March 31, 2022

The Honorable Alondra Nelson  
Office of Science and Technology Policy  
1650 Pennsylvania Avenue NW  
Washington, D.C. 20504

Re: Strengthening Community Health Through Technology

Dear Director Nelson:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, appreciates the opportunity to respond to the request for information on connected health. Digital health technologies are extending health care delivery into communities and into the home. Examples range from web pages and apps that support healthy behaviors such as tracking daily activity, sleep, medicine adherence, diet, and social connection – all the way to healthcare monitoring platforms that enable advanced care at home. These advancements must work for all Americans – across all generational, geographic, cultural, and economic divides – so as not to exacerbate health disparities accelerated by the COVID-19 pandemic.

Addressing disparities for older Americans, in particular, starts with overcoming basic tech adoption barriers. AARP has identified five barriers to tech adoption by older adults: access and cost; knowledge, training, and support; awareness and interest; design and user experience; and trust, privacy, and security. Below, we concisely respond to the topics requested by the RFI, but we urge you to review the accompanying attachments as well. The attachments include recent AARP data, reports, and supporting documents on these topics for your reference.

Successful Models
Access to digital health tools often requires basic digital skills. Older Adults Technology Services (OATS), a technology service organization affiliated with AARP, has learned from years of experience that successful digital literacy models require three components: a catalyst partner providing funding and guidance, an intermediate partner with programmatic experience and a solid curriculum, and a network of community partners to support local delivery. Successfully empowering participants in communities with digital skills requires a programmatic framework that is appealing to the unique needs of that community and highly engaging, without feeling like tech is a handout being pushed on them, or a low-quality social service. New programs that provide access to the internet to underserved populations are providing opportunities to engage locally, increase tech confidence and build a foundation of digital equity that supports health equity.

Barriers
In addition to the five barriers to personal adoption of technology note above, older Americans also face institutional and policy barriers. For starters, the limited Medicare coverage for telehealth services is a significant barrier to older Americans using digital health technologies. The current restrictions on geography, originating site, and modality deny otherwise accessible care to millions of Medicare beneficiaries. The restrictions also prevent providers from investing in and utilizing technology to improve patient access and care. We must learn from the successes of the public health emergency...
Medicare waivers and continue policies that meet consumers’ needs, such as allowing remote care at home.

However, even with insurance coverage for digital health technologies and telehealth, many Americans still lack the ability to connect. We need continued investment in affordable and reliable high-speed internet infrastructure to ensure everyone can engage regardless of location or income. This includes access to affordable devices in addition to broadband and telecommunications utilities. This investment will have a significant impact on disparities as Black people were 2.6 times more likely, and Latinos were 3.4 times more likely, to be offline than White people, according to an OATS study.

Trends from the Pandemic
The public health emergency caused a substantial spike in telehealth utilization, and while those numbers have dropped as people return to in-person health care visits, they remain significantly higher than pre-pandemic. One McKinsey & Company study from July 2021 estimated that telehealth use is still 38 times higher than it was in February of 2020, prior to the beginning of the pandemic. The technology gains are not limited to health care – overall technology usage is up over the past two years. According to AARP research, over 85% of Americans 50-plus now own a smartphone, up from 77% prior to the pandemic. Broadband subsidies and rural infrastructure improvements are adding to the number of people with high-speed internet access. With the increases in device ownership, online access, and digital skills, more Americans can access the expanse of digital health solutions being offered to consumers. But these improvements are not reaching everyone, particularly older Americans. Nearly 22 million Americans age 65-plus lack in-home wireline broadband and 56% of Americans age 50-plus say that the cost of monthly high-speed internet is a problem.

User Experience
The AARP research found that two in five (42%) adults age 50-plus do not feel technology is designed for all ages. Even with that sense of distrust, 35% of adults 50-plus say they would use technology more if they knew how and 16% say they would use digital healthcare services more if they knew how. Developers and retailers of technology offerings erroneously view older adults as less tech-savvy, influential, and economically powerful, and therefore are less likely to design digital health technologies with older adults in mind. AARP is helping influence the technology industry to provide user-friendly products and services for all ages, and promoting implementable age-inclusive design practices, in order to drive usage and open doors to healthier lifestyles. The federal government should do more to align stakeholders around a common definition of access and inclusion.

Tools and Training Needs
The benefits of telehealth cannot be realized without an increase in digital literacy and comfort with technology. In conjunction with the development of more user-friendly technology, training and education can help bridge the utilization gap for older adults who would be open to using digital technology if they knew how. For example, some states are exploring navigation programs that would direct community health workers, medical assistants, and other healthcare professionals to assist patients with accessing telehealth services. Investing in culturally and linguistically appropriate support programs can be a first step to alleviating user concerns about technology and improving access to digital health care services.

Relatedly, education programs should also be designed for and made available to interested family caregivers. Just as telehealth can improve access to care for patients, it can also provide significant benefits for family caregivers, many of whom are balancing caregiving responsibilities with work and
other responsibilities in their personal lives. Telehealth can enhance the ability of family caregivers to participate in important health care decisions and discussions and be “in the room” for a loved one’s health care visit when they may otherwise face time or distance constraints. By ensuring the needs of family caregivers are considered when developing or expanding digital education resources and support programs, we can help even more patients to realize the full benefits telehealth has to offer.

Proposed Government Actions
First and foremost, the federal government should be instrumental in establishing standards and assessments for types of digital health products and supporting an independent open-source assessment framework. Reliable standards that address efficacy, usability, privacy and integration will instill trust and confidence among consumers, particularly those in underserved or marginalized groups. To this end, we urge the Administration to not only continue engaging with consumer groups, but to facilitate engagement between consumers and technology developers through roundtables and forums, as well as initiate and support the development of standards and assessments.

Second, the Administration should continue to promote funding for programs and on-the-ground community organizations that provide outreach, education, training, and support for people who want to use technology but may have limited means or ability, as well as their family caregivers. These federal grants and programs span the various Departments and should be better coordinated to address unmet needs, particularly for older adults and underserved communities. Promotion of affordable technology devices within communities will help chip away at foundational barriers.

Third, federal policymakers need to review and update the Health Insurance Portability and Accountability Act (HIPAA) to bring it inline with current technologies. As it stands currently, most health apps and tech services available to consumers are not covered entities and subject to HIPAA regulations, despite their collection or tracking of sensitive personal health information. Stronger consumer protections will ensure trust and encourage adoption.

Conclusion
Thank you for the opportunity to provide information on digital health equity. We look forward to working with you to address this important issue. If you have any questions, please feel free to contact me or have your staff contact Andrew Scholnick of our Government Affairs team at ascholnick@aarp.org or (202) 434-3793.

Sincerely,

David Certner
Legislative Counsel & Legislative Policy Director
Government Affairs