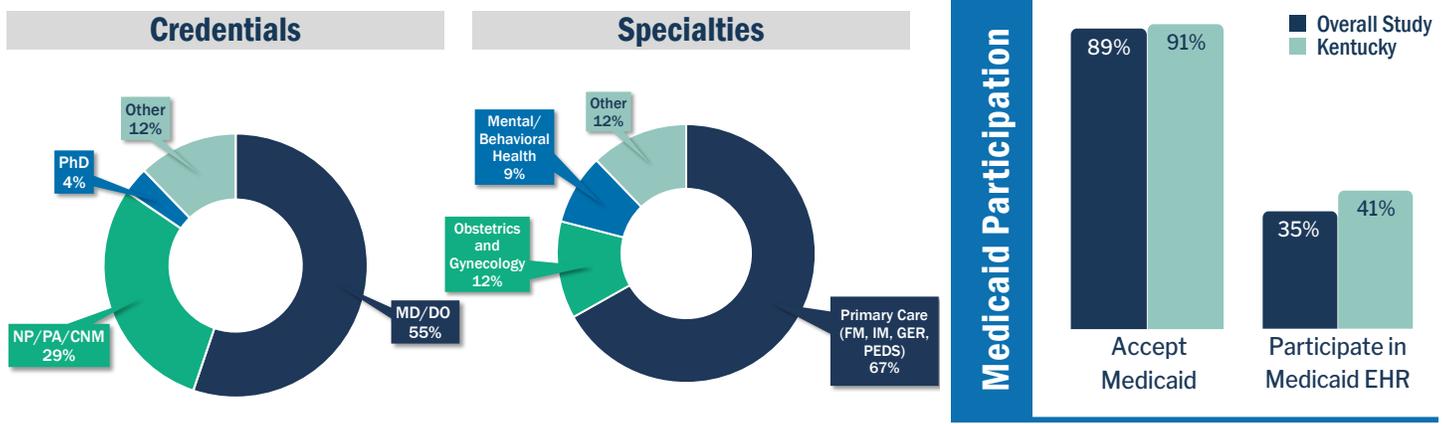
More than 180 clinicians in Kentucky have completed the survey, highlighting the challenges and opportunities they have experienced using digital health tools.

Social Determinants of Health in Kentucky



Survey Participants Demographics

The majority of the 181 clinicians from Kentucky who participated in the survey held MD or DO credentials, specialized in primary care, and practiced in urban areas. They reported being satisfied with existing DHT.



Current Digital Health Tool Use



76.2% of respondents were connected to the State HIE

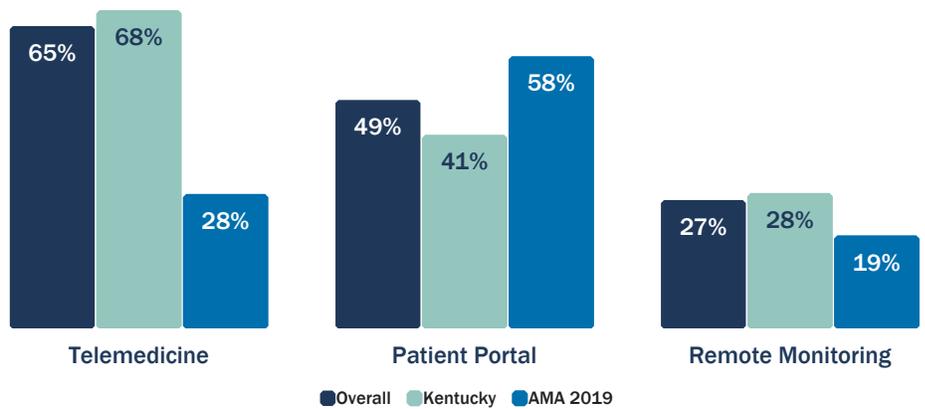


41.9% of respondents were using the State HIE

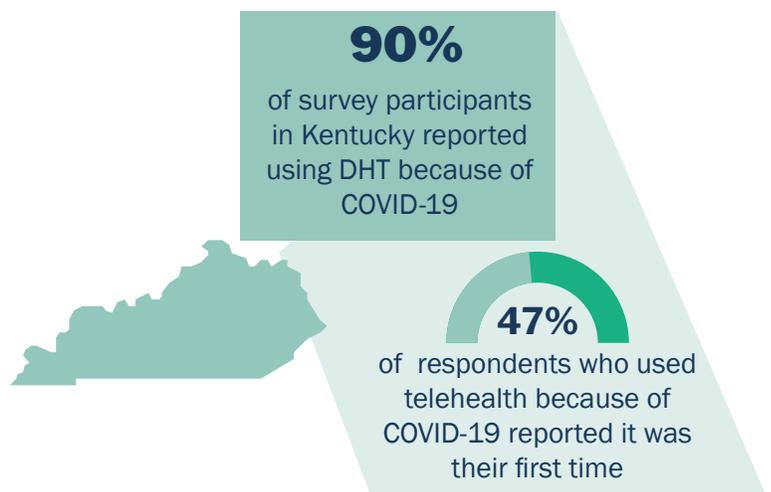
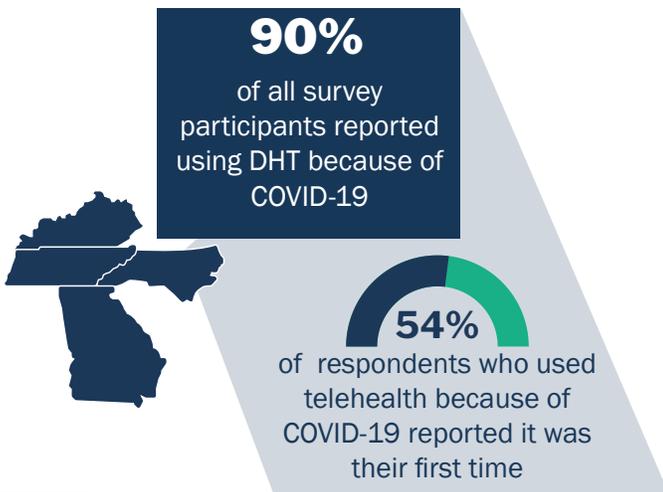
More than 7 in 10 providers reported being connected to the Health Information Exchange (HIE), but less than half reported using it.

Reported Digital Health Tool Use

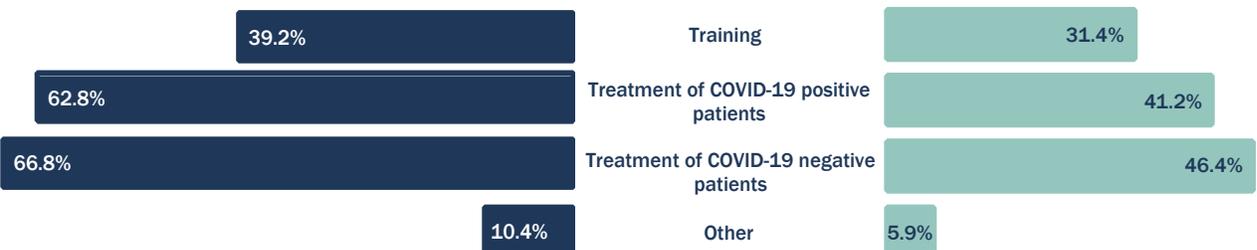
Nearly 99% of all providers who participated in the survey use digital health tools. Kentucky providers reported similar usage rates.



Digital Health Tool Use and COVID-19



Reasons for Using Digital Health Tools during COVID-19

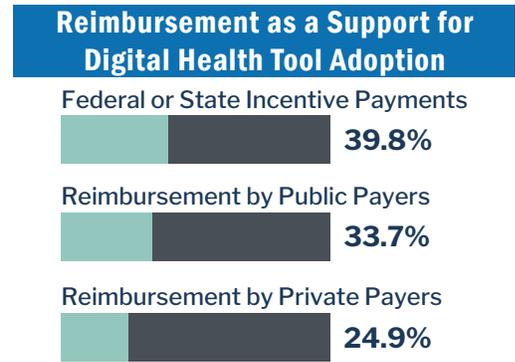
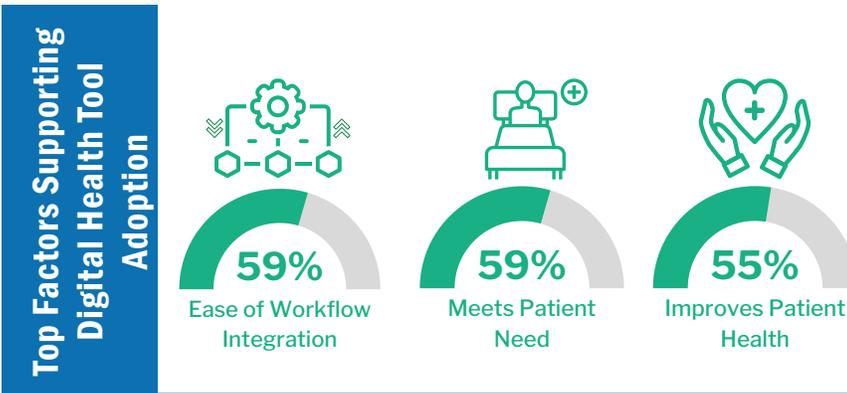


Factors that Support and Impede Digital Health Tool Adoption



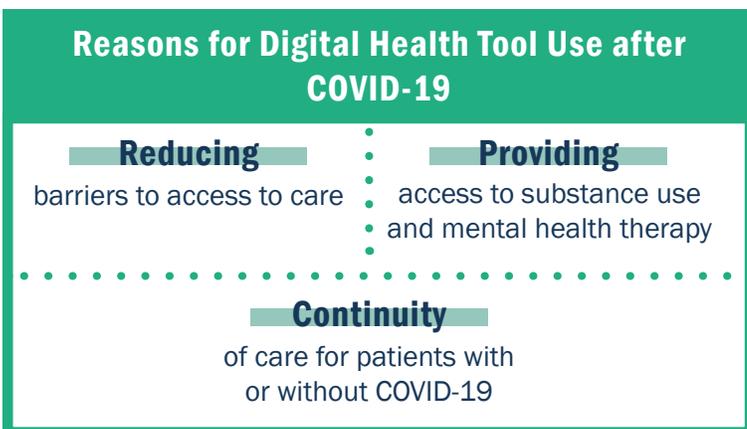
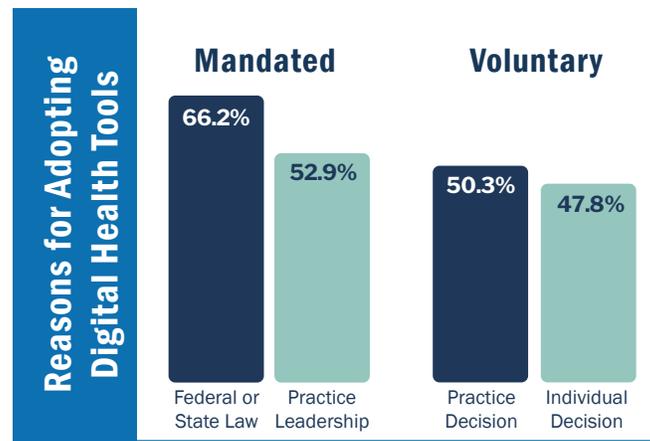
“Telehealth is something that can’t just be for everybody, it has to be shaped and formed for different people individually, as well as culturally.”

-Focus Group Participant



“Traditionally, if [telehealth] is done well, families feel like if I call, they will help me and not if I call, I will be put on hold for two hours and be given an appointment in two weeks. So, it’s not so much the technology, but what’s happening when that phone is picked up, that’s important as well...”

-Focus Group Participant



“It’s really not always the technology, it’s who’s on the receiving end, how well that relationship is, how well it works, and what families get.”

-Focus Group Participant