

Remarks of Commissioner Mignon Clyburn (as prepared)
National Rural Health Association
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February 8, 2018

Good afternoon, and thank you for such a kind introduction. Let me begin by expressing my appreciation, to the National Rural Health Association (NRHA), not only for hosting this important Summit, but for its outstanding leadership and sustained advocacy, on rural health issues. For years, NRHA and many in this room, have worked tirelessly to educate anyone who is willing to listen, about the state of health in rural America. I firmly believe, due in large part to your efforts, that the message is finally getting through: That if there are issues when it comes to health and wellness in rural America, no one in this nation is completely well.

Fortunately, at the FCC, we hear you loud and clear. Four years ago, I urged the agency to create what is now known as the Connect2Health Task Force, a dedicated, interdisciplinary team, focused on the intersection of broadband, advanced technology, and health. And I am grateful to former Chairman Wheeler's for establishing the entity and to current FCC Chairman Pai for his continued commitment to the Task Force.

The Task Force has twin goals. First, to understand the future when it comes broadband, technology and health policy. And second, to ensure that the FCC stays ahead of the innovation curve. This has led to an overarching focus that recognizes that those in non-urban and remote 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. And as connected health solutions accelerate, the Task Force will be the proverbial "hand across the aisle," helping to bridge the policy gap between the broadband, technology, and healthcare sectors.

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 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 low levels of broadband connectivity. That translates to over 36 million people, which sadly also represents an increase of one million between 2014 and 2015. In sum, the data shows, that the rural/urban broadband health gap appears, to be growing. And 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 "health safety net," for rural America. Instead of accepting the facts as they stand today, should we shake our heads and concede 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 solve most of them. Now some of you might be thinking, that she is just another government bureaucrat, delivering a canned speech, proclaiming the impossible, with a sprinkling of wishful thinking, while glossing over the chilling statistics about rural health disparities and connectivity gaps that we all know are wide. But I remain inspired by this famous quote and it my hope that you are too: "Start by doing what's necessary; then do what's possible; and suddenly, you are doing the impossible."

At the FCC, we are focused on broadband deployment, as providing the *necessary* connected foundation for health, and creating the gateway to new and sustainable models, for meeting longstanding health goals. These efforts can further spur the U.S. economy, help to close the digital divide while at the same time, and 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.

But what we need to do a better job of is listening. Last year, the FCC issued a formal call for ideas. We collected data, and gathered insights from constituents around the country, to help inform our broadband health policies. Through a Public Notice and our corresponding virtual listening sessions, we heard from more than 100 unique stakeholders—from people and organizations that are living these challenges every day—and we have been humbled by the tremendous outpouring of ideas, on how to address critical broadband and health issues.

Putting the people at the center of the equation, is essential if we are to achieve success. We must encourage greater collaboration across sectors. We must involve the very rural communities that stand to benefit the most. And we must provide the critical glue, that sustains complex solutions for the long term.

One way we set out to do this, is through a novel, interactive mapping tool. The FCC's Mapping Broadband Health in America platform, allows any user to easily visualize, overlay, and analyze broadband and health data, at the national, state and county levels.

Available on the FCC's website, it enables detailed study of the intersection between connectivity and health, all the way down to the county level. I have heard firsthand from stakeholders, who have gained new and unique insights, about broadband and health in rural America, from this open source platform.

Let's take the following example. According to conventional wisdom about broadband deployment, the primary challenge facing rural America, is that too few people are living in a given area, which makes it tough for most businesses to justify deploying resources in that region. While this may be true, the mapping platform has shown enormous overlap, between

communities with high health needs and poor connectivity, and not necessarily low population density. This has allowed all of us as policymakers, to better visualize these overlaps, which are actually ripe for investment.

What we are seeing is that these areas more often than was previously assumed, fall into “clusters” of five or more counties, with total populations over 100,000. This has significant implications for crafting successful and sustainable business models, for connected health solutions in rural areas. So rather than viewing these in areas in isolation, we are seeing them as distinct markets to target, with both connectivity and healthcare.

This is the philosophy and strategic, data-focused thinking, that has driven the Task Force to introduce its latest project called “L.A.U.N.C.H.” The FCC and the National Cancer Institute recently forged a strategic partnership, to focus on how broadband connectivity can be leveraged, to help rural cancer patients. By the way, L.A.U.N.C.H. stands for Linking, & Amplifying, User-Centered, Networks through Connected, Health. In short, it is a demonstration of broadband-enabled health for rural populations in Appalachia.

The goal 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 initial geographic focus is rural Kentucky, but it is our hope, that this effort will serve as a model for similar projects across the nation. The project includes varied stakeholders from different parts of the broadband health ecosystem: the FCC, the University of Kentucky Markey Cancer Center, the National Cancer Institute, the University of California, San Diego’s Design Lab, and Amgen Pharmaceuticals. While the initiative is in its preliminary stages, it is already stimulating a lot of interest, including outside funding commitments, economic opportunities, and perhaps most importantly, hope among residents of rural Appalachia.

Simply and admittedly boldly put, broadband is, I believe, the public health tool, of, our, time. Over the last several years, I have personally met incredible Americans, who typify the transformative power of broadband in health – from the gentleman in rural Virginia, who credits tele-stroke services for saving his life; to the connected health warriors in Ruleville, Mississippi, who leveraged mobile broadband to help control their diabetes; and that innovative fire chief in Florida... he used off-the-shelf technology, to remotely monitor the health of seniors in his community, sharply reducing 9-1-1 usage, and slashing hospital readmission rates.

New thinking, innovative cross-sector collaborations, these hold significant promise, for the future of broadband and improved health, in rural America. And I have absolutely no doubt, that government can be a powerful catalyst, to achieving these shared goals for rural America, but as important a player as we are, we cannot do it alone.

Each of you in this room, has got to lock arms with us. You are to be commend for gathering in Washington this week, and we are grateful that you are sharing your vision and passion, about leveraging technology to address rural health disparities; but you must push and continue to work with allies like those of us at the FCC, because you know better than I, that by working together, we can, and will, succeed. Thank you.