

## **Broadband USA Applications Database**

**Applicant Name:** District of Columbia Primary Care Association

**Project Title:** Sustainable Broadband for the Medically Vulnerable in the District of Columbia

**Project Type:** Sustainable Adoption

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### **Executive Summary**

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Trends show that broadband adoption is on an upswing across the US, but low-income Americans, as well as members of minority groups, including African-Americans, continue to face barriers to broadband use. Only 35% of families with annual incomes below \$20,000 have broadband access, while at least 80% of families with incomes above \$50,000 have access. African-Americans face disparities in access, with 46% using broadband services as compared to 65% of Whites. In the District of Columbia, about 300,000 residents – more than half the population of our nation’s capital – live in federally-designated medically underserved areas and health professional shortage areas. These areas overlap substantially with low-income neighborhoods where African-American residents live. Socio-economic and health problems co-occur especially in Ward 8 of the District of Columbia, which has the highest rates of chronic disease, poor health status, and premature mortality in the entire District – 92.4% of Ward 8 residents are African-American, and with a median household income of \$25,017, 36 % of Ward 8 residents are living in poverty. This population overlaps substantially with the population of Americans lacking access to broadband services.

The DC Primary Care Association (DCPCA) has substantial experience developing health information technology (HIT) solutions for safety net providers in the nation’s capital. We believe it is critical to consider the relevance, affordability, and usability of broadband-based technologies when developing innovative approaches to increase broadband penetration, adoption, and use for low-income, urban Americans. Through our proposed project DCPCA will create model broadband adoption strategies targeting low-income urban areas. Our proposed solution will work with a cohort of 300 patients at Family and Medical Counseling Service Inc., (FMCS), a major provider of HIV/AIDS care in Ward 8. All of FMCS’s 1,065 patients are HIV-positive. Along with HIV diagnoses, a significant percentage of FMCS patients are co-diagnosed with multiple chronic conditions, meaning a significant percentage of the patient base requires regular close observation, monitoring, home care, and medication management.

Patients in the project cohort will be given free broadband access in their homes, as well as a telehealth device that connects them to a Personal Health Management Portal (PHMP) that uses a personal health record component to support daily technology interactions for patients tracking observations of daily living relevant to their chronic conditions. DCPCA expects to produce 300 new household broadband subscribers through the proposed project. DCPCA will leverage the existing Electronic Health Records (EHR) system, already fully operational at FMCS, as well as our leadership role in the DC Regional Health Information Organization (RHIO) health information exchange, to ensure full systems integration with

the PHMP to support proactive provider engagement with the patient through HIT systems. To provide broadband education, training, and support to community-based anchor institutions and vulnerable populations within the cohort, DCPCA will leverage its Community Health Worker (CHW) initiative to create jobs for ten CHWs and one CHW supervisor to facilitate initial patient access to the PHMP using computer kiosks at FMCS, and to conduct regular follow-up home visits with patients, ensuring continued retention of skills and adoption of broadband-based technologies. CHW interaction with the community at large will also have a positive impact on overall digital literacy and broadband awareness and will stimulate further demand.

DCPCA is confident that the comprehensive, value-added approach taken by our project will demonstrate how to make broadband adoption relevant, usable, and affordable for vulnerable, low-income populations in urban areas. Our approach is innovative because our strategy encourages members of an underserved community to develop technological literacy skills for the purpose of health self-management – a value-added approach that taps existing motivation in chronic disease patients to maintain their health as we provide tools to access the internet in a functionally relevant context. In addition to delivering free broadband access and equipment to vulnerable populations, our project provides education and training, as well as community- and home-based support and increased awareness of the value offered by broadband-based technologies for improving health outcomes to encourage sustainability and spread of our model. The digital literacy attained by patients' families and the training provided to CHWs will create a ripple effect that ensures a sustainable cycle of technology adoption and demand for use within the community.

Over twelve years, DCPCA has developed a complex strategy focused on restructuring and expanding the health care system in the District to eliminate health disparities and to help individuals access the system and engage in healthy behaviors. DCPCA's HIT expertise includes leading six health center organizations through the due diligence, infrastructure assessment, data collection, vendor selection, configuration and set-up, implementation, training, intensive support, and systems adjustment phases required for the successful adoption of an integrated EHR/Practice Management system. DCPCA's organizational qualifications are enhanced by our leadership role in the development of the RHIO, navigating the difficult paths of developing information sharing agreements and eliminating legal and regulatory barriers to enable full linkage of hospitals, labs, radiologists, and other health institutions with health centers that have adopted EHRs, and our experience leading the RHIO will provide significant value-added results to this project. The overall cost of the proposed project is \$5,415,000. DCPCA is requesting \$3,915,000 through the current funding opportunity.