



February 28, 2022

Stacy Murphy  
Operations Manager, White House Office of Science and Technology Policy (OSTP)

RE: Request for Information (RFI) on Strengthening Community Health Through Technology

Dear Stacy Murphy:

We are submitting this request on behalf of the Digital Medicine Society (DiMe) for consideration by the OSTP for the RFI on [Strengthening Community Health Through Technology](#). DiMe is a 501(c)(3) non-profit organization dedicated to advancing the safe, effective, equitable, and ethical use of digital medicine to optimize human health. We do this by serving professionals at the intersection of the global healthcare and technology communities, supporting them in developing digital medicine through interdisciplinary collaboration, research, teaching, and the promotion and adoption of best practices. Through these interdisciplinary collaborations, we drive scientific progress and broad acceptance of digital medicine to enhance public health.

Any policy seeking to develop and deploy digital health technology to improve community health, individual wellness, and health equity must first fully understand the barriers to technology adoption in the communities these tools are intended to serve. Central to strengthening health through technology is recognizing that one-off additions or modifications to the current health system are not sufficient. System and platform level approaches are needed to avoid simply layering on a complex mosaic of point solutions that are as likely to add inefficiency and drive disparities as they solve for these issues. Interdisciplinary collaborative efforts such as team-based or consortia research efforts like the [All of Us Research Program](#) or DiMe's own [Digital Health Measurement Collaborative Community \(DATAcc\)](#) are well suited to tackle complex issues. These efforts offer complimentary knowledge, diverse methods, sharing of resources, diversity of ideas and approaches, and broad dissemination of results that can serve larger communities. As such, they are vital to accelerating digital health technology uptake to transform community health, individual wellness, and health equity.

Connected community health requires meeting the needs of the community through 1) funding and infrastructure support for national broadband access and digital skills training for the community, and 2) improving knowledge for the community and those working with them. Interdisciplinary efforts through the DiMe program delivery model will improve knowledge by developing and codifying best practices for digital medicine. On behalf of the digital medicine community we proudly represent, we recommend that the Federal Government provide support for infrastructure that will ensure that digital solutions for healthcare reach underserved communities. Support for robust and reliable infrastructure needs to meet people where they are in their communities. This includes access to broadband connection, devices to access the internet, and education and training for digital skills, through culturally appropriate mechanisms that will earn trust and demonstrate the value of digital technologies for advancing healthcare.



The current [digital divide](#) means that the digitization of healthcare may increase health disparities if not intentionally designed to ameliorate these same disparities. The Federal Government must ensure that all Americans have access to high-speed internet. Despite growth in adopting digital technologies, the digital divide persists by [race and ethnicity](#), age, [annual income](#), and educational attainment. With lacking high-speed internet at home and heavy reliance on smartphones for internet access, African Americans and Hispanics, as well as older communities, are missing out on [services to manage their health care](#), including patient portals, making telehealth appointments, and/or accessing test results, prescription, and other decision aids. Access to high-speed internet has become a necessity of daily life and should be treated as a basic right, as demonstrated by the acceleration of digitally enabled devices in every aspect of life, from appliances to healthcare, education, and work. To successfully use digital tools to lower the barriers for all Americans to accessing quality healthcare and lead healthier lives, **policies addressing the digital divide are critical.**

The increase in telehealth visits and vaccine distribution caused by the pandemic also revealed current limitations to rapid digital health implementation. The healthcare world needed to rely heavily on both to move beyond the crippling effects of COVID-19; however, the long-standing barriers, including digital access and literacy, allowed inequities to persist. A recent report by the [Office of Health Policy](#) indicated that video telehealth visits were highest for those identifying as white, younger (less than 65 years old), and earning at least \$100,000. The vaccine was widely available, including through [Federally Qualified Health Centers](#), to ensure access for some of the most vulnerable populations; however, the heavy reliance on technology resulted in [disparities with vaccine distribution](#). **Policies addressing the digital divide should be imminent**; advancements in digital health are already increasing health disparities.

Broadband access alone is not sufficient to address the digital divide. Digital literacy goes hand-in-hand with access to connectivity and the ability to successfully engage with digital medicine, through active and ongoing interactions with providers, and the use of services such telehealth and remote patient monitoring. We recommend that the Federal Government **design and implement a national digital skills literacy curriculum**. Digital technical skills will serve communities beyond health and should therefore become a mandatory requirement similar to Math and English. This should begin in elementary school for new learners. To serve the needs of adult learners, an adaptation of this digital skills curriculum should be available similarly to the GED. Policies and resources should support community organizations who are best positioned to adjust these teachings for cultural inclusivity, literacy levels, and cognitive and physical capabilities.

The [Widening Digital Participation](#) program is an international example of how fit-for-purpose training can build trust and help realize the value of digital health for communities. This partnership with the Good Things Foundation (GTF) and the English National Health Service (NHS) aimed to train people from communities identified as lacking basic digital skills and suffering from worse health outcomes to improve their digital health skills. Within three years, the program served over 200,000 individuals and demonstrated a return of investment equivalent to over \$6 million with reduced spending on general practitioner and emergency room visits. The [Greater Cleveland Digital Equity Coalition](#) is leading a similar program to make digital skills classes available to all residents, in addition to ensuring access to computing devices and internet connectivity. **Collaborative initiatives hasten evidence-based outcomes to promote health equity.**



As another example, to improve the lives of Veterans, DiMe is partnering with the Department of Veteran Affairs (VA), industry leaders, and Veterans themselves to develop a comprehensive toolkit to measure, evaluate, and implement digital health technologies to better serve over 9 million Veterans. These efforts will build on [previous collaborative work](#) that defines a focus on **human centered design, a robust data infrastructure, and a redefined value-chain** as critical to the successful digital transformation of healthcare. DiMe also hosts [IMPACT](#), the virtual first care (V1C) initiative, convening V1C providers, payers, and patients dedicated to advancing medical care for individuals or a community accessed through digital interactions where possible, guided by a clinician, and integrated in a person’s everyday life. Currently, DiMe’s IMPACT community is leading an initiative to address challenges to care transitions impeding ready access to V1C and seamless integration into the existing healthcare system. Finally, [DATAcc](#), a formal partnership with the FDA, is applying interdisciplinary expertise, data, and case studies to enable better healthcare delivery through harmonized approaches to speed the use of digital health measurements to improve health outcomes. **Purposeful collaborations will provide evidence to support the development of trustworthy data policies and infrastructure.**

Collaboration among public and private entities is essential to engaging individuals and communities. They can [build trust](#) and then go on to demonstrate [the value that digital health technologies](#) can bring to their daily lives. Digital health provides the opportunity for a whole new data-driven approach to healthcare that is built at the systems level. Patient health data will be instrumental in advancing digital medicine; therefore, addressing barriers inhibiting data sharing from underrepresented communities, including concerns with privacy, security, discrimination and the effectiveness of technology should be a priority. Essential to building a [health data ecosystem](#) is trust among communities and stakeholders (providers, tech developers, pharma) coupled with trust that the government will provide reliable and trustworthy infrastructure. DiMe’s multi-stakeholder initiative *The Playbook* advocates for approaches including [privacy by design](#) and [ethics by design](#) that can help address community concerns about data abuse and advance the implementation of digital solutions in the very communities where they could most substantially improve health.

Paramount to strengthening community health is **purposeful, evidence-driven actions by collaborative groups** to provide infrastructure and increase digital health knowledge. Implementation and support of the foundations for digital health – including the **support of collaborative initiatives, provision of high-speed internet access, digital literacy training, the development of trustworthy data policies, and infrastructure** by the Federal Government – demonstrates value and commitment to health equity. It opens the door widely enough for interdisciplinary groups to add content, expand knowledge, and develop tools and training customized to communities that will support the transformation of community health through the uptake of innovative digital health technologies.

Sincerely,

Handwritten signature of Jennifer Goldsack in black ink.

Jennifer Goldsack  
CEO

Handwritten signature of Yashoda Sharma in black ink.

Yashoda Sharma  
Program Director