

Testimony in Support of HB 378  
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Good morning Mr. Chairman and members of the committee. Thank you for the opportunity to testify in favor of House Bill 378. My name is Rick Hodges, I am currently Executive in Residence in the Ohio University College of Health Sciences and Professions. Previously I was Director of the Ohio Department of Health from 2014-2017.

Health disparities in Appalachia contribute to lower life expectancies, higher incidence of disease, higher health care costs and in many cases a lower quality of life. Appalachians suffer from higher rates of cancer, including colorectal, skin and lung. They suffer more often from diseases related to diabetes and what some refer to as the diseases of despair- alcoholism, suicide and substance abuse.

In fact, life expectancy in non-Appalachian counties increased by 10% between 1999-2014 but in Appalachia average life expectancy actually decreased by 5% during the same time.

There is more than one reason for the poor state of health in Appalachia. Higher smoking, obesity and alcoholism rates certainly contribute to the problem. But, underlying all of the health- related variables in Appalachia is a lack of access to care.

It is not unusual for residents of Appalachia to travel more than an hour and a half for common specialty healthcare needs. Lack of transportation and long absences from work or lack of child care makes what is simple for those of us who live in urban areas difficult for people in Appalachia. People who live in urban areas are 30% more likely to be insured than people who live in Appalachia.

Technology offers solutions to the healthcare access problems facing Appalachia, but the lack of broadband service is a considerable barrier to extending the benefits of technology to people in that area.

Reliable broadband is only available in a few communities, and the lack of redundancy gives providers pause before locating in those areas. In other areas service is spotty, unreliable or simply not available. There are very few locations suitable for serving as homes for healthcare providers.

We have all witnessed or heard stories about the amazing advances in science that allow physicians at centers of excellence in Columbus, Cleveland or Cincinnati, or even in any city around the world, to

consult with or even examine patients in remote areas. Physicians can consult with each other on a particular case. First responders can be in contact with hospitals during emergency situations. That science, however, is impossible to extend to people who live without reliable broadband.

Finally, most of us have benefitted, and perhaps do not realize it, from the opportunities technology affords us to go online and view lab reports, schedule appointments or search the internet for health information. We can view videos that help us with our own health maintenance efforts or communicate with people around the world as we explore our own unique health issues. Many people in Appalachia do not have access to the technology that would allow them to do this.

In addition to personal health communication I have met many highly educated and dedicated health professionals throughout Appalachia. Their ability to communicate, form coalitions and work together as remote teams is limited by lack of access to broadband.

In summary, for most of us internet technology has revolutionized our healthcare in ways that we take for granted. I live in Hilliard and am told I have at least 5 choices of broadband providers. In many places in Appalachia they have none- which only compounds the problem of access to healthcare in remote areas and contributes to poorer health outcomes. Improving access to broadband will improve access to care thereby improving health outcomes in this underserved area of our state.

Thank you for your time and consideration.