

Revisiting Population Health with the FCC's Affordable Connectivity Program

What Medicaid Management and Health Equity Executives Should Know About A \$14 Billion Subsidy Program

A White Paper – May 2023



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Executive Summary

In 2016, the United Nations declared that the ability to access the internet was an essential human right.

The Affordable Connectivity Program (ACP), launched by the U.S. Federal Communications Commission (FCC) in late 2021, helps ensure households can afford the broadband and devices they need for healthcare, school and work. A household is eligible if at least one individual living in the home is enrolled in an existing federal subsidy program such as Medicaid, WIC and others

While 48 million households qualify for the ACP, fewer than 16 million enrolled in its first year. Many who could benefit from the program's provision of no-cost internet and discounted devices are falling through the cracks.

A large percentage of people remain unaware of the ACP including individuals in healthcare organizations serving Medicaid enrollees.

The FCC and others are encouraging new approaches to bolster enrollment in the \$14.2 billion ACP. Such efforts could include targeted focus via specific industries. In healthcare, for example, the ACP offers great promise to help bridge gaps in the digital divide, improve outcomes and reduce costs.

This white paper:

- highlights key concepts related to health disparities and the challenges they pose to society, to specific populations and to healthcare organizations
- describes a first-of-its-kind digital engagement model developed by an innovative digital health platform provider and a forward-thinking internet service provider (ISP)
- explains how healthcare organizations can use this model to increase ACP enrollment while simultaneously deploying digital engagement technology that uniquely advances specific to each organization's health equity and population health objectives; and
- provides examples of organizations embracing this model.

The logo features the FCC logo on the left, followed by the text "Helping Households Connect" in a bold, black, sans-serif font. The entire logo is set against a yellow background that transitions into a photograph of a family.

Health Equity in the U.S.: An Overview

“When our nation’s founders wrote that ‘all men are created equal’ with the right to ‘life, liberty, and the pursuit of happiness,’ it is unlikely they envisioned a country where health status and life expectancy could be ordained by zip code, economic, or educational status,” said James Weinstein, in [a 2017 news release from the National Academies of Sciences, Engineering and Medicine](#).

At the time, Weinstein chaired the [Academies’ Committee on Community-Based Solutions to Promote Health Equity in the United States](#) and served as CEO of the Dartmouth-Hitchcock health system. Today he is a Microsoft senior vice president leading health equity and innovation.

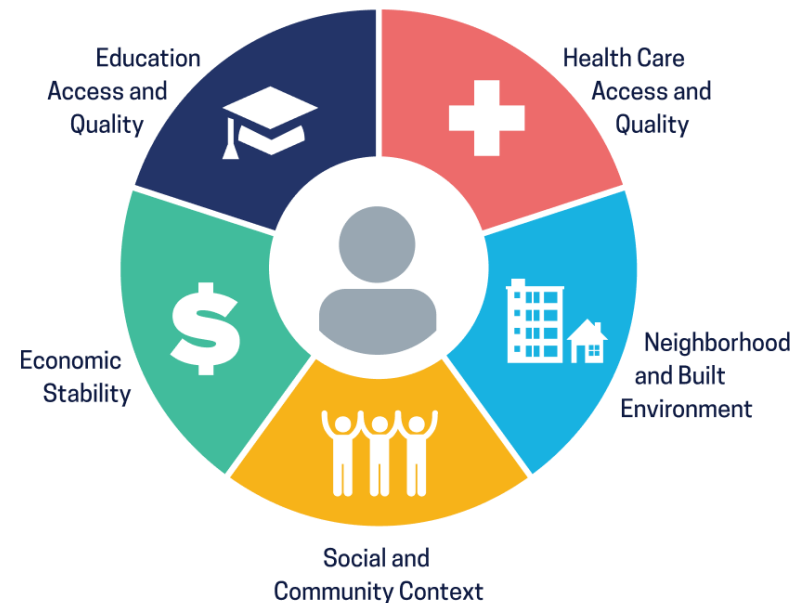
Despite being a frequent topic of discussions across the halls of Washington, the halls of healthcare organizations, and even the halls of everyday homes, “health equity” is an often-misunderstood term, as are the concepts of “health disparities” and “health inequity.”

Appendix A provides perspectives on the definitions of these terms.

Social determinants of health (SDOH,) also referred to as “health-related social needs,” are often cited in health equity literature. The U.S. Department of Health and Human Services (HHS,) as part of its [Healthy People 2030 initiative](#), defines SDOH as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

The HHS’ Office of Disease Prevention and Health Promotion groups SDOH into five domains as shown in the graphic below:

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

Health Equity in the U.S.: An Overview (continued)

Specific to healthcare, [a stated goal of Healthy People 2030](#) is to increase access to comprehensive, high-quality healthcare services. They state:

“Sometimes people don’t get recommended health care services, like cancer screenings, because they don’t have a primary care provider. Other times, it’s because they live too far away from health care providers who offer them.”

Interventions to increase access to healthcare professionals and improve communication — in-person or remote — can help more people get the care they need.

Health Equity Defined

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”



Robert Wood Johnson Foundation

“Health equity is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances.’”



The Health Impact on Specific Populations

[The National Institute of Health's \(NIH\) Institute on Minority Health and Health Disparities](#) states:

"Many populations in America, whether defined by race, ethnicity, immigrant status, disability, sex, gender, or geography, experience higher rates of certain diseases and more deaths and suffering from them compared with the general population. While the diversity of the American population is one of the nation's greatest assets, one of its greatest challenges is reducing the profound disparity in health status of its racial and ethnic minority, rural, low-income, and other undeserved populations."

A comprehensive report titled [Key Data on Health and Health Care by Race and Ethnicity](#) published in March 2023 by the Kaiser Family Foundation states:

"Overall, this analysis found that Black, Hispanic, and American Indian and Alaskan Native people fared worse than White people across the majority of examined measures of health and healthcare and social determinants of health."



The [World Health Organization](#) states that health inequities are “unfair” and “have significant social and economic costs both to individuals and societies.”

At its Healthy People 2030 website, the HHS cites various sources for this statement:

"Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy."

[Tulane University cites several sources](#) in a blog with these sobering statistics:

- Black infant mortality is 250% higher than white infant mortality.
- Blacks are more likely than whites to suffer from cancer, diabetes, and heart disease.
- Black mothers are at least three times more likely than white mothers to die in childbirth.
- Black Americans are more likely to die prematurely from all types of disease.

The [HHS' Indian Health Services](#) states that for American Indian and Alaskan Native Tribes:

- life expectancy is 5.5 years less than the U.S. all races population.

Research shows that, in general, rural communities experience higher rates of poverty, food insecurity, and chronic disease, thereby worsening health outcomes. An example: Rural areas have higher cancer death rates at 180 deaths per 100,000 individuals – compared to urban areas is 158 per 100,000 ([CDC](#))

The Health Impact on Specific Populations (continued)



Authors of the aforementioned [2017 news release from the National Academies of Sciences, Engineering and Medicine](#) share an interesting perspective on comparisons of the U.S. to other countries.

“Beyond international rankings showing that the U.S. has higher rates of infant mortality and shorter life expectancy than other wealthy nations, racial, ethnic, and socio-economic disparities exist at the state level and among and within counties for these health indicators. Research shows that where one lives is a greater predictor of one’s health than individual characteristics or behaviors.”

Additional statistics highlighting health disparities and links to related sources is available in **Appendix B**

Consequences Beyond Poor Health: High Economic Costs

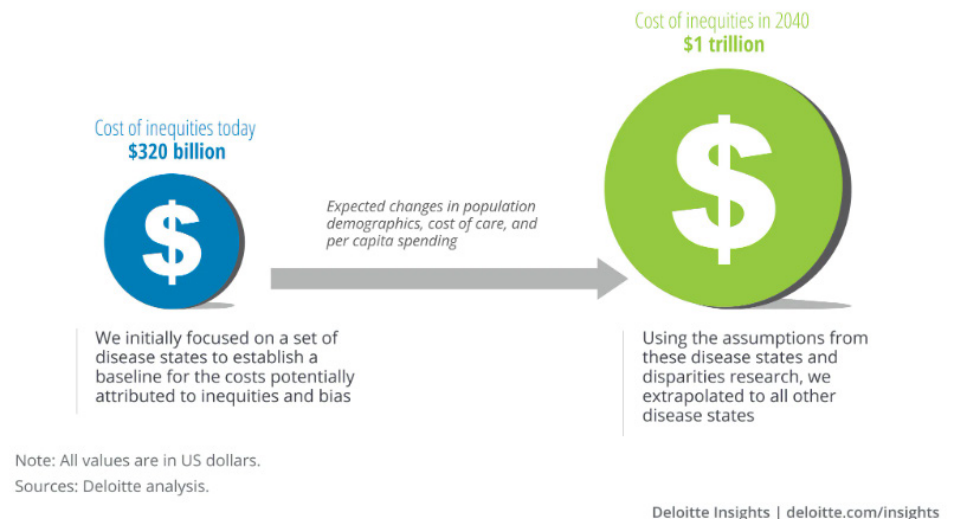
Health inequities contribute not only to poor health outcomes but also to increased burdens on the nation's economy. The [American Public Health Association](#) states:

"The avoidable costs of health disparities include medical costs related to preventable chronic diseases and the overutilization of healthcare resources. Also, health impacts employment potential and work-place efficiency," and "health disparities result in a large loss of productivity every year."

Consider these findings from various entities:

- Eliminating health disparities for minorities would have reduced direct medical care expenditures by about \$230 billion and indirect costs associated with illness and premature death by more than \$1 trillion for the years 2003-2006 (in 2008 inflation-adjusted dollars). We should address health disparities because such inequities are inconsistent with the values of our society and addressing them is the right thing to do, but this analysis shows that social justice can also be cost effective. ([Research published in the International Journal of Health Services](#))
- In 2009, disparities among African Americans, Hispanics, and non-Hispanic whites will cost the health care system \$23.9 billion. Medicare alone will spend an extra \$15.6 billion while private insurers will incur \$5.1 billion in additional costs due to elevated rates of chronic illness among African Americans and Hispanics. Over the 10-year period through 2018, we estimate that the total cost of these disparities is approximately \$337 billion. Left unchecked, these annual costs will more than double by 2050 as the representation of Latinos and African Americans among the elderly increases. ([The Urban Institute](#))

- Health disparities cost \$42 billion in lowered productivity and \$93 billion in excess medical costs each year, not including the economic losses due to premature deaths. ([2018 study from the W.K. Kellogg Foundation with Altarum](#))
- The projected rise in health care spending could cost the average American at least \$3,000 annually, up from today's cost of \$1,000 per year. Every organization today should address health inequities by intentionally designing for an equitable future of health. ([Deloitte](#))



Additional data highlighting cost and quality problems related to health equity is available at [Altarum's Healthcare Value Hub](#)

Strains on Healthcare Organizations



“Forces are acting to challenge affordability and access in healthcare and threatening the industry’s economic outlook,” state analysts at McKinsey & Company in a 2022 report titled [The Gathering Storm: The Uncertain Future of U.S. Healthcare](#).

From providers to payors to community-focused non-profits to self-insured employers, organizations across the U.S. continue to reel from pandemic-induced chaos. Simultaneously, they face major challenges amidst a rapidly aging population with deteriorating health and a workforce facing shortages and heavy burnout.

Reimbursement models are also shifting with intensified focus on value-based care, defined in a [New England Journal of Medicine Catalyst article](#) as “a healthcare delivery model in which providers (including hospitals and physicians) are paid based on patient health outcomes.”

With value-based care, at-risk organizations are being incentivized to advance population-based interventions focused on health promotion and disease prevention. This can be especially challenging among racial and ethnic minorities and in rural communities, many who are served by Medicaid.

According to the Centers for Medicare & Medicaid Services (CMS,) national health spending is projected to reach \$6.2 trillion by 2028. Analysis by the [National Association of State Budget Officers](#) showed that in 1985, Medicaid spending consumed less than 10% of state budgets and totaled just over \$33 billion. By 2019 the number had grown to consume 29% of state spending at a cost of \$604 billion.

- Demand for healthcare workers is expected to outpace supply by 2025, according to Mercer.
- Burnout is real, [according to Healthcare Dive’s Hailey Mensik](#), not only among clinicians but also among healthcare executives.
- Many in the clinician workforce are approaching retirement, a growing physician shortage looms, and the number of Americans above 65 is going to soar in the next decade.
- In a March 2023 report, Doximity states that two out of three physicians are considering an employment change and more than a third are considering early retirement.

Strains on Healthcare Organizations (continued)

Value-Based Health Care Benefits



NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

In early 2021, [CMS issued a roadmap outlining how states can improve social determinants of health](#) and reinforce their value-based care approach using Medicaid flexibilities. The news release stated the following:

“With the release of today’s SDOH guidance, CMS acknowledges that an understanding of the social, economic, and environmental factors that affect the health outcomes of Medicaid and CHIP populations can be an integral component of states’ efforts to realign incentives, reduce costs, and advance value-based care in their health systems”.

Additional details about the CMS’s SDOH guidance are in **Appendix C**

Challenges Faced by Population Health and Health Equity Executives

Many healthcare organizations are trying to remedy health inequity, but some are finding it difficult to engage with underserved populations.

In an article titled [Engaging Consumers and Communities to Meaningfully Transform Care](#) published by the [Center for Health Care Strategies](#), authors cite numerous barriers for healthcare systems to engage communities and their members including:

- lack of established relationships and trust;
- divergent health priorities and motivation;
- the power imbalance between well-funded healthcare organizations and typically under-resourced, community-based organization; and
- cultural differences.

“These factors can pose an even bigger obstacle for populations with complex health and social needs who are often disenfranchised, making authentic engagement even more challenging for healthcare systems serving these communities,” authors state. “This type of connection and collaboration, however, is critical in order to fully understand the needs and priorities of underserved communities and address community-level drivers of health outcomes.”

To achieve health equity, organizations must find new ways to eliminate or reduce barriers to the social and economic resources that affect an individual's health. Tulane University suggests that some specific ways to achieve this might include:



Expanding access to healthcare through the introduction of mobile health clinics or telehealth initiatives such as remote healthcare services or education



Further developing culturally competent care, for example, by expanding medical translation services



Expanding policies that reduce harms perpetuated by structural racism, sexism, and classism and other forms of oppression that, in turn, hinder health outcomes

Health Administrators Play a Role. Technology is Key

Many influences and influencers contribute to reduced health inequity. One key group that can impact health equity is health administrators. This is perhaps best summarized by [Tulane University's School of Public Health](#),

“Health administrators have a unique role in bringing about greater equity in healthcare. [They] can support early adoption of telehealth technologies, mobile health capabilities, and other innovative health delivery service options. Harnessing creative, population-specific technologies and service offerings can connect more patients to providers for health support.”

In an April 2023 the New England Journal of Medicine Catalyst article titled [How Hospitals Improve Health Equity Through Community-Centered Innovation](#), authors stated:

“Hospitals that invest in community health equity — reducing and ultimately eliminating disparities in health and the determinants that adversely affect excluded or marginalized groups — can strengthen their financial performance, organizational culture, and reputation. By emphasizing health, not just healthcare, leaders of these hospitals help achieve a broader good for the community at large.”

The article highlights programs at five hospitals that have successfully mitigated health inequities with primarily self-funded community initiatives serving diverse geographic locations and populations. The authors conclude by saying that:

“Hospitals have an opportunity to work strategically and intentionally, both in and with communities, to advance health equity. The social innovation investments presented in the current article can

contribute to the expansion and continued development of health equity initiatives that can build trust, boost institutions' reputations, save money, benefit cross-sector stakeholders, and improve health. Other hospitals can follow their example, tailored to each institution's abilities and each community's needs.”

Interestingly, only one of the five examples highlighted a program focused dominantly on digital engagement.

In a 2023 article from Chief Healthcare Executive titled [Making Health Equity Sustainable: Helping Patients and The Bottom Line](#), author Ron Southwick highlights key themes from an interview with Ankoor Shah, a principle director and health equity lead at Accenture. According to Shah, health systems are going to have to rethink the way they deliver care. Southwick writes: “Healthcare organizations must embrace technology to reach more patients. Shah says it's not just a business question for hospitals, but a key concern when it comes to health equity.”

“We have a lot of demand, and not enough supply. So (with) this mismatch, we do not believe there is a human solution to it. It's going to be technology that enables that.”

- Ankoor Shah, Principle Director and Health Equity Lead, Accenture



Beyond Solutions and Adoption: The Need for Connectivity

While remote healthcare technology advanced in years leading up to COVID-19, the pandemic saw hyper-accelerated development and frenzied uptake of such solutions.

[The Telehealth Era is Just Beginning](#) is the title of a 2022 Harvard Business Review article by Robert Pearl, author of the book *Uncaring: How the Culture of Medicine Kills Doctors and Patients* and Brian Wayling, executive director of telehealth services at Intermountain Healthcare.

According to the article summary, the authors “show how telehealth can reduce expensive and unnecessary trips to the ER, reduce America’s chronic-disease crisis, address disparities in care, make specialty care faster and more efficient, and provide access to the best doctors.”

The authors also outline requirements to spur a fully telehealth-driven system and suggest that employers could lead the way in driving changes resulting in tens of billions of dollars a year.

Remote care delivery works. An [article from the Frederick News-Post](#) highlighted that:

“One Maryland hospital launched telehealth pilot programs in 2017, enrolling 105 patients with heart failure, COPD, diabetes and hypertension. Through these programs, Frederick Memorial Hospital reduced readmissions by 75% and emergency department visits by 41%, resulting in \$2 million in cost savings and better access to healthcare.”

Growth in Telehealth

38% of adults used telemedicine in January 2022, and 76% of patients who had a telehealth visit would prefer to continue using it in the future.

- research from Jones Lang LaSalle published at [mHealth Intelligence](#)

The percentage of physicians using tele-visits/virtual visits grew from 14% in 2016 to 80% in 2022 while the percentage using remote monitoring devices grew from 12% to 30% in the same period.

- [American Medical Association](#) research

In its [SDOH in Rural Communities Toolkit](#), the [Rural Health Information Hub](#) states this: There is evidence that telemedicine programs can increase access to care, including specialty care for rural patients.

As providers, payors, employers and other types of organizations seek to accelerate telehealth adoption, increasing grant funds are available to advance digital health including via government agencies such as the Veterans Administration and American Indian Health Services.

Beyond Solutions and Adoption: The Need for Connectivity

(continued)



Telehealth movement among retailers such as Walmart, Amazon and Walgreens is intensifying. Consider that the [chair-elect of the American Telemedicine Association](#) (ATA) is the chief medical officer of CVS Health, spanning organizations such as Aetna, CVS Caremark, and CVS Pharmacy.

The ATA is committed to ensuring that everyone has access to safe, affordable, and appropriate care when and where they need it, enabling the system to do more good for more people.

Yet digital health solutions and leadership are just part of the equation. ***Connectivity is a must if remote healthcare is to succeed.*** Today's reality is this: access is limited -- not only to broadband, but also to the communication devices people need for virtual care engagement.

In a guide published by the [Substance Abuse and Mental Health Services Administration](#), authors state that:

"In the instance of the lack of healthcare technologies, inadequate broadband infrastructure is a critical barrier to provision of [telehealth services and remote learning in rural areas](#), particularly for approaches that involve synchronous video communication between provider and recipient."

The good news: Healthcare organizations now have a significant opportunity to address health equity through a relatively new federal program called the [Affordable Connectivity Program \(ACP\)](#).

The Affordable Connectivity Program: A Government Bridge to Improved Health Access and Equity

The Federal Communications Commission (FCC) launched a program in late 2021 called the [Affordable Connectivity Program](#) (ACP). It offers significant opportunity to help healthcare leaders reduce barriers to care in a way never thought possible.

The goal of the program is to increase technology access among underserved, under-connected populations. Many lack resources such as income, transportation or technical know-how to engage with remote care. The ACP, if evangelized through healthcare organizations, can help bridge these gaps and move the bar in health equity advancement.

What is the ACP? Who Qualifies?

The ACP is a \$14.2 billion FCC benefit program that exists to help ensure households can afford the broadband and devices they need for critical “lifeline” access to healthcare, work, school, and more.

The ACP provides low-income households with a discount of up to \$30 per month toward internet service for eligible households and up to \$75 per month for households on qualifying Tribal lands. Additionally, the program gives eligible households a one-time device discount of up to \$100 for a laptop, desktop computer, or tablet purchased through a participating provider.

Eligible households include those under 200% of the [Federal Poverty Line \(FPL\)](#) or those above the FPL who participate in a wide range of public subsidy programs including Medicaid, SNAP, SSI, WIC, federal housing assistance and more. Details about the FCC’s enrollment eligibility are in **Appendix D**.

About the ACP

The Affordable Connectivity Program (ACP) is the largest internet affordability program in our nation’s history. Experts estimate that as many as [48 million households](#)—nearly 40% of households in the country—qualify.

It provides discounts to low-income households for broadband service in a wide range of public subsidy programs and devices.

“The ACP, if evangelized through healthcare organizations, can help bridge these gaps and move the bar in health equity advancement,” says Nir Altman, Equiva Co-Founder and CEO

A household is eligible if one of its residents is already enrolled in Medicaid, SSI, WIC, Tribal programs, housing assistance and other federal programs.

ACP Uptake Is Lagging Since Program's Launch

In a May 2022 report titled [Understanding the Potential Reach of the Affordable Connectivity Program](#) authors from the Center on Poverty and Social Policy state that:

"Broadband connectivity is vital for work, school, healthcare, and living in the 21st century, yet is out of reach for millions."

Evolving from federal programs dating back to the 1934 establishment of the FCC, the ACP was signed into law in November 2021 as part of the [Bipartisan Infrastructure Investment and Jobs Act](#).

But enrollment has been slower than many initially projected. Analysts state that 48 million households -- or nearly 40% of all U.S. households - qualify for ACP subsidies, yet fewer than 16 million enrolled in its first year. Many who would benefit from the program's no-cost internet connectivity and discounted devices are falling through the cracks. A large percentage of people remain unaware of the ACP including clinicians and healthcare administrators serving the nation's 91.7 million Medicaid enrollees.

The FCC is encouraging new approaches to address this shortcoming. In August 2022, they established the [Affordable Connectivity Outreach Grant Program](#) to support initiatives driving awareness and enrollment. In March 2023, they announced the [recipients of the program's \\$66 million in funding](#). Nearly 200 entities were selected from 350 applicants across all 50 states ranging from government municipalities to social service agencies to nonprofits to healthcare organizations.

The FCC states,

"These partner organizations will be able to use grant funds to conduct digital campaigns, door-to-door canvassing, operate phone banks, distribute direct mail, and host ACP application enrollment and outreach events."

In March 2023, FCC Chairwoman Jessica Rosenworcel [proposed another targeted grant opportunity to add more outreach partners](#).

March 2023 also saw the [National Telecommunications and Information Administration announcing its request for public comment](#) on two components of the \$2.75 billion Digital Equity Act of 2021. This includes seeking feedback on [Digital Equity Competitive Grant Program](#) which is slated to provide funds to non-profits, schools, and others entities supporting digital inclusion and promoting Internet adoption.

Connectivity: A Necessity

"Having an internet connection at home is no longer a luxury, but a necessity. We've now supported more than 16 million households in making that reality easier with our Affordable Connectivity Program, but we continue to look for ways to reach more families in need of help."

- Jessica Rosenworcel,
FCC Chairwoman



ACP Promotion Can Be Tied to Some Industries. What About Healthcare's Golden Opportunity?

Organizations in some industries are creating niche initiatives to evangelize the ACP. The [Education Superhighway](#), for example, is organizing efforts for school districts and local leaders to promote ACP sign-up. Their efforts come after this organization's success in helping close the classroom connectivity gap by connecting 43 million students to broadband.

The affordable housing industry is also making inroads. One example comes from a Boston-headquartered ISP. Instead of approaching residents on a one-off basis, the company has partnered with several public housing authorities [to qualify and enroll households across entire buildings](#).

Many believe that the healthcare is poised to become a major conduit to connect individuals to the ACP. By supporting the FCC in its ACP expansion efforts, healthcare organizations not only serve as a conduit to bring broadband and devices in targeted households, but also to remove a major roadblock to remote care delivery: lack of digital access.

[Hospitals Can Help Patients 'Get Connected'](#) is the title of a December 2022 article published at MedPage Today. Its authors from [A Healthier Democracy](#) state the following:

- *"Despite the clear importance of internet access around the world, the U.S. is falling behind in ensuring its communities of color and other marginalized groups have access to this valuable human right. We're here to tell you that health systems and centers can play a major role in changing that."*

- The healthcare sector remains an untapped venue to connect patients to the ACP with the aim of promoting access to telehealth. This is particularly true given Medicaid patients automatically qualify for the ACP.
- Health systems or facilities can engage patients with the ACP through a variety of approaches, ranging from passive awareness - building to active enrollment.
- It's clear that the ACP will mean little if [it does] not reach the populations [it was] designed to help. It is evident that we have work to do to connect the dots. Healthcare may be the missing piece that can help link vulnerable communities to the ACP.

Medicaid by the Numbers

91M

Today, some [91 million Americans](#) are enrolled in Medicaid or the Children's Health Insurance Program (CHIP.)

\$1T

According to the [CMS' 2021-2030 National Health Expenditure report](#), Medicaid will see average annual growth of 5.6% for 2021-2030 with spending projected to exceed \$1 trillion for the first time in 2028.

Adopted as a cost-savings model, capitated managed care is the dominant way in which states deliver services to Medicaid enrollees today. Learn more in [Appendix E](#).

ACP Promotion Can Be Tied to Some Industries.

What About Healthcare's Golden Opportunity? (continued)

In his article titled [A Golden Moment for Telehealth Depends on Meeting the Need for Broadband](#), telecommunications industry analyst [Craig Settles](#) says that even though it's free to enroll in the ACP, too few people are taking advantage of it. Settles who himself was saved from a stroke due to telehealth, writes:

- *"Imagine you had \$14 billion, but you couldn't give it away. The FCC has a similar problem with a key broadband grant program – but telehealth might help save the day."*
- *"(While) many people are reluctant (to enroll in the ACP,) telehealth can win over fence-sitters. The universal need for health-care can make ACP coupled with telehealth a win-win for everyone."*

Settles quotes Elizabeth Ramirez, an ACP digital navigator with a city in Illinois: "ConnectWaukegan mainly relies on person-to-person interactions, a lot on word of mouth, and 'marketing' through different community-based organizations."

One approach is to engage the medical community, Ramirez adds. "If physicians promote ACP to their patients, there's a great advantage, especially those who face multiple barriers to getting to clinics, such as seniors, individuals without transportation, people with limited physical mobility or multiple children to take care of, etc."

In a March 2023 paper titled [Telehealth: Take It to the Pilot](#), Settles highlights four stories of telehealth-broadband integration that present "exciting examples of tech pioneers getting out and making magic happen." One story showcases a unique partnership between a patient engagement solutions provider, [Equiva Health](#), and an ACP-focused wireless internet service provider, [Infiniti Mobile](#).

A portrait of Craig Settles, a Black man with glasses, wearing a blue shirt and a dark pinstripe suit jacket. He is looking directly at the camera with a slight smile.

Questions to Ponder

- *Do many people realize the full range of medical, healthcare, and preventative health activities that telehealth can facilitate?*
- *What happens when communities combine telehealth and broadband to reach the potential that these symbiotic technologies promise?*

- Craig Settles, telecommunications analyst

A Novel Approach to Fast-Tracking Connectivity: Integrating Digital Health Software, an ISP and the ACP

In considering various approaches to educate patients about the Affordable Connectivity Program, healthcare organizations need not start from scratch. One health IT provider and wireless ISP have teamed up to advance health equity via a highly innovative program dovetailing from this FCC initiative.

In February 2023, [Equiva Health announced a partnership with Infiniti Mobile](#). The partnership centers on the foundational commitment of both companies to advance connectivity and health equity – and includes the launch of [a first-of-its-kind ACP program targeting healthcare](#).



Nir Altman,
Equiva Co-Founder and CEO

“We created a program that serves as a catalyst to help hospitals, nursing homes, insurers and other healthcare organizations not only boost ACP enrollment but also, at the same time, extend their capabilities and capacity to engage remotely for targeted population health initiatives,” says Equiva Co-Founder and CEO Nir Altman.

He describes the program as providing a turnkey solution for

healthcare organizations to seamlessly enroll eligible households coupled with the software and hardware required to digitally deliver information, resources and care solutions aligned to each organization’s uniquely defined care management programs.

“The goal is to ensure individuals are not only connected to broadband, but also have the tools they need to manage their health more effectively,” states Jason Welch, Infiniti Mobile President. “This partnership will increase penetration rates for the ACP, telehealth adoption, digital inclusion, and health equity.”



Jason Welch,
Infiniti Mobile President

Expanding the direct-to-consumer model

Today, prospective ACP enrollees are reached mostly via FCC outreach activities, and also via direct-to-consumer targeted promotion from ISPs. The [Equiva ACP Connect Program](#) enables education and enrollment on a broader scale via a one-to-many approach from healthcare organizations to patients.

Infiniti CEO Jason Welch said, “Specific to healthcare, Equiva has a reach we don’t have – hospitals, insurers, eldercare, community health agencies, and emerging big box players. We saw a natural, practical fit.”

An ACP provider in 50 states, Washington DC, and Puerto Rico, Infiniti Mobile is a member of the National Lifeline Association, a telecommunications trade group focused on the Lifeline and Affordable Connectivity Program.

A Novel Approach to Fast-Tracking Connectivity: Integrating Digital Health Software, an ISP and the ACP (continued)

Equiva and Infiniti work on behalf of healthcare organizations to ensure enrollees receive:

- monthly broadband service (up to 20GB provided at no cost via an FCC-approved ISP partner); and
- a cellular-enabled tablet device preloaded with healthcare resources and solutions defined by the organization to support targeted population objectives. Equiva can equip organizations to distribute tablets in person to patients, to have tablets mailed or to use a combination of these.

Flexibility is Key

Equiva helps organizations configure tablets to present a wide range of content and solutions. This can include in-house or purchased content as well as many types of applications, whether customer-built or provided by a third-party vendor.

Some healthcare organizations ask Equiva to recommend solutions with proven results in other successful customer deployments. One example is the use of interpretation software from [LanguageLine](#), an Equiva partner focused on reducing language as a barrier to care for individuals not proficient in English.



Relying on robust backend capabilities as a solution aggregator and distributor, Equiva's platform puts health information, wellness resources, and care applications at consumer fingertips in a user-friendly, engaging environment.

A Novel Approach to Fast-Tracking Connectivity: Integrating Digital Health Software, an ISP and the ACP (continued)

Equiva's health relationship management platform aligns. aligns to these key pillars:

- Consolidation: blending existing efforts and technologies for efficient and effective delivery;
- Simplicity: straightforward, common-sense user experiences;
- Structured processes: supporting predictable, ordered outcomes with minimal organizational disruption; and
- Analytics: easily understood metrics and reporting.

Organizations can quickly and cost-effectively support advanced care coordination and collaborative decision-making among care team members, patients and loved ones.

Who does this program serve?

- Hospitals and healthcare systems
- Health insurers
- Government agencies
- Community health organizations
- Nursing homes and SNFs
- Senior living environments: independent, assisted and skilled care

Equiva's technology has served tens of thousands of individuals in 800+ deployments across dozens of entities – health systems such as Mount Sinai, UCSF Benioff Children's and Providence, senior/skilled care facilities, and the world's largest cancer support organization. This includes deployments spanning inpatient, outpatient and home environments.

Beyond providing a range of health information sources, wellness tools, and care applications via the tablet interface, Equiva encourages healthcare organizations to also provide streaming news and entertainment services as well as games.”This serves as an enticement for users to interact with the device and its health offerings,” Altman says. “We’re also seeing increased interest in [blending gamification with education](#) to make it more appealing for patients to engage with and benefit from teaching materials.”



Conclusion

Digital disparities are known to impact health status and healthcare costs especially across medically at-risk, under-resourced and under-connected populations. Initiatives that increase access to health professionals and improve communication can help individuals in these populations get the medical care and healthcare resources they need.

The FCC's Affordable Connectivity Program (ACP) provides significant opportunity to bridge gaps in the "digital health divide," specifically by helping to advance health equity, improve health outcomes and reduce healthcare costs.

A large percentage of people remain unaware of the ACP including individuals in healthcare organizations serving Medicaid recipients. The FCC and others are encouraging new approaches to increase ACP awareness and enrollment.

A first-of-its-kind digital engagement model developed by two forward-thinking organizations – a digital health platform provider and an internet service provider (ISP) – holds promise to help healthcare entities serve as a conduit to bring individuals into the ACP, especially Medicaid patients. Early adopters of this model see great potential for it to advance their organizations' targeted population health objectives and health equity initiatives.

This model showcases how healthcare organizations – providers, payors, community entities and others -- can quickly, easily and cost-effectively bridge gaps in connectivity while also supporting more holistic management of patient health journeys.

Innovative approaches are needed to blaze new trails in advancing health equity. The approach outlined in this white paper model is a win/win/win – for the FCC, for healthcare organizations and, most importantly, for the people they serve who are struggling with health issues due to lack of connectivity and devices.

Many believe that adopting technologies to advance health equity must be a complex and costly proposition. The reality is: it doesn't have to be. A first-of-its-kind digital engagement model developed by two forward-thinking organizations holds promise to help healthcare organizations serve as a conduit to bring individuals into the ACP, especially Medicaid patients.

Use Case Examples

The [Equiva ACP Connect program](#) serves many types of organizations in their efforts to improve population health outcomes, reduce the digital divide and advance health equity. Two customer success stories highlight real-world examples of this Affordable Connectivity Program-centric offering in action:

Urban Academic Medical Center Taps to ACP to Advance Medicaid Population Health

A 350-bed safety net hospital launched a program in 2021 to improve post-discharge transitions to home and care plan engagement among Medicaid recipients with two or more chronic conditions. Social workers enroll inpatients in the program and do a follow-up call within 48 hours. Within a week, each patient is assigned a case manager who talks with patients an average of four times per month and aligns services, all with a goal to keep patients compliant with care plans for 11 months.

Communication happens mostly via phone, but many patients become unreachable. A search is initiated for these patients with attempts to reach emergency/collateral contacts. Up to 150 patients are in this queue in any given month.

To overcome this challenge, the hospital began working with Equiva. Upon patient consent, eligible households are enrolled in the ACP, connected to broadband and given a tablet preloaded with ready access to educational materials, wellness tools and links to community resources to support specific sub-population care plan needs.

Read full customer success story [here](#).

Minnesota Non-Profit Launches Oncology-Focused Initiative to Reach Medically Underserved Communities Via ACP

In December 2022, the Cancer Support Community (CSC) announced a partnership with Equiva Health and an early initiative centering on the ACP, specifically to make important cancer support and education resources more readily available to at-risk, under-connected populations. In April 2023, Minneapolis-based Gilda's Club Twin Cities became the first CSC network partner to go live with Equiva ACP Connect with a focus on serving Minnesotans in both urban and rural settings.

Equiva and Gilda's Club Twin Cities are collaborating to ensure eligible households receive monthly discounts on broadband service as well as tablets preloaded with CSC resources. The tablets are pre-configured to provide digital access to virtual cancer support groups, healthy lifestyle education, cancer treatment information, and other resources. Several outreach programs are in place to educate healthcare providers, community organizations and the public about this program and its support for at-risk individuals to readily access oncology-specific digital offerings.

As of April 2023, Equiva and CSC are working with a select group of CSC locations across the U.S. to plan and launch this program, reaching wide range of communities including Hispanic, rural, American Indian and more. Innovative efforts like these support the vision of the White House's Cancer Moonshot – to reduce the cancer death rate by 50% within 25 years.

Read full customer success story [here](#).

Appendix A

Clarifying Definitions: Health Inequity, Health Disparities, Health Equity and Health Equality

In an article titled, [What is the Difference Between Health Disparities, Equity?](#), xtelligent Healthcare Media's Sara Heath shares this from the Kaiser Family Foundation:

"Disparities refer to differences in health and health care between groups. A 'health disparity' refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another."

The author goes on to say that "health equity, or its foil health inequity, are often viewed as the causes of a health disparity. They are the structural or institutional patterns that ultimately result in health disparities.... When there is not health equity (meaning, when there is health inequity), health disparities emerge."

[What Are Health Disparities and Health Equity? We Need to Be Clear](#)

is the title of an article published in Public Health Reports, the official journal of the Office of the U.S. Surgeon General and the U.S. Public Health Service. The authors share this:

"The most intuitive and clear definition of health inequalities (the term used in most countries, where it is generally assumed to refer to socio-economic differences in health) was developed by Margaret Whitehead in the United Kingdom. She defined health inequalities as health differences that are avoidable, unnecessary, and unjust."

At its web page titled [What is Health Equity?](#), the Centers for Disease Control and Prevention state this:

"Health equity is the state in which everyone has a fair and just

opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."

The CDC says that:

"To achieve health equity, we must change the systems and policies that have resulted in generational injustices that give rise to racial and ethnic health disparities. (This) requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities."

The CDC has an agency-wide [CORE Health Equity Science and Intervention Strategy](#) that aims to integrate health equity into the fabric of all they do. According to the strategy overview:

"These barriers include poverty, poor housing, and unsafe or unhealthy environments, as well as lack of access to good jobs, quality education, and comprehensive, high quality healthcare."

Driven by structural racism, discrimination, stigma, and longstanding disenfranchisement, these obstacles overwhelmingly impact communities that are underserved, including communities of color, people with disabilities, members of the LGBTQ+ community, women, people who are incarcerated or without homes, and those who live in rural or frontier settings."

These inequities do not just affect those groups that are hardest hit. They affect us all."

Appendix B

Additional Statistics Highlighting Health Disparities

- In general, racial and ethnic minorities have less access to and less availability of care and tend to receive poorer quality mental health services ([U.S. Office of the Surgeon General; Center for Mental Health Services; National Institute of Mental Health](#))
- The average life expectancy among black people in the U.S. is four years lower than that of white people ([CDC](#))
- Low-income people report worse health status than higher income individuals ([Boston University School of Public Health researchers](#))
- Hispanic children have a five-fold higher rate of diabetes than non-Hispanic white children ([Harvard Medical School researchers](#))
- Only 11.2% of oncologists practice in rural areas and 14% of the population lives 180 miles from an NCI or satellite center (Research led by the [America Society of Clinical Oncology](#))
- Breast cancer mortality for Hispanic women is 40 percent higher in the United States than for white women ([Susan G Komen](#))
- Lesbian, gay, bisexual, and transgender (LGBT) individuals experience certain health challenges at increased rates ([Kaiser Family Foundation](#))

Additional Sources For Health Disparity Statistics

- A 2023 report titled [Key Data on Health and Health Care by Race and Ethnicity](#) from the Kaiser Family Foundation
- [The Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities](#) from the HHS' Health Resources and Services Administration Office of Health Equity

Appendix C

Additional Details About CMS SDOH Guidance

In January 2023, [CMS released additional guidance](#) for state Medicaid programs' [to improve the quality of Medicaid social determinants of health endeavors](#).

In a [March 2023 Medial Economics article](#), editor Richard Payerchin states this about a recent proposal from the the U.S. Centers for Medicare & Medicaid Services (CMS):

“A new ‘Universal Foundation’ for measuring patient health outcomes can be the base for addressing social circumstances that affect health and wellness before patients ever get to the doctor’s office.”

Payerchin adds that this “federal leadership can become a meaningful – even historic – step forward in changing how doctors, patients, and payers address drivers of health (DOH), according to The Physicians Foundation.

He quotes Physicians Foundation President Gary Price, MD, MBA, saying: “These are things that aren’t necessarily part of what we would think of as traditional medical care, but they can have a huge influence on both the cost and the outcomes of medical care.”

In [another article from Patient Engagement HIT](#), Price describes one of the Universal Foundation’s 23 measures: “It’s the percent of beneficiaries 18 years and older who were screened for five drivers of health measures including food security, housing instability, transportation access problems, access to utilities, and interpersonal safety.”

A second, follow-up measure identifies the percentage of those over 18 who were actually positive for one of the social drivers.

“(These) measures are the first two ever to address drivers of health as far as our federal healthcare system is concerned, which of course is really significant,” he said. “It’s the first time there’s been any attempt to look at those influences on healthcare. We now know that perhaps as much as 70 percent of healthcare outcomes and costs are related to those factors rather than the clinical and technical things we do in healthcare.”

Appendix D

Who Is Eligible for the Affordable Connectivity Program?

The Federal Communications Commission provides the following at its [Affordable Connectivity Program](#) web site:

A household is eligible for the Affordable Connectivity Program if the household income is at or below 200% of the [Federal Poverty Guidelines](#), or if a member of the household meets at least one of the criteria below:

- Received a Federal Pell Grant during the current award year;
- Meets the eligibility criteria for a participating provider's existing low-income internet program;
- Participates in one of these assistance programs:
 - Free and Reduced-Price School Lunch Program or School Breakfast Program, including at U.S. Department of Agriculture (USDA) Community Eligibility Provision schools.
 - SNAP
 - Medicaid
 - Federal Housing Assistance, including:
 - Housing Choice Voucher (HCV) Program (Section 8 Vouchers)
 - Project-Based Rental Assistance (PBRA)/Section 202/ Section 811
 - Public Housing
 - Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians
 - Supplemental Security Income (SSI)
 - WIC
 - Veterans Pension or Survivor Benefits
 - or [Lifeline](#);
 - Participates in one of these assistance programs and lives on [Qualifying Tribal lands](#):
 - Bureau of Indian Affairs General Assistance
 - Tribal TANF
 - Food Distribution Program on Indian Reservations
 - Tribal Head Start (income based)

Appendix E

Additional Information About Managed Medicaid

In March 2023, in its [10 Things to Know About Medicaid Managed Care report](#), the Kaiser Family Foundation states the following:

- Today, capitated managed care is the dominant way in which states deliver services to Medicaid enrollees. Medicaid managed care organizations (MCOs) provide comprehensive acute care and, in some cases, long-term services and supports to Medicaid beneficiaries and are paid a set per member per month payment for these services
- In FY 2021, state and federal Medicaid spending totaled over \$728 billion. Payments made to MCOs accounted for about 52% of total Medicaid spending.
- States are using financial incentives linked to quality measures. [Alternative payment models](#) are replacing FFS/volume-driven provider payments with movement toward episode-based payments as well as condition-specific and comprehensive population-based payment models.
- States are looking to Medicaid MCOs to develop strategies to identify and address social determinants of health and to reduce health disparities.

An October 2022 report from the Kaiser Family Foundation summarizes [How the Pandemic Continues to Shape Medicaid Priorities: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2022 and 2023](#). Authors state this:

States are focusing on both longstanding issues and new priorities, including new and expanded initiatives to improve equity and reduce

health disparities, maintain access to telehealth, improve behavioral health access and supports, and address workforce challenges.

In December 2022, CMS published slides from its [All-State Medicaid and CHIP Call](#) held the same month. They state the following:

- Extensive research has indicated that SDOH and associated health-related social needs (HRSN) can account for as much as 50% of health outcomes. By addressing HRSN, state Medicaid agencies can help members stay connected to coverage and access needed health care services.

CMS acknowledges the important links between HRSN, health coverage, and health outcomes. Therefore, we are offering a new 1115 demonstration opportunity to support states in addressing HRSN, with the goals of improving coverage, access, and health equity across Medicaid beneficiaries.

Additional statistics to note are below. Experts predict these amounts would decrease as more Medicaid and related users have remote access to healthcare.

- [Medicaid spending grew 9.2% to \\$734.0 billion in 2021](#), or 17% of total national health expenditures.
- Medicaid covers a broad range of health and long-term care services. Medicaid financed [29% of nursing home care and 58% of the category of “other health, residential, and personal care](#) that includes a variety of home and community-based service.
- [Medicaid pays for about one quarter \(24%\) of all spending on mental health services and about one quarter \(24%\) of all spending on substance abuse treatment.](#)

Appendix F

Equiva Overview



Many in healthcare presume that adopting digital engagement technology must be a costly and cumbersome proposition. The reality: it doesn't have to be. Equiva has seen this firsthand. Furthermore, widescale deployment of digital engagement technologies is necessary if society is truly serious about overcoming barriers to care and advancing health equity.

Innovators in Digital Patient Engagement

Known as “the [first patient experience tablet](#) company,” Equiva brings to the market more than a decade of experience collaborating with healthcare organizations (HCOs) around innovation in patient experience, digital engagement and patient activation.

Today, [Equiva's health relationship management platform](#) is a solution aggregation and distribution channel – used to consolidate care offerings, empower easy access to care, and simplify engagement with any number of best-in-class care management solutions.

Equiva puts health information, wellness resources, and care applications at consumer fingertips in a user-friendly, engaging environment – supporting advanced care coordination and collaborative decision-making among care team members, patients and loved ones. The company's technology has served tens of thousands of individuals in 800+ deployments across dozens of entities – health systems such as Mount Sinai, UCSF Benioff Children's and Providence, dozens of senior and skilled care facilities, and the world's largest cancer support organization.

Evolving from In-Facility to In-Home Use

Equiva's platform evolved from the time the iPad launched, initially serving dominantly to give inpatients access to welcome kit information as well as streaming news, entertainment and games.

Clinical staff saw opportunity to add patient education. One hospital realized a 35% reduction in hip replacement readmissions after replacing traditional teaching materials with tablet-based education.

Hospitals began realizing added value of digital engagement. In one large-scale inpatient setting, for example, 90% of patients reported that the product improved their hospital experience. Use cases also expanded to outpatient environments.

Over time, HCOs requested the addition of patient portal access, meal ordering, relaxation tools, and more. The options, they discovered, were nearly endless.

[Many asked that still more solutions be added](#) including telemedicine and other communication applications such as language and interpretation services as well as video chat with loved ones, especially important during COVID-19. With its own [EZCall application](#), for example, Equiva enables one-click remote video-calls, overcoming download and password barriers inherent with Zoom and other like apps. The tool allowed patients to connect with loved ones during visitation blackouts and caregivers to support infection control initiatives by engaging remotely versus in-person.

Appendix F (continued)

The pandemic also saw expansion of Equiva's technology into homes. With \$850,000 from the FCC's COVID-19 Telehealth program, [Mount Sinai Kravis Children's Hospital sent tablets to homes of select clinic patients](#) providing single-screen access to telehealth visits, education and survey tools. The team established out-of-the-box usability as a success benchmark. Devices saw thousands of patient interactions, with fewer than 10 helpline support requests.

Most recently, Equiva customers requested functionality to support [remote patient monitoring](#). This became an important foundation for the 2022 release of [Equiva's Connect at Home offering](#) and subsequent development of [Equiva ACP Connect](#) launched in February 2023.

Equiva offers additional solutions for digital engagement including a mobile app, [Equiva Mobile Connect](#), [digital signage](#), and [kiosk offerings](#) as well as [interactive patient TVs and digital whiteboards](#).

For more information, visit: <https://equivahealth.com>

An Innovative Telehealth/Telecommunications Partnership

As the company's mission states:

"The Equiva team believes that humanity will be better served when every person is connected to the individuals, information, and experiences that support overall well-being. We believe that patients, loved ones, and healthcare professionals deserve a more equitable, less fragmented system where transformative technology yields powerful intelligence that promotes targeted care and wellness."

Equiva first learned about the FCC's \$14.2 billion [Affordable Connectivity Program](#) (ACP) in mid-2022. Soon thereafter, the company announced its [ACP Connect solution](#) and a [partnership with a forward-thinking internet service provider, Infiniti Mobile](#), to create a first-of-its-kind digital health engagement model centered around the ACP.



The organizations came together to create a program that could serve as a catalyst in helping hospitals, nursing homes, insurers and other healthcare organizations advance ACP enrollment while also helping these entities engage digitally with individuals for targeted caremanagement and population health programs that advance health equity initiatives.

About Infiniti Mobile

IM Telecom d/b/a Infiniti Mobile (www.infinitimobile.com) is wireless Lifeline & ACP service provider and wholly owned subsidiary of KonaTel (www.konatel.com) (OTCQB:KTEL). The FCC established the Lifeline program in 1985 to ensure low-income households have access to basic telecommunications services through a government subsidized program. Congress established the ACP for low-income households to ensure basic internet connectivity for healthcare, employment, school, and other purposes. Through its FCC-approved national wireless Lifeline Compliance Plan, Infiniti Mobile is a authorized to provide low-cost and free wireless talk, text, and data service to low-income American households. Infiniti Mobile is headquartered in Plano, Texas.