Health Equity and Digital Equity

How State Broadband Offices (SBOs) and local digital equity programs can approach health equity

INTERNET FOR ALL

THE IMPORTANCE OF HEALTH EQUITY

According to the Centers for Disease Control and Prevention, health equity is "the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities."[1] Health equity and digital equity are interconnected as services like virtual primary care appointments, scheduling testing, and mobile check-ins become more common. This change demonstrates the importance being connected via high-speed, reliable internet access as well as having digital literacy skills to access these online services and programs.

The COVID-19 pandemic highlighted the importance of health equity when many people, regardless of income, age, and location, were disconnected from their primary care doctors and specialists. Improving and impacting health outcomes is not only a statutory requirement in the Bipartisan Infrastructure Law's State Digital Equity Planning Grant Program, it is all also a part of ensuring digital and health equity for everyone. As states, territories, localities, and tribes design their digital equity plans, health equity and measuring health outcomes should be a key consideration.

HEALTH EQUITY APPROACH

Developing a successful health equity program and including health equity in your overall strategy to achieve digital equity should rely in part on the successes and achievements that others have made in this area. This resource is intended to uplift existing approaches and resources to help lay the groundwork for health equity within digital equity and inclusion work.

Identifying a health equity approach[2] that works for your community starts with:

1	**Identifying & Evaluating Barriers**	Determining gaps and roadblocks to health equity starts within the organization and then looks at the larger structural and systemic barriers that create inequities. For example, collaborating with insurance companies and having clear billing practices.
2	**Partnerships & Working with Neighbors**	Strategic partnerships with other organizations and agencies can be key to health equity as collaboration can empower individuals and organizations to do more than they could otherwise do alone. Working with your neighbors and communities is vital incorporating lived experts to shape solutions and programs.
3	**Defining Commitments & Benchmarks**	Create an action plan that clearly details your commitments to achieving health equity with measurable objectives and realistic completion timeline. Invite your partners and the community to help shape the plan.
4	**Flexibility**	Implementing change requires flexibility to achieve long-term results. By giving space to acknowledge the stress that change can bring, you will be better positioned to lead with confidence. As technologies and innovations in health evolve, moving forward with health equity will be vital to tackling challenges and decreasing health inequities. Health equity can be achieved by addressing discrimination, funding for health care worker education, inclusive care for LGBTQ+ individuals, updating health information technology and record to be more inclusive and empowering to patients.

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RESOURCES

The U.S. Department of Health & Human Services (HHS)

- **HHS Equity Action Plan** [3]
  The HHS's Equity Action Plan highlights five areas to advance equity and provides a model approach for health equity.
- **Telehealth Best Practices** [4]
  The HHS shares information on starting, planning, and preparing telehealth services. This resource includes 12 different telehealth best practice guides, including guides on American Indian and Alaska Native communities, chronic health, maternal health services, rural areas, and workforce training.
- **Telehealth Partner Toolkit**[5]
  The HHS provides a toolkit to help partners in communicating and sharing important resources patients and providers can find on telehealth.hhs.gov with customizable content to help patients and their caregivers learn about telehealth.
- **Telehealth: Shhhh! The Doctor's In!**[6]
  This guide connects library patrons to better health by explaining patron's healthcare needs, how to create a new telehealth program, working with healthcare digital navigators and laying the groundwork for success.

HEALTH EQUITY EXAMPLES

California's Office of Health Equity (OHE)[7]
The office of OHE works with diverse stakeholders (community-based organizations and local governmental agencies) to "ensure that community perspectives and input help to shape a health equity lens in policies and strategic plans, recommendations, and implementation activities."

Libraries Health Connect[8]
The Maine State Library launched a statewide telehealth initiative providing the technology and training needed for better access to quality healthcare.

Wisconsin Health Literacy[9]
Wisconsin Health Literacy is part of a state-wide coalition that provides health equity workshops and trainings.

Glynn County School District[10]
Glynn County School District in Brunswick, GA provides medical and behavioral services and a telehealth van. These resources aid students and staff by providing services without having to leave their school building.

Telehealth for Older Adults[11]
Nashville Public Library's Digital Inclusion Program provides training focused on helping seniors develop basic digital skills, including learning how to access patient portals and Telehealth services.

MSM Mobile Vaccination Unit[12]
The Morehouse School of Medicine Mobile Vaccination Unit is a recipient of NTIA's Connecting Minority Communities grant[11] to continue work in improving health inequities by bringing vaccination services closers to communities.

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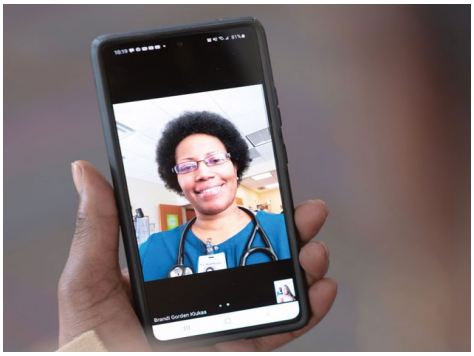
These stories of serving vulnerable populations illustrate the ways States and their partners can improve health outcomes as part of the State Digital Equity Planning Grant Program

When the global coronavirus pandemic struck in 2020, Hennepin Healthcare wanted to make sure its most vulnerable patient population would receive equitable healthcare services. This level-one trauma center based in Minneapolis, Minnesota, looked closely at things like Medicare and Medicaid reimbursements as they pertained to telehealth services as well as the technology required to deliver virtual care during the pandemic.



Hennepin Healthcare provider conducting a video visit

"Like many healthcare facilities, we were thrust into telemedicine during the pandemic," said Dr. Ryan Jelinek, clinical informatics fellow at Hennepin Healthcare. "We built solutions with patient equity in mind and have a committee that keeps an eye on that equity as we add services. Our community needs assessment showed us that 89% of our patient population actually had the technology required for telehealth but often didn't know how to use it."

CREATING MORE EQUITABLE TECHNOLOGY PLATFORMS

The first issue that Hennepin Healthcare tackled was how to ensure that telehealth video visits could be conducted in a manner that was equitable for those patients who did not speak English or were not well-versed in how technology worked. "Our main way of connecting with patients in the beginning was an integrated video visit using Zoom embedded in our electronic health record (EHR)," Jelinek said. "It was inherently inequitable because it was only available in English and demanded a certain level of tech literacy." Hennepin Healthcare developed a custom pathway that allowed patients to connect through a simple SMS text link provided by a third party. In addition, a reminder service translated the text communication into Spanish and Somali, which facilitated much better communications between provider and patient.

LOOKING CLOSELY AT LANGUAGE

A second component of working to improve communication between Hennepin Healthcare and its more vulnerable patient population looked at translations of common telehealth terminology and literacy levels.

"We reviewed our recordings of patient-provider interactions and quickly learned that words and phrases such as 'in-person' and 'virtual' don't translate well into Spanish and Somali," Jelinek explained. "We then worked to change how we were describing our services and the interactions required and brought language to a fourth-grade literacy level."

In addition, Hennepin Healthcare developed patient-focused toolkits to help them succeed in the new world of telemedicine. "Our PDF and video-based tools were very visual, at a fourth-grade literacy level and translated into Spanish and Somali," Jelinek said. "Patients were encouraged to review their toolkit 48 hours before their telehealth visit. The toolkit helped explain how to connect for their visit and how to access information. It also reminded them to find a private, quiet spot and a way to keep their phone still during the visit by doing something as simple as placing it inside a bowl."

Jelinek said that patients seem to appreciate this modality of healthcare, and that their efforts in providing equitable care to different minority groups seems successful. "Back in March, less than 2% of our telemedicine visits were completed by non-English speaking patients. By November this had grown to over 12%."

This story was excerpted from "Hennepin Healthcare Focuses On Serving Most Vulnerable Patients" by Great Plains Telehealth Resource & Assistance Center

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In spring 2020, when the coronavirus pandemic hit the small town of Pottsboro, Texas, local doctors switched from in-person to telemedicine appointments with patients. But many of the town's 2,500 residents don't have internet access at home, or lack the bandwidth for video calls. So they went to Pottsboro Area Library, where Director Dianne Connery let patrons use her office—the only private space in the one-room building—for their telehealth visits.

The pandemic has thrown digital disparities into sharp relief. Between Zoom classrooms, working from home, and costly data plans, even people with reliable online access can be stretched thin. Now, as virtual doctor visits have become more common, inequitable online access has become a public health issue, too.

Pottsboro (Tex.) Area Library converted a former junk room into a private telehealth space with its own outdoor entrance.

Pam DeGuzman, associate professor for the Department of Family, Community, and Mental Health Systems at University of Virginia School of Nursing, says access issues are only the beginning of a looming problem: "The digital health divide is just widening."

That's why DeGuzman is working to help rural libraries provide telemedicine access. "The core of the library's mission today is information access," she says.

Library workers at Dayton (Ohio) Metro Library (DML) agreed. In July 2020, Diane Farrell, director of external relations and development, learned about the shift to telehealth from Montgomery County Alcohol, Drug Addiction, and Mental Health Services (ADAMHS), which works with several agencies to provide services. "A lot of their [partner agencies] were having problems connecting with their most vulnerable clients," she says, "so we began to work with them on a stopgap solution."

ADAMHS identified four agencies that had the staff to manage scheduling, and clients who needed help. Farrell designated a spare room at DML's main branch, and the IT department set up a computer and printed out instructions for using software such as Zoom. She says each agency gets to use the room one day a week. "For example, Goodwill Easter Seals has the room on Fridays, so all of their patients and schedulers know that and can set up appointments through the agency," Farrell says. Library staffers clear the laptop and sanitize the room after each appointment. The overall cost was minimal—including a new laptop and a dedicated landline for patients who didn't want to be on camera—and covered in part by funds repurposed from library programs put on hold because of the pandemic. Staff labor for the initial setup and printing costs added another $1,000.

DeGuzman says that creating similar telemedicine programs is mainly a question of money and enthusiasm. "The biggest surprise I had speaking to rural libraries around the country was how receptive librarians are to this idea," she says. "It's just a matter of having the wherewithal to get it done." Farrell says the program at DML provides more than internet access. "Some clients and patients, even if they do have a stable phone line, may not have space in their house to have a confidential conversation," she says. "Just having the space to say, 'I'm going to the library,' with no stigma, gives patients the freedom to get the counseling and therapy they need." Farrell says the location also makes it accessible for families: "When they come with children, the kids can hop on computers and check out their books."

This story was excerpted from "Telemedicine brings house calls to local libraries" by Lara Ewen (American Libraries)

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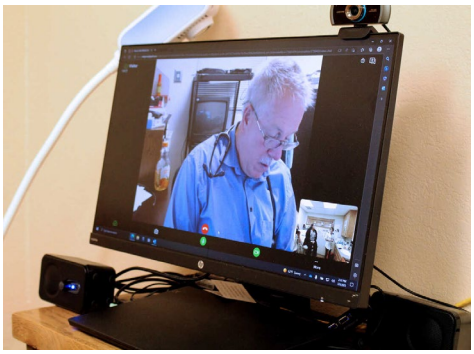
Thirteen weeks into her pregnancy, 29-year-old Cloie Davila was so "pukey" and nauseated that she began lovingly calling her baby "spicy.“ Davila was sick enough that staffers at the local hospital gave her 2 liters of IV fluids and prescribed a daily regimen of vitamins and medication. This will be Davila's third child and she hopes the nausea means it's another girl.

Davila had moved back to her hometown of Clayton, New Mexico, so her kids could grow up near family — her dad, aunts, uncles, and cousins all live in this remote community of about 2,800 people in the northeastern corner of the state. But Clayton's hospital stopped delivering babies more than a decade ago.

Aside from being sick, Davila was worried about making the more than 3½-hour round trip to the closest labor and delivery doctors in the state. "With gas and kids and just work — having to miss all the time," Davila said. "It was going to be difficult financially."



Timothy Brininger, a family practice doctor, reviews chart information while speaking via video call with prenatal patient.

Then, Davila spotted a billboard advertising the use of telehealth at her local hospital. In rural regions, having a baby can be particularly fraught. Small-town hospitals face declining local populations and poor reimbursement. Those that don't shutter often halt obstetric services to save money — even as the number of U.S. mothers who die each year while pregnant or shortly after has hit historic highs, particularly for Black women.

More than half of rural counties lack obstetric care, according to a U.S. Government Accountability Office report released last year. Low Medicaid reimbursement rates and a lack of health workers are some of the biggest challenges, the agency reported. New Mexico Medicaid leaders say 17 of the state's 33 counties have limited or no obstetric care.

Those realities prompted the Federal Office of Rural Health Policy, which is part of the Health Resources and Services Administration, to launch the Rural Maternity and Obstetrics Management Strategies Program, RMOMS. Ten regional efforts nationwide — including one that serves Davila in northeastern New Mexico — have been awarded federal grants to spend on telehealth and creating networks of hospitals and clinics.

"We've never done this sort of work before," said Tom Morris, associate administrator for the office at HRSA. "We were really testing out a concept ... could we improve access?“ After joining the telehealth program, Davila didn't have to take the afternoon off work for a recent prenatal checkup. She drove less than a mile from her job at the county courthouse and parked near the hospital. As she stepped inside a ranch-style yellow-brick clinic building, staffers greeted Davila with hugs and laughter. She then sat on a white-papered exam table facing a large computer screen.

"Hello, everybody," said Timothy Brininger, a family practice doctor who specializes in obstetrics. He peered out the other side of the screen from about 80 miles away at Miners Colfax Medical Center in Raton, New Mexico.

The visit was a relief — close enough for a lunchtime appointment — and with staff "I've known my whole life," Davila said. She heard her baby's heartbeat, had her blood drawn, and laughed about how she debated the due date with her husband in bed one night. "They're nice," Davila said of the local staff. "They make me feel comfortable.“

“New Mexico Program to Reduce Maternity Care Deserts in Rural Areas Fights for Survival” by Sarah Jane Tribble was republished with permission. KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF — the independent source for health policy research, polling, and journalism.

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