



**Palmetto Connect Proposal:
Addressing the Need for Improved Internet Access and Digital/Digital Health Literacy in SC**
February 2, 2022 Original

Purpose: To develop and implement a path toward permanent internet access for South Carolina households with school-age children and/or those that fall within the 135% poverty level who do not currently have adequate internet access. **Internet access, coupled with digital health literacy training will improve access to evidence-supported health information and connectivity with health care providers via telehealth services.**

Situation: The COVID-19 global pandemic highlighted the lack of broadband access in many communities in South Carolina, particularly the rural areas. South Carolina schools need the ability to teach students virtually in their homes, which requires every student to have access to high-speed internet, and families need access to evidence-supported health information and quality health care services using telehealth. The families also need to learn how to utilize the internet safely and effectively as well as how to properly use devices that will connect to the internet service.

Project goals: The goals of this proposal are to: 1) Work with DHHS' Eligibility Team to identify candidates in each county that are Medicaid beneficiaries and would benefit from the Digital Literacy education and free device; 2) Screen and enroll eligible candidates in PCC's digital literacy educational program called **PALMETTO CONNECT** throughout all 46 SC counties, focusing recruitment efforts primarily on low-income households identified through DHHS; 3) Provide up to 6 hours of training for up to 2,000 eligible candidates and provide them with a digital device, 4) Provide Digital Navigation services to help acquire internet service and develop and implement an awareness campaign to educate households on how to access the Lifeline broadband subsidies, the federal Affordable Connectivity Program and any other subsidy programs; 5) Develop a computer refurbishment and distribution program that provides digital devices to qualified households that must first complete the Digital Literacy training and 6) complete a formal evaluation of every key step in the initiative to measure processes and impact.

Target counties for recruitment and program delivery: All 46 counties in SC as each county encompasses a rural/underserved area

PCC Responsibilities:

Work with DHHS' Eligibility Teams to identify candidates that are eligible. PCC and DHHS have identified the Community Choices Waiver group as a POSSIBLE subset which is comprised of approximately 21,000 community long term care beneficiaries, although other beneficiaries may be identified as well. PCC will provide digital literacy training and a free digital device to a subset of these beneficiaries. PCC will also work to assist these beneficiaries with obtaining broadband subsidies for permanent internet access. If a person is eligible for SNAP or Medicaid, then he/she is automatically eligible for the FCC's Affordable Connectivity Program subsidy to offset the cost of internet services.



- I. Enhance and expand PCC's **PALMETTO CONNECT** Digital Literacy Educational Program. **PALMETTO CONNECT** is an educational campaign to inform consumers/patients about the benefits of broadband, why every household **must** have internet access and how to use the internet and a digital device safely and effectively. The **PALMETTO CONNECT** education program includes basic computer skills training to teach consumers how to use a computer or device and get the most benefit out of internet, including how to access their health care provider through telehealth properly and safely. The curriculum includes content on privacy and cybersecurity to protect the user. PCC will teach consumers 1) basic computer/device skills, 2) what type of connectivity is required for certain activities and how to connect the device to the internet, 3) how to conduct a telehealth visit, 4) how to conduct a virtual visit with friends, families, teachers, 5) how to set up and use email, and 6) how to search for health information. This is not an all-inclusive list as other topics will be taught as well.

According to the US Census data, approximately 1,064,000 or 23% of SC's population is low income. This targeted populations in SC are particularly plagued by the lack of access to broadband services. The Community Long Term Care (Community Choices Waiver) group may likely be our focus in this project. Over a 12 month period, PCC proposes to expand **PALMETTO CONNECT** to all 46 counties in South Carolina and educate approximately 2,000 South Carolina residents determined through collaboration with DHHS eligibility staff. This rate is based on costs 1) to hire Digital Literacy Coaches throughout SC who will be responsible for teaching the training classes, 2) hire additional technical support personnel, 3) to contract with a Curriculum Coordinator responsible for adjusting/modifying content based on the specific needs of the training class, 4) to purchase cases for the devices to serve as protection, and 5) promotional materials to market the program. Costs to cover trainings are estimated to be \$50/person.

PCC Training Costs: \$ 100,000

- II. Develop a Computer Refurbishing and Distribution Program – create partnerships with SC high schools, SC technical schools and Vocational schools for their students to receive educational credit to “refurbish” old computers/laptops to be placed in low income and households that do not have a laptop or tablet. 10,000 eligible applicants will receive a refurbished device and/or new device that they will use in the Digital Literacy classes to train on, and they will keep the device upon completion of the training. Because PCC is a 501© (3) organization, entities such as health systems, FQHCs and businesses can donate their used computers/monitors and these devices will then be refurbished. Each recipient **MUST** complete Digital Literacy training before they are eligible to receive a free device that he/she can take home. Each donated laptop will cost approximately \$150 to refurbish that student will rebuild and/or refurbished devices will be purchased (\$150/refurbished device x 2,000 beneficiaries = \$300,000).

The Refurbishment Program will take some time to develop so PCC anticipates that approximately 10% of the devices will be distributed because of this program and the remaining 90% of the devices will be purchased through a National Vendor. PCC has identified a partner through the NDIA willing to supply



laptops to our program for approximately \$150/device which is the same cost if we refurbish our own devices.

PCC Device Costs: \$300,000

- III. Palmetto Care Connections will manage all aspects of this **PALMETTO CONNECT** statewide proposal and will be responsible for reporting milestones to DHHS and the SC General Assembly. PCC will also allocate approximately 15% of the Administrative Team's time to this project. This includes time from the CEO, Director of Information Technology, Director of Education, Digital Literacy Coordinator and the Director of Public Relations.

PCC Operational Costs: \$ 25,000

- IV. Conduct a comprehensive evaluation of the enhanced **PALMETTO CONNECT** deployed in the 46 SC counties. PCC proposes to partner with Clemson University to evaluate the effectiveness of the program and its impact on health outcomes. Clemson University researchers will determine if digital literacy education, access to internet services, and a computerized access device have impacted the target population's health outcomes, and virtual learning opportunities. We will use a comprehensive battery of qualitative and quantitative methods to assess the effectiveness of each step of the intervention: digital media literacy training, technology distribution, and resulting health outcomes. The intervention will be founded and informed through applicable theoretical health behavioral-change frameworks at the intra- and interpersonal levels. The researchers will measure each element of applicable models/theories, including participant beliefs, attitudes, and behaviors at each juncture of the evaluation program. We will also measure relevant social determinants of health that would affect the target community (such as social status, social support/alienation, stress, and access to health services). Prior behavior change research suggests that an individual is more likely to adopt any given health behavior if given the necessary skills and abilities required to perform the behavior (Fishbein, 2000), thus making digital literacy paramount to improving health outcomes. Assessing these collective factors at each stage will allow for precise tracking of the program's reception and its health outcomes from implementation to conclusion, which should also allow for assessing vaccine hesitancy and the general mistrust of health initiatives held by the target community. The iterative evaluations will utilize the premiere health intervention framework, the PRECEDE-PROCEED model (Green, 1974; Green & Kreuter, 1991), guiding diagnostic assessments of the target community, and implementation assessment.

Evaluation Plan: In general, increasing broadband connectivity access should lead to more positive health outcomes like information-seeking, information-sharing, and satisfaction (e.g., Bauerly et al., 2019). We will collect quantitative data via mail surveys from approximately 2,000 individuals (or a randomly chosen subsample) in the 46 South Carolinian counties with the poorest health outcomes that also lack broadband connectivity (our target counties identified above). Researchers may travel to the participants, conduct face-to-face interviews, focus groups, and administer surveys to establish a



baseline on all relevant measures. Researchers will conduct all quantitative evaluation assessments through the same communication mode since consistency must be maintained in our evaluation methods to compare across time points accurately, while the qualitative assessments will occur via face-to-face focus groups. Researchers will then condense that knowledge to propose meaningful recommendations to inform legislation that will enhance social and health outcomes for vulnerable communities in South Carolina.

Clemson costs: \$ 25,000

PROJECT COSTS without cell service for one year

Clemson University total costs:	\$	25,000
PCC operational costs:	\$	25,000
PCC training costs	\$	100,000
Devices	\$	300,000
<u>Digital Navigation/Broadband Subsidy Awareness</u>	<u>\$</u>	<u>50,000</u>
TOTAL COSTS	\$	500,000

***Total cost to train each household/person and provide him/her with a free device
Per person: \$225.00***

Optional alternative:

PROJECT COSTS with cell service for one year

Total Costs (Above)	\$	450,000
<u>Cellular service one year (\$10 per month X 2,000)</u>	<u>\$</u>	<u>240,000</u>
TOTAL:	\$	690,000

Total cost to train each household and provide him/her with a free device and 12 months of free cellular service

Per person: \$345.00

Steps to Implement Proviso 33.31 (Broadband and Telehealth Digital Literacy) of the FY 22-23 Appropriations Act:

- 1) Work with DHHS' Eligibility Team to identify candidates in SC counties that are Medicaid beneficiaries and would benefit from the Digital Literacy education and free device;
- 2) Screen and enroll eligible candidates in PCC's digital literacy educational program throughout all 46 SC counties, focusing recruitment efforts primarily on low-income households identified through DHHS;
- 3) Provide up to 6 hours of training for up to 2,000 eligible candidates and provide them with a free digital device,
- 4) Provide Digital Navigation services to help acquire internet service and develop and implement an awareness campaign to educate households on how to access the Lifeline broadband subsidies, the federal Affordable Connectivity Program and any other subsidy programs,
- 5) Develop a computer refurbishment and distribution program that provides digital devices to qualified households that must first complete the Digital Literacy training, although new and/or refurbished devices will also be purchased when needed;
- 6) complete a formal evaluation of every key step in the initiative to measure processes and impact.

Public Benefit:

Internet access, coupled with digital health literacy training and a digital device will improve access to evidence-supported health information, connectivity with health care providers via telehealth services for improved health and wellness, virtual access to friends, family and teachers for improved mental health wellness, training on cybersecurity for improved security and financial wellness, opportunity for virtual learning, and opportunity for virtual employment.