Tackling the Digital Divide by Improving Internet and Telehealth Access for Low-Income Californians

On July 28th 2020, the California Initiative for Health Equity & Action (Cal-IHEA) convened an expert panel to discuss research, policy, and practice aimed at exploring and closing the digital divide between low-income individuals and the rest of the California population. While telehealth has been around for decades, COVID-19 has made it imperative that patients are able to access high-quality remote care to ensure their health and safety. This has increased the urgency to ensure that low-income patients are not left behind as we shift to care that relies even more heavily on the ability to afford high-speed internet services as well as smartphones, tablets, and computers. The briefing highlighted efforts that are already underway to improve and ensure access to internet and digital devices in California and beyond. View the full webinar here.

The COVID-19 pandemic has led to an increase in telehealth utilization in order to still provide care and keep patients safe by reducing contact with other individuals and stemming the spread of the virus. This has exacerbated the digital divide that already existed pre-COVID in California and across the country by making healthcare access more reliant on being able to afford high-speed internet and digital devices including cell phones and other electronic devices with cameras for phone and video visits. In 2019, 22% of adults with an income of less than $30,000/yr did not own a smartphone and 44% did not have broadband access at home. Without these points of access, many low-income individuals will be unable to receive quality healthcare during the pandemic.

Dr. Miku Sodhi (Shasta Cascade Health Centers), Mr. Javier Quezada (Sail Internet), Dr. Donna Zulman (Stanford University), and Dr. Jorge Cuadros (UC Berkeley) all presented the work they are doing to address this divide as well as their views on how policy could help assist their work and the work of others in similar spaces with similar goals. The discussion was aided and guided by Dr. Hector Rodriguez (UC Berkeley) and Mr. Jeffery Oxendine (UC Berkeley).

Dr. Sodhi discussed how he leveraged resource centers and a partnership with a private internet service provider to increase access for the patients of the rural federally qualified health centers (FQHCs) he leads. By visiting resources centers equipped with broadband access, patients were able to connect to the internet and telehealth services during their visit to access other important resources. This advancement was possible through a program and federal funding offered by the Health Resources and Services Administration (HRSA).
In a related partnership, Mr. Quezada discussed Sail Internet’s collaboration with communities (specifically Hilltop manor in San Jose and Gardner Family Health in Alviso) to provide gigabit internet access to elderly and low-income communities in the Bay Area. Sail Internet’s partners allowed them to place small antennas on their rooftops which made them able to leverage existing broadband infrastructure and spread it through fixed-wireless technologies to people that live within line-of-sight to these community centers. He discussed what he described as the “landlord problem” and the need for increased enforcement of the FCC Over-the-Air Reception (OTARD) device rule to allow tenants to use their rooftops to install antennas for broadband access.

Dr. Zulman discussed her work at the Veterans Health Administration that provides tablets and internet access to veterans living in rural areas across the country through partnerships with private cellular data providers. She also discussed the struggles of providing telehealth to homeless veterans and the success she had in starting to narrow the digital divide for veteran populations that are low-income, have disabilities, chronic conditions, and mental health conditions. She momentarily highlighted the usage of these same tablets to keep veterans safe while receiving inpatient care as well as the assistive technologies that allowed them to have an impact with veterans with disabilities.

Similarly, Dr. Cuadros used a researched based lens to call for the increased investigation into the efficacy of telehealth to improve patient outcomes, especially in his own field in trying to prevent diabetic retinopathy. Currently research is lacking in this area and in his own work, many patients do not end up seeing the physician they are referred to within the recommended time frame. This has led to patients still ending up going blind or having other complications despite early retinal screening. He also highlighted the need to ensure quality of care for low-income populations that is even greater than with other populations, since low-income individuals often are low-touch with the health care system and false positives decrease trust in the system and reduce already low interaction with providers.

Table 1. Policy and Advocacy Recommendations

| Continue with and don't reverse COVID-era advances. | COVID-19 has massively increased telehealth use and increased the ability to bill for it, especially in FQHCs. It is important that we do not lose these advancements, especially as we move forward post-COVID-19 in the future. They have helped increase access, although efficacy needs more testing and research. |
| Enforce legislation. | The speakers highlighted the strength of existing policies around telehealth and broadband access in California, such as policies that have aided in the ability to reimburse telehealth services for FQHCs and the FCC OTARD device rule. However, many of these policies are not adequately enforced, disallowing them to catalyze the change they were written to create. Engaging in advocacy to increase enforcement of policies that increase internet and telehealth |
access for low-income communities may be an effective strategy to help close the digital divide.

To keep track of relevant laws and policies surrounding telehealth, please visit [https://www.cchpca.org](https://www.cchpca.org).

| Address language barriers/Engage with communities. | One area highlighted during the webinar that did not have much work being currently done is to address language barriers. **Non-english populations are at particular risk for being left behind or receiving inadequate care with the increased implementation of telehealth as many telehealth services are designed with only English-speakers in mind.** In addition to being able to adequately communicate care through shared language, language is often a barrier to the also important goal of leveraging community resources to provide telehealth as mentioned by many of our speakers. More needs to be done to enhance communication, address communication and leverage community resources to increase the use and efficacy of telehealth. |
| Make sure resources are being utilized. | As we work together to create resources to increase telehealth access for low-income communities, it is important that we focus on their dissemination and not just their development. Multiple of our speakers mentioned underutilization of resources because providers were unaware they existed. When creating a resource, it is important to also come up with a strategy to ensure relevant stakeholders will be aware of what you create, how to use it effectively, and who they can best use it with. |
| Leverage private partnerships. | Almost all of our speakers mentioned directly working with private sector partners to increase internet and telehealth access for low-income communities. This often included working with internet service providers (ISPs) and providers of cellular services and mobile technologies. Creating partnerships between communities organizations/entities that engage in community research and private companies may be an effective method to make desires and evidence-based strategies a reality. Private partnerships can create access to resources and infrastructure that communities would otherwise be unable to obtain themselves, especially if they receive inadequate aid from other resources. |
About the Author:

Aaron Tierney authored this Cal-IHEA briefing proceeding. Mr. Tierney earned his B.A. in Psychology from Columbia University and is now a Ph.D. student in Health Policy at the University of California Berkeley School of Public Health. Having grown up in the Bay Area, he hopes to leverage the technology that he was raised around to help address and close the digital divide by developing technologies with and for low-income communities in California that increase healthcare access and quality.

References:


