

**Remarks of Commissioner Mignon L. Clyburn
NHIT-HIMSS Leadership Conference:
Leveraging Health IT to Address Health Disparities
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Good morning. I am truly honored and humbled by this incredible honor. My thanks to you, Luis, Congresswoman Christensen and NHIT for considering me worthy of this recognition. During my nearly nine years in Washington, D.C., I have been extremely fortunate to work on issues I feel deeply passionate about. I believe that no congressional district, no region, no community, not one person, should be left behind in this era of robust digital opportunity and innovation. Luis, you and NHIT have been laboring in this vineyard for a long time, and are to be commended for your sustained efforts and successes.

In the early days of the FCC's renewed commitment to broadband and health, I joined you in Orlando, I believe it was, as we talked about how broadband-enabled, smart home technology, and artificial intelligence could transform the life of a woman I called Ruby, a lonely widow suffering from congestive heart failure. Not so long ago, A.I. or artificial intelligence and smart homes seemed like abstract concepts. But every time we use a "wake word", like "Siri", or "Okay Google," Alexa," or Cortana, we are reminded that ... the future is now. And in the area of health and technology, dynamism is constant. Allow me a few moments to share where we have been and where we are going. But, first, a quick historical note.

In his famous poem, "Ulysses," Alfred Lord Tennyson wrote: "I am part, of all that I have met."

Now one could debate whether Lord Tennyson meant that he had changed the people that he met... or that they had changed him. As for me, the weight of every hand shaken, and each embrace felt by someone who has seen their life and health change for the better, in part due to broadband technology, remains with me. And every complaint that the FCC receives is a reminder that we must do more to reach those who are unserved or underserved. And while I would like to think that I contributed in some small way to making a difference, the true hero here is connectivity.

Connectivity has the power to elevate that individual and place her at the center of the equation, which is essential if we are to truly achieve success. But to realize this, we must ask ourselves: How can federal officials, entrepreneurs, business leaders, and innovators have the greatest impact on our citizens?

For you see, it is not just about what we can do in our leadership capacities, but how we can empower others. How can we better motivate and drive that individual to feel enabled, engaged, and empowered to reach their health and wellness goals? How can we better innovate to build connected care systems that work for and with the underserved to address health disparities?

I believe to achieve these goals, we need to encourage greater collaboration across sectors. This is key and critical to our charge. In order to better understand what is needed, we must involve the very communities that stand to benefit the most. And we must provide the critical glue that sustains complex solutions for the long term.

As renowned educator, innovator, and research scientist George Washington Carver once said, “How far you go in life, depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong. Because someday in your life, you will have been all of these.”

The experiences of those that I have met along the way, have truly changed and shaped me. Having access to the things you need to get well and stay healthy, can carry you through all of life’s stages. And I believe that broadband-enabled technologies, have the power to best meet those needs – which is what brings us here today.

Four years ago, I urged the agency to create what is now known as the Connect2HealthFCC Task Force under then Chairman Tom Wheeler. This is a dedicated, interdisciplinary team, focused on the intersection of broadband, advanced technology, and health. I am grateful to FCC Chairman Pai for his continued commitment to the Task Force and his enthusiasm for bridging the digital divide in health care.

We are focused on broadband deployment, which provides the necessary foundation for creating the gateway to new and sustainable models for meeting longstanding health goals. These efforts can further spur the U.S. economy and help to close the digital divide, while at the same time be an oasis in a health care and wellness desert. The FCC has been working to encourage rural broadband deployment, including through targeted subsidies, removing barriers to infrastructure investment, and promoting competition.

The Task Force has twin goals. First, to understand the future when it comes to broadband, advanced technology and health. And second, to ensure that the FCC stays ahead of the innovation curve. This has led to an overarching focus, which recognizes that those in rural, remote, and underserved areas, seniors, veterans, people with disabilities, and our neighbors in Indian country, are more often on the wrong side of the divide when it comes to digital opportunities.

What we have found thus far is startling, but I suspect not surprising to those in this room. The data clearly shows that the picture of health is vastly different in connected communities versus those in digitally-isolated areas. This holds true when it comes to access to care, quality of care, and health outcomes. For example, based on December 2015 broadband data, the least connected counties in this country, generally have the highest rates of chronic disease, and the figures, as you know well, are alarming.

- The obesity prevalence, in those least connected areas, is 25% higher. And the diabetes prevalence? A whopping 41% more!
- Most of the counties with the worst access to primary care physicians, are also the least connected; and

- Preventable hospitalizations, are 1.5 times higher, compared to digitally connected counties.

To put it another way, almost half of U.S. counties are “double burden” counties, where there are elevated levels of chronic disease and lower levels of broadband connectivity. That translates to over 36 million people, which sadly also represents an increase of one million between 2014 and 2015. And, unfortunately, rural counties are 10 times as likely as urban areas to be low broadband, high diabetes areas.

So that’s the problem. What’s the solution? Perhaps it’s time for us to evolve our thinking, grow our vision, and create a “broadband health safety net,” for underserved groups in America. Instead of accepting the facts as they stand today, we should stop shaking our heads and conceding that some people will always fall through the cracks. Let’s aim higher, by intentionally meeting the health needs of every single American, regardless of where they live, and let’s leverage broadband technology to do so. While connectivity may not resolve every single health challenge, it certainly has the capacity to help solve most of them.

One thing that I have found so personally fulfilling, and quite frankly, critical to this discussion, is talking to the people who are living and breathing these challenges every day. Since the early days of the Task Force, I have had the privilege to accompany the team on several “Beyond the Beltway” visits, to examine the impact of broadband on health at the local level, and to better understand how local communities, policymakers, clinicians, and entrepreneurs want to use broadband to address community priorities and needs. This series took us to communities both rural and urban, both large and small, and we have heard countless stories of the transformative power of broadband in health.

We have seen how highly specialized stroke neurologists, at the University of Virginia, use broadband connections to consult with rural clinics, save stroke patients’ lives, and avoid years of disability and illness.

We have spoken to innovators in Detroit, about how they are leveraging broadband technology, to reduce health disparities in urban areas. We heard how the city is promoting entrepreneurship to address unique challenges.

First responders in both Florida and Texas, are using ambulances to deliver connected health solutions to their communities. We observed a telehealth project that is dramatically reducing emergency department admissions for Houstonians with mental illness and increasing access to psychiatric care. And in Florida, an innovative fire chief uses off-the-shelf technology and wireless connectivity, to remotely monitor the health of seniors in his community, slashing hospital readmission rates, and sharply reducing 9-1-1 usage from that vulnerable group, allowing him to focus his limited resources on other public safety issues.

And many have heard me speak about one very special rural community where a public/private partnership between the University of Mississippi Medical Center and C Spire, a commercial wireless company, has made a difference in Ruleville, Mississippi. And in the

interest of putting people at the center, let's hear directly from these connected health warriors. As they say, roll the tape!

(PLAY 5-MINUTE MISSISSIPPI VIDEO)

As we heard from those connected health champions, if they can do it there, in the heart of the Deep South, we can do it anywhere. And to that I say...challenge accepted.

In conjunction with these on-the-ground efforts, the Task Force developed its Mapping Broadband Health in America platform, a novel and interactive mapping tool, that allows any user to easily visualize, overlay, and analyze broadband and health data, at the national, state and county levels. It's free, available on the FCC's website, and it enables detailed study of the intersection between connectivity and health, all the way down to the county level. This platform is meant to not only inform, but to empower users to take the data that is in front of them, and look for opportunities for collaboration. The philosophy and strategic, data-focused thinking that underlies our mapping tool, has informed many of our efforts moving forward.

And the FCC, through the Task Force, recently forged a strategic partnership with the National Cancer Institute, to focus on how broadband connectivity can be leveraged to help rural cancer patients – what we call the L.A.U.N.C.H. project.

L.A.U.N.C.H., which stands for Linking & Amplifying User-Centered Networks through Connected Health, is an ambitious demonstration of broadband-enabled health for rural populations in Appalachia. By working across federal agencies, and different sectors, we can begin telling a new story of how connectivity is making a difference, in communities. Together, we want to not only treat illnesses, but help patients reap the benefits of technology to manage their symptoms during recovery. This is a huge undertaking and we are thrilled to have the National Cancer Institute by our side.

The harsh reality, is that everyone knows someone who is impacted by cancer, and the time is now to tell the story of cancer and connectivity in Appalachia. And it's a hard story to hear. Together, however, we can rewrite the stories in Appalachia, where the cancer picture is bleaker, than in other rural parts of the country.

- Research from the University of Virginia School of Medicine has shown that between 1969 and 2011, cancer incidence declined in every region of the country except rural Appalachia, where mortality rates have actually soared.
- According to the National Cancer Institute, there are about 92 cases of lung cancer per 100,000 people in Kentucky, compared with 60 nationally.
- There are about 69 deaths per 100,000 people in the state — around 120 in the hardest-hit Appalachian counties — compared with 45 nationally.
- More than 800,000 Kentuckians lack access to home broadband service, which represents nearly 19 percent of the state's population. In rural areas alone, the share without access doubles to 40 percent.

These stats are not only staggering, they are simply unacceptable. Where you live should not have a negative impact on your ability to get the care you need. The goal of L.A.U.N.C.H. is to build a demonstration project on broadband-enabled health that in this phase, will target counties in Kentucky that face the dual challenge of higher cancer mortality rates and lower levels of broadband access. The project, which you will hear more about this morning, includes varied stakeholders from different parts of the broadband health ecosystem.

But Kentucky is not alone. In 2016, it was estimated that nearly 1.7 million cancer cases would be diagnosed in the United States. That translates to approximately 4,600 new diagnoses each day. And while the initial geographic focus for this project is rural Kentucky, it is our hope that this effort will serve as a model for similar projects across the nation to help our neighbors, friends and colleagues.

New thinking and innovative cross-sector collaborations, such as L.A.U.N.C.H., hold significant promise for the future of broadband and improved health for underserved communities. And while I have no doubt that government can be a powerful catalyst to achieving these shared goals, as important a player as we are, we simply cannot do it alone.

At the end of the day, from a consumer perspective, each innovation proposed or adopted, needs to be in the context of their lives. It must be part of a seamless system that is smart enough to both address and optimize the health needs, of each consumer it serves. We need to work to connect with their world, their experiences, and their aspirations.

This is not about building a glossy, isolated solution for today, but to help develop sustainable broadband-enabled solutions that work for future generations of Americans. As two-time cancer survivor Robin Roberts has said: “You can be fearful or fearless. I chose the latter.”

I encourage you to push boundaries, continue to work with allies like those of us at the FCC, NCI and our friends at NHIT. This is about real people who are at risk of being left behind. Let’s be fearless and let’s accept the challenge of leaving no one behind. By working together, we can achieve what just a few years ago was deemed impossible. Together, we can succeed.

Thank you.