



February 28, 2022

Dr. Alondra Nelson  
Science Advisor and Director  
White House Office of Science and Technology Policy  
1650 Pennsylvania Avenue NW  
Washington, DC 20502

RE: Request for Information (RFI) on Strengthening Community Health Through Technology  
Docket No. 2021-28193, 87 FR 492

Dear Director Nelson:

Local Initiatives Support Corporation (LISC) appreciates the opportunity to provide feedback to the White House Office of Science and Technology Policy (OSTP) on [Strengthening Community Health Through Technology](#) and how digital health technologies support improvements in community health, individual wellness, and health equity. LISC comments focus on the current barriers faced by both individuals and organizations that prevent the adoption of digital health technologies in community-based settings. We offer these comments informed by our experience supporting rural partners as they work to implement digital inclusion strategies.

### **Background on LISC**

LISC is a national nonprofit housing and community development organization dedicated to working with residents and partners to forge resilient and inclusive communities of opportunity across America—great places to live, work, visit, do business and raise families. LISC mobilizes corporate, government and philanthropic support to provide local community development organizations, nonprofits, and small businesses with loans, grants, and equity investments, as well as technical and management assistance. Our organization has a nationwide footprint with offices in 38 cities throughout the country and a rural network serving 45 states and Puerto Rico. Since 1979, LISC has invested more than \$24 billion in grants, loans, and equity and leveraged an additional \$69 billion with a clear focus on addressing socioeconomic and racial disparities in distressed communities throughout the United States.

LISC's work supports a wide range of activities, including affordable housing, digital inclusion, economic development, building family wealth and incomes, education, community safety, and community health. For more than 25 years, [Rural LISC](#) has provided dedicated support to rural communities and today partners with 140 rural community-based organizations in more than 2,200 rural counties. A key pillar of our rural community and economic development toolkit is the integration of digital supports, broadband, and other infrastructure needs into the community to increase equity and ensure that all individuals and communities can fully participate in our society and economy.

## Specific Comments

We are pleased to offer comments to questions number two and seven, Barriers and Health Equity, within the [Federal Register Notice](#). We offer these comments informed by our experience as an intermediary and support of community-based organizations working on expanding digital inclusion initiatives in both rural and urban communities. LISC greatly appreciates the OTSP's leadership and engagement of stakeholders as part of the Community Connected Health initiative. We applaud the ongoing efforts to explore how technological innovations can lower longstanding barriers to accessing high-quality healthcare and help more Americans lead healthier lives by providing care in their communities.

### *Digital Inclusion*

LISC understands that there are strong linkages between health and digital equity efforts and outcomes and believes that fostering healthy, resilient communities requires resources and direction that better connect digital health technologies with communities in need. The OTSP can help to elevate this relationship by directing enhanced interagency coordination amongst federal agencies charged with health and digital inclusion programming, particularly given the robust digital equity investments afforded by the Infrastructure and Investment and Jobs Act intentional coordination.

Longstanding digital inequities impede advancements in health and digital equity. [Up to 42 million Americans](#) lack access to a reliable and affordable home broadband internet connection, an appropriate device, and the skills to use them. The digital divide disproportionately impacts rural and low-income areas, particularly communities of color, as broadband availability is [significantly lower](#) in majority-Black and majority-Native American counties. These same communities are associated with adverse health outcomes, indicating broadband access is an [emergent social determinant of health](#).

Advancing digital inclusion is a critical strategy to advancing health equity. It requires the provision of affordable and robust broadband internet options, widely available internet-enabled devices and equipment that meet users' needs, and access to digital literacy training and technical support that provide foundational digital skills training. Investments in these activities stand to advance equity across a range of social determinants of health, including accessing digital healthcare services, applying for nutritional and other income supports, and accessing affordable housing supports. LISC encourages the OTSP to consider the critical role digital inclusion strategies and activities play in transforming community health, individual wellness, and health equity.

LISC believes that investments in digital inclusion strategies that advance digital equity offer an opportunity to close digital divides that have undermined access to quality telehealth services for too long. Robust investment in digital literacy can ensure widespread availability of education and training, providing participants with the range of digital skills needed to access essential health and health care services. Community-based digital education is a prerequisite for accessing digital health technologies and is critical to advancing health equity.

### *Digital Health Technologies*

Digital health technologies present novel and unprecedented benefits to unserved and underserved patients, particularly in areas with low to no access to existing physical care infrastructure. While the

promise of these benefits is heartening, we understand that structural barriers require remedies to ensure that all individuals have equitable access to these resources. The COVID-19 pandemic exacerbated this disparity within low-income and rural communities, as a lack of access to digital health technologies and other health-related services curtailed their ability to obtain care.

Telemedicine stands to improve health outcomes by mitigating the rural physician workforce shortage and encouraging healthy behaviors by offering private, interactive care and treatment for physical and mental health, particularly lowering barriers to access for patients with stigmatized diseases, such as addiction, HIV, and AIDS. Advancing new health technologies can also be a tool for promoting inclusive economic growth, as recent research indicates that [poor health depresses economic growth](#).

Digital health technologies also offer an ability to address obstacles to care in rural and urban communities directly. The utilization of these technologies offers an ability to close gaps in care access by reducing physical distance and travel requirements within rural communities to physical health centers. They also promise to afford benefits to urban communities with virtual care addressing childcare and temporal inequities, reducing the need to find childcare or take time off work to visit the doctor's office. LISC encourages the OTSP to coordinate efforts with Congress and the Centers for Medicare & Medicaid Services that build on these benefits by making permanent the changes afforded by the public health emergency allowing Medicare beneficiaries to utilize telehealth services.

In August 2020, in recognition of the potential benefits to expanded telehealth utilization, the Federal Communications Commission, U.S. Department of Health and Human Services, and U.S. Department of Agriculture signed a Memorandum of Understanding to work together on the **Rural Telehealth Initiative**, a joint effort to collaborate and share information to address health disparities, resolve service provider challenges, and promote broadband services and technology to rural areas in America. LISC encourages the OTSP to build on this initiative and strengthen ties between this initiative and Community Connected Health.

#### *Adoption Barriers of Digital Health Technologies in Community-Based Settings*

LISC recommends that the OTSP coordinate efforts to advance digital inclusion and a strategy for telehealth utilization that prioritizes health and sustains wellness alongside connectivity for disconnected communities. We understand telehealth's prevailing limitations to be threefold; adequate internet connection, a device to get online, as well as the digital skills to safely and confidently navigate the internet to receive healthcare. Addressing these barriers requires digital inclusion activities centered on broadening population access through partnerships that aim to increase understanding and expand the successful utilization of evolving tools and technology in historically underserved communities.

Rural LISC, in partnership with 34 community development organizations, operates a national [Digital Navigator program](#) in twenty states, including in the Appalachia region, the Deep South, the upper Midwest, and the Navajo Nation, and has trained over 115 Digital Navigators. Digital Navigators assist clients in accessing technology, obtaining baseline digital skills, and acquiring free or affordable home internet service options and sources of affordable computers or other internet-connected devices. We offer key insights below on how this work supported [Palmetto Care Connections](#) in Bamberg, South Carolina, to address specific barriers individuals and organizations face in using digital health technologies in community-based settings.

In addition, a qualitative study of telehealth opportunities in rural Appalachia commissioned by Rural LISC in Fall 2020 from a practicum at The Johns Hopkins Bloomberg School of Public Health found that healthcare institutions, health systems, community organizations advancing digital inclusion efforts, and telehealth advocates could increase coordination and investments in short and longer-term strategies to advance telehealth. We offer the following recommendations based on the insights gained:

### **Role of Health Care Institutions**

1. Explore strategies and partnerships with smaller rural health services and clinics to provide a broader range of services to those facing geographical barriers to care;
2. Integrate ongoing remote patient monitoring and virtual chronic disease support into patient care plans for improved patient outcomes and reduced hospital utilization;
3. Buttress infrastructural investment in telehealth for specialties with severe workforce shortage;
4. Build the capabilities and incentives of the provider workforce to support virtual care through workflow design, continuing education, and physician practice economics;
5. Define value-based healthcare in the context of virtual care and prioritize interventions that will improve outcomes for populations with the most significant health needs in rural Appalachia; and
6. Invest in local broadband deployment that would, in turn, boost telehealth service adoption.

### **Role of Community Organizations and Advocates**

1. Provide ongoing devices and digital literacy support to rural Appalachians, including early digital skill education via Area Health Education Centers' initiatives for school-aged children;
2. Investigate cost-benefit models of including broadband subscription as a social service that managed care organizations could fund;
3. Advocate for the permanent legislative changes supporting permanent increases to reimbursement, flexibility, and expanded scope of telehealth services; and
4. Advocate for affordable internet service provision to boost broadband competition in rural Appalachia.

### *Case Study: Palmetto Care Connections Telehealth Digital Navigator*

Rural LISC trained Digital Navigators at [Palmetto Care Connections](#) (PCC) in March 2021 to further their mission of assisting health care providers in connecting to rural and underserved people in South Carolina through telehealth technology training and advocacy. PCC integrated the Digital Navigator model into their existing programs of promoting telehealth in Federally Qualified Health Centers (FHQCs) and rural-based clinics. PCC then received a \$400,000 grant from the South Carolina Office of Rural Health to continue this scope of work in 2022.

PCC found that rural health care providers in their network are invested in telehealth, but patient adoption has been slow and incomplete. In many instances, telehealth visits are a phone call instead of a video experience. PCC estimates that 50% of telehealth calls at their affiliated Federally Qualified Health Center location are "audio-only" because patients have a poor broadband connection or lack the digital skills to complete their appointment over the internet successfully. Staff, who are untrained and uncompensated for digital technical assistance, spend a lot of time supporting and explaining to patients how to use their telehealth application and patient portal rather than facilitating care as intended.

PCC has tailored its telehealth promotion activities to respond to local needs. For example, the organization piloted telehealth virtual access locations in neighborhoods where last-mile broadband is unavailable or poorly adopted, including at a pharmacy in Ehrhardt, S.C. A Digital Navigator cohort supported training around knowledge of email and phone scams, conducting virtual visits with family and friends, accessing telehealth, and researching health information online. In one 65-participant cohort ranging in age from 60 to 80 years old, participants had low knowledge of telehealth services-- just 22%, and only 31% had experience researching health information before the digital navigator training. The cohort achieved 100% for both outcomes following the intervention.

Without this intervention, a provider may encourage telehealth participation by patients, but organizational cross-talk and lack of buy-in stymie adoption, PCC found. PCC has observed frontline receptionists (where employee turnover is frequently high) not to be aware of the telehealth preferences of the clinic, physician, and patient and miss opportunities to schedule follow-up visits as telehealth appointments. Further, as a patient is scheduling their next appointment, a receptionist could ask about at-home internet connectivity, affordability, and device access and make appropriate recommendations for improved connectivity and enhanced telehealth utilization.

Finally, while temporary Medicare, Medicaid, and private insurance parity for telemedicine services have been available for the duration of the public health emergency, compliance at the local office level has been uneven, PCC found. Moreover, as one of seven states nationally that has not adopted a telehealth parity legislation, rural providers in South Carolina are reluctant to expand telehealth strategies, PCC notes.

As a community-rooted organization, PCC believes all frontline healthcare workers would benefit from telehealth-contextualized digital navigator training to ensure organizational buy-in, as well as patient compliance and equitable healthcare provision. Rural LISC will continue to seek opportunities to help smaller rural health services and clinics and their intermediaries, like PCC, provide a broader range of services to those facing geographical barriers to care.

## **Conclusion**

LISC appreciates the opportunity to provide these comments to the OTSP and looks forward to serving as a resource on this issue. Please contact Michelle Harati ([mharati@lisc.org](mailto:mharati@lisc.org)), LISC Senior Policy Officer, if you need additional clarification on the letter's recommendations.

Sincerely,



Matt Josephs

Senior Vice President for Policy