

Health Outcome Area Working Group Meeting Transcript

March 16, 2023

Okay. So it's top of the hour. So I'll begin. Welcome everyone to the second of our working group and my name is Anh Nguyen. I am the engagement and operations manager with the office of broadband and digital literacy, part of the California Department of technology and a few keeping house housekeeping items before we begin. And next slide. as you know, this meeting, will be recorded and all of our post-meeting materials will be uploaded online in our broadcast events. Our ASL interpreters are being spotlighted along with our other speakers, so please view in side by side speaker modes or Gallery moon. When we have our open discussion closed, captioning are available, and you can click on it to CC. Post caption on your toolbar in the bottom of your zoom and screen. We invite you all to introduce yourselves into the chat, share your name, pronouns organization, title, where you're joining us from, and of course use a chat throughout the meeting to engage in the conversation. We welcome all types of engagement and lastly please use the hand raised feature to all of it yourself on top of my screen, so I can know to unmute you when we're doing our open discussion. And with that next slide, please. today's agenda similarly to last time, if you were able to join us. But welcome a quick recap of what we talked about in February. A few context for slides for those who are new to the and area working group this month. Next is the opening panel, where they will. We convene subject matter experts. It will kick us off our and conversation by sharing how digital equity barriers create health disparities and specifically how their organizations are working to address the digital equity barriers and then we'll open up the floor for a community wide discussion on chat. Verbally. However, we want to engage, and then next rich. I will talk through how to take action. And lastly, closing with next step and the few meeting things that we have schedule. So with that next slide, please. Okay back to you. So the next 3 slides would be very quick, and I wanted to show here the 8 of our population that we will be referring to many times over the course of these next few months, and in all of our meetings the digital equity prioritize investment for the 8 of populations listed below and my colleague will activate the full. And so, if you're not a co-host, you'll be able to tell us which of the 8 of a population you represent and or serve the poll will be open for a few minutes, so please fill it out, and by the fourth slides we'll share the results of the poll. So next slide, please. thank you. And so you all know to for folks who are here in February. Our team is planning many engagement events throughout these next few months. Our group is the health outcome area working groups, and in the next slide I'll let you know the objectives, and at that we're hoping to achieve however, know that we are scheduling 48, 50, plus engagement sessions to meet people where they are in terms of virtually and timing wise and in-person local, and reaching out outreach events. So please know that this is not the one place to share your feedback and engage with the state digital equity planning process, we hope to see you throughout all of our outcome area, working groups, events, virtually and as well as our in-person events and next slide, please. And then the working group objectives are listed here, and I won't Go over it one by one. But essentially our outcome area working group is meant to convene subject matter experts and practitioners together to develop strategies that align with our State digital equity plan priorities through the lens of the digital equity barriers of the 8 covered populations that I mentioned about the next slide, please and I would like to introduce you to our graduate student assistant and researcher, Latifah, who is working with our health outcome area working group and coming to us from the Goldman School of Public Policy at UC Berkeley.

Thank you and thank you for that introduction. My name is Latifa and I'll take you through the key takeaways from our last meeting. So during the February working group meeting We had input from stakeholders and community members on the barriers that they face to digital equity. The access issue came up as a common barrier, we saw that lack of broadband access can prevent people from accessing health care. We also saw that access to devices and digital skills came up as another carbon barrier. Lastly, we discussed and had from the community about existing digital equity initiatives, and some of the ones that came up were partnerships with health care providers and training digital navigators in assisting the community, navigating their digital devices. That these are initiatives that have proven successful in fighting digital equity. next slide.

And thank you so much, Latifah. We're really excited to welcome our guest speakers at this march outcome area working group meetings. What I do versus introduce their names, and my team will highlight them in the following order, and they're coming to us, hoping to kick off our conversation, addressing the types, the barriers that is facing the communities. They face, the digital equity barriers in the ways that their organization is addressing these barriers, so they are as follows Up Marissa Montano Insure the uninsured project may come from the center for connected health policy. Katherine Kim from the Health Innovation Center MITRE Leticia from California Emergent Technology Fund. And lastly we have Andrew Broderick from the Sf Tech Council. So, Marissa, please take us away.

Thanks. And as I mentioned, my name is Marissa Montana, I'm the director of policy with and for the uninsured projects more commonly known as ITUP, as a health policy nonprofit that got our start over 25 years ago, making sure that all Californians had access to health insurance couples and after the passing of the affordable Care Act many coverage expansion wins and many coverage expansion wins. In California we've shifted our focus to making sure that insurance card is meaningful, and that includes making sure that the future of the health care delivery system is accessible to all of our California communities to answer your questions Anh inequities and broadband and connectivity. They really deepen health disparities that have persisted long before the pandemic, and have worked since the pandemic. When we talk about, we talk a lot about social determinants of health, and we talk about those conditions in which a person lives, works, learn plays and otherwise engages with society, and broadband and digital barriers exacerbate Many is that the inequities and many of the social determinants of health making it really a super determinant of health. And so, when you ask how digital inequity impact health outcomes, digital barriers prevent those that have already lacked access to care from using tools like telehealth for more accessible health care and even more so. During the pandemic the health care, workforce crisis has also worsened due to burnout, and many other factors and digital inequities prevent us from using, tell out and virtual care to also fill in some of those workforce gaps, not only for specialty, but for also primary care and behavioral health which has it has the ability to really impact health outcome. For many of our vulnerable communities. For over 2 years now ITUP has been working at the local state and national level, prioritizing, connecting health care and health policy stakeholders into opportunities for solution-driven ways to break down barriers to health care whether that means connecting a hospital to the right people in our community to become an anchor institution, providing broadband and connectivity to the communities that they serve or building awareness for the historical opportunities that we have in front of us to address digital inequities at the State level, and

bringing an understanding of how broadband and digital equity is On a breaking down broadband and digital inequities, all are necessary to allowing our most vulnerable Communities, those highlighted in the covered population, and more populations, to have all the tools they need, to engage with their, with their health care, when, how and in whatever way is meaningful for them. ITUP also serves as a connector and a convenor, helping our health care focus network, including local and regional healthcare, ecosystem partners community-based organization and health policy stakeholders track and show up to stakeholder processes like this this one. we really have the privilege of being able to take the time to track and synthesize and translate and learn a whole new policy area, and we try to harness that privilege that we have to bring to help our, how health audience to harness any opportunities there are to advance digital equity, to make health care more accessible. Thanks, Anh. Thank you. And before you leave us. Can you tell us a little bit about the ITUP bootcamp that's coming up in April? Yeah, we're planning things on, and we're I kept it, finding an event that is a small workshop to both. Bring education about broadband, and what it is, and what it cost and all the how these investments in broadband work, and then workshopping a little bit deeper, workshopping into how state healthcare leaders can engage, and you leverage these opportunities toto break down digital barriers to health. So if anyone has any interest in learning more, please contact me. I'll put my email in the chat. Thanks.

Thank you so much. And next we have may come from the center for connected health policy, and I know you're also part of a coalition in California would love for you to talk about that as well. Thank you Anh and thank you, everyone.

Good morning. My name is Mei Kwang, and I'm With the center for connected health policy, a little bit of background on exactly who we are. We are actually a California organization that was first founded in 2,009 to focus in on California tele health policy. We're a program underneath the Public Health Institute, and we were receiving various Grant funding to do our work in California, however, an opportunity to become the National Telehealth Policy Resource Center became available. Through grant funding From HARSAs apply for that. We got it, and we've been serving in that capacity ever since. That was back in 2,012. So we're also a organization that only not only has a California focus, but we have a national focus as well. What we do in our Federal work is that we provide technical assistance and create a resources and materials on tele health policy. So we have helped everybody from the White House to Congressional members to other States. Various programs, particularly in Medicare and Medicaid and also health systems providers. And when the pandemic hit we found ourselves increasingly also helping patients directly. Who had questions about. What is this telehealth stuff? I've never heard of it before. So what the pandemic did Was it really highlighted the health disparities, I think where technology is involved, because when the pandemic hit there was this sharp pivot towards Tele health. But you know, as someone who's been in Telehealth for over 10 years before the pandemic. If I, If you spoke to my family and my friends, they probably weren't quite sure what I still did for a living. But then, when the pandemic hit, they said, oh, tele help. Now we understand what you do for a living. We get it now. So that was probably like very indicative of what the general population was going through during the beginning months of COVID-19 is like, what is this, Telehealth How do we? How do we use it? And can I use it? Because that one thing that was really highlighted by the pandemic is that not everybody has equitable access to the technology, to the connectivity that will allow them to use. Telehealth. Now, I was watching the poll then, and conducted just a few minutes ago, and it's very interesting to see the populations you all represent and CTHP As a policy organization. We Don't necessarily represent a

particular population, but our charge. Our mission as an organization is really to help all of those populations. As far as the policies are concerned. We are not an advocacy organization. We are primarily a resource organization. We provide educational materials, we do convenings, we do technical assistance, and in that way we help shape and foreign policy through these various activities that we do in California. As I mentioned, we have a California focus as well, and also alluded to this, too, we run a coalition that started back in 2,011. So it's been over 10 years since this coalition has been active that gathers together statewide organizations and individuals who are interested in California tele health policy. Now we started that organization really kind of AD hoc. It was around a piece of legislation that was going through the process and supporters of that bill. Where, hey? Can you just keep us informed? And what's going on with that bill? So it started with 6 groups, say, hey, Can't keep us informed to now, 12 years later where we have about a 175 different organizations, who are not only California organizations, but also national organizations who are interested in what's going on in California policy and a lot of the focus that the coalition members have is on tele health, but it's still connected health in general, because that also feeds in to tele health as well, and a lot of the policies impact the populations that a lot of people here represent, and that CTHP itself is also very interested in the Medicaid population. The underserved rural populations, the aging those with disabilities, those who are in who are people of color. Those are community and other communities as well. So really there's this intersection on what we do with how policy, while we may not serve a specific population directly, because the policy actually impacts those services that people receive. That's where our work comes in now. I'm not going to repeat what Marissa went over. I'm just gonna say ditto to everything Marissa covered, but at one area policy that I also do want to highlight as well is the technology and also access to that technology. And whether everyone has that. And, as I said earlier, the Covid pandemic really highlighted the issue of not everyone has access to that, and that creates disparities and their ability to receive health services. Not everybody has a smartphone, not everybody has a laptop. But even if they do, the question is, are they comfortable, or do they have the background? And I don't want to say training, but maybe more education or knowledge, and like how to use that in order to access health services. So it's really almost sort of like a There used to be something called the Triple a for those in health care who hurt that, and there was a stool for it, and it had 3 legs. Well sort of with connected health. There are sort of 3 legs to that as well, too. There's that broadband lay, but there's also the access to technology. And then there's also the educational portion of that, and like being able to understand how to use that technology to be able to access services. So I'll stop there, and I think I'm supposed to hand it over next to Catherine. But that's basically a bit of background about what we do and how we work on that. If you're interested in joining the coalition like Marissa, I'll put my name, my email into the chat, and you can contact me if you're not already a member.

Thanks for that May, and thank you for I'm referring, like aligning your 3 a's to our 4 cornerstones of digital equity barriers which is access affordability, adoption, and digital literacy and inclusion. And I see a lot of alignment there, too. And yes, next up is Katherine, and thank you for joining us, and just to reiterate the questions for new folks who just joined us. Please share how digital equity. There is great health disparities, and specifically how your organizations are working in the community, such as digital equity barriers. Thank you.

Thank you so much. So I'm going to talk a little bit about a project called activate, which started because there are digital equity barriers, not just for the patients in rural and underserved communities to access digital health which is sort of the broad range of connected technologies that support help. But the community clinics also have their own infrastructure barriers right? They don't have some of the updated technologies they would need to deliver digital. Have. They didn't have staff who were prepared to run digital health programs when the Co. When Covid pandemic really started, and they didn't have the resources to support their patients. So when we started the activate project, we were trying to address access to technology for both the health centers and for their patients and the ability to implement these programs. So what we did was we co-designed a platform with the health centers, their patients and community members that would allow the infrastructure to be provided for remote, patient, monitoring, and tele health and made sure that all of that all those systems could be integrated across the spectrum. So data from devices that the patients were using technology access for the patient. So they had connectivity and tablets and smartphones that information could come into the clinic be provided to the medical assistance. The health coaches, the outreach staff, and the providers could be used in the process of providing care management. And then the data could flow to the electronic health record system. So again, it's the technology. It's the services it's the workflow, and it's the data integration. So we provided all of that that kind of technology and services and implemented the system in 4 community health centers in California. Now they're serving hundreds of patients with diabetes and hypertension. These patients are actively using the technology and really achieving really great results. So we've had substantial improvements in hemoglobin, a one, c. And blood pressure for these patients, and the health centers are really seeing lots of value for their own operations. So we have 4 health centers using this in California, and that has been very successful. But what that really spurred for us was the need in digital equity to be addressing. How do you create interventions, programs that can be efficient and effective and share that with all kinds of communities, so they can develop their own programs. And that's part of a research project for us that we're calling the community connectivity framework for digital health equity. That research project is attempting to bring together all the information about what are the important components of planning that you need to think about to create a technology based Health Equity program How can you go about actually developing that using best practices and creativity and innovation for things that we don't have best practices to really address. How do we evaluate those things? How do we know where the right measures are to know that we have accomplished our aims? And how do we then disseminate that across all of our communities. So that research project is in progress. We have completed the first phase of it. where we will be doing a lot of community engagement work this this year to validate what we have found, and to start building tool kits so that others can take advantage of what we have done, and we'd be very happy to be, you know, working with this this community as it's developing California to bring that work out So in summary we're really trying to address the comprehensive barriers to digital health equity across the health centers and other underserved community organizations that are serving underserved communities. Excuse me as well as the individuals who those organizations are trying to serve, so that comprehensive view of digital health equity, and then bringing our research expertise to take those learnings to take those that information and share it more broadly.so that we can get impact across all of the health communities in California. Thank you.

Thank you so much, Katherine. I love the comprehensive and the multi-capacity intervention that you and your team signed sure. Next up we have Leticia.

Thank you so much. And, I'm really happy to follow you, because I meant to follow up with you, too. My name is again is, Leticia Alejandrez and I'm the director of Telehealth and Human Services with the California Merging Technology Fund and CETF Is a little bit of an oddball organization, because we are a nonprofit. We were formed by the California Public Utilities Commission when there were mergers with some of the Internet service providers and telephone mergers going on Now we're not governed by them in any way, not the CPUC and not providers Internet service providers. But our mission has been to close the digital divide And, as all of us know, on this call the digital divide has become even more important with Covid and I like to say that Covid, as tragic and as it has been has been the gift that keeps on giving and what it has done is, it has put a spotlight on where those gaps are. And it has also said how dangerous it is to not have access to. Internet And I think that the work that we do we work at the State level and we work with in partnership with nonprofits, Government and we are that catalyst for change. Our goal, as I said, is to close the digital divide and my area in particular. I work in telehealth but the ways that we have been working, and I will get specifically to the inequities that that cause disparities. But the way we've done our work is that one we've done fact finding. So we brought together, and you can look at our website. I will put it in the chat After my comments we brought together all the stakeholders in tele health to study. Okay, what's working, what's not? What do we need to do differently? And what we found was there were 3 things in particular. One is that there needed to be payment parity right, whether it's in whether it's an in-person visit or a virtual visit. We also recognize from that fact. Finding that you there has to be ubiquitous Internet access for folks. And the third is that there needs to be state policy, statewide policy beyond just reimbursement policy. And so we're working at that level to get attention with our policymakers to help them to understand. Look, we need to have set policy for telehealth so that we can really understand, and someone needs to be accountable for individual health outcomes as well as population health and we know, unless and until someone is responsible for it. We won't have a policy, and we need to have that. Now let me let me just back up a minute. Let me tell you a little bit about the work that we've done. When Covid hit we our board decided to do a pilot project with skilled nursing facilities, and you all probably remember seeing those horrible images of what was happening on the east coast in skilled nursing facilities, the death and destruction that was going on. We immediately began a pilot project to learn. Okay, what is it going to take to implement telehealth in skilled nursing facilities? And really from that there were so many lessons that we learned, but one was we wanted to know How do we keep the spread of Covid? How do we? How do we limit that spread? And we really believe that telehealth would help relieved the spread of Covid. In addition to that, we knew that reducing transfers of patients, and remember in skilled nursing facilities quite often. They're elderly folks who are who are who are vulnerable and fragile. You don't want to have to get somebody dressed. Sit in the hallway for 2Hours and then get transported to the hospital, and then at the same time. the transport team, as well as the emergency department folks are now exposed. If you have, Covid. So that's what we studied. We learn that that it does indeed has the promise telehealth to prevent that from happening. In addition to that we received. And again, that's also on our website. We also studied through the a big grant from the Federal Communications Commission to implement telehealth with skilled nursing facilities. We're working with 10 organizations, Skilled nursing facilities F2HCs Community clinics, tribal clinics, and a critical access hospital. Again, helping them to implement telehealth. what we've learned with them this is with regard to disparities, and again I know that some of my colleagues have shared that. I think it was Marissa. It says that Internet is really a social

determinant of how it most certainly is. And I would add to that Internet and telehealth and I think that what we have learned is on both sides of, not only as from the clinical perspective and the patient perspective. This is consistent. You need to have access to the Internet. You need to have a device. You have to know how to use it. You need to have digital literacy. and I. I often cite a personal experience that I have with one of my family members who has gone from one health system to another because she's had difficulty navigating telehealth. And this is a person that has Internet that speaks English. But doesn't know how to navigate the telehealth experience. And what I really realized with that is that And no one was teaching her that And on the other side of the equation you had providers, I'm sure they were getting frustrated with her because they weren't connecting it was taking too long. All those different things were happening But I think, in short, I think it's really important to recognize the telehealth is not possible without Internet. And let me just step back for another second. Another area of work that we're spending a lot of time at time with is the affordable connectivity program. This is ACP. This provides a subsidy to low-income communities. Right. We are working, and we are eager to work with you and others to get folks enrolled. What we know is that there are 5.8 million Californians who are eligible households that are eligible for this subsidy. The challenge is, we need to reach them and quite often, in order to reach them You have to have several touch points. They need to hear from you like 8 different times before they take action. We are coordinating with state agencies as well as nonprofits for an event in April, and it's not the only event we will do, but we've been doing them for several months now to get people enrolled. We have a toolbox available. I put it in the chat, and I'll put it in there again. But in any case all that said is that with the question with regard. You know. How do these disparities come into play? It has to do with? If you are If you are an immigrant, if you live in a rural community. If you are disabled, if you are a senior citizen you are less likely to have access to the Internet and if you don't have access to the Internet. I know I'm not telling you anything. You don't already know. It's difficult to have a doctor's appointment It's difficult to participate in society. It's difficult to sign up for public services. So those are the areas that we're working with and we work in partnership with so many other folks, and we welcome that partnership with others as well And I just want to say one more thing, and that's that digital inequities really mirror the economic disparities. So we're talking about the same populations. And I just want to end that our goal to ensure that a California gets its fair share of these resources that are available for the Internet and get folks enrolled, and we are especially focused on unconnected and under connected communities and our work goes beyond tele health and our work focuses on digital equity across the board. You're hearing about last mile middle mile. We're working in that area as well to make sure that we prioritize those communities that do not have access. So I will stop there. Put some information in the chat and thank you for giving me just a moment appreciate it.

Thank you so much for sharing that insight and your work, and I'm glad you're here and to share that, and underline a lot of the sentiments that we all share the mission that we all share. And, Andrew. do you mind coming off mute?

Thank you. A good morning, everyone. My name is Andrew. I am a co-directer with the San Francisco Tech Council and we are a multi sector collaborative in San Francisco, addressing the digital confusion needs of older adults, that being individuals on the age of 50, and adults with disabilities. And when I say multi sector collaborative, and it's all leadership behind the Tech Council when it was formed in 2,015. Was that the most effective way to address the digital provide, and particularly for the populations that we're focusing on was for organizations to work across sectors, and in a unified manner, in ways that we could have a greater impact in closing that digital side. So our membership and I would just say the tech

council is more. and we bring together these organizations. We share information, and we also and encourage them to kind of engage in discussion and explore ways. They can collaborate in kind of acting together within the community to close the digital divide and we also conducted, because, as part of that membership that we have in the tech Council we have 25 members from the government from the nonprofit from industry organizations and from health care. We have Kaiser, for example, as an industry partner and we also have a taking partners, and you know what we've been doing today is, you know, on that connection level is working in partnership with organizations of the is doing tech support, pop upstand we kind of help coordinate and implement those in community settings in different neighborhoods in different languages, and we bring volunteers to those events, and we also have the organizations conduct outreach to make people aware of the events. So we have a lot of older adults who come to those events with their devices, whether it's a tablet or smartphone They're paired up with an individual who can speak their language, and we typically are dealing with the Spanish cottonness, English, some Russian and I You know they're just fairly effective. We get 40. 50 people turn up on each occasion with their devices, get that personal support and get their issues resolved. We've also been at an Cap. Enroll into assistance. Events in San Francisco began in partnership with these organizations, and we've also been doing tech pilots. Look at equity and innovation as the kind of framework for that, and addressing all the risk for social isolation. So that's the context of the work that we do. We have been looking very actively at ways that we can do more work in healthcare. We have been talking with some local providers here in San Francisco about. You know what we can join collaboration. We're exploring the role of digital navigators within a healthcare setting and then having some of the calls developed that would allow the systems to refer individuals out to the community where they can get the support, whether it's access to a formal connectivity or it's devices that they need or it's training and I think that's all that we're starting to see that's taking place across the country is, you know, the health systems, I think, are challenged in many ways in their own internal capacity to support digital inclusion. Programming within the health system. So putting intention on navigator is probably the most effective resource that they can have within that setting, but they have them through the calls that allow them to assess and scroll. The individual means. I'll be able to refer them back to the community, where there are very competent and skilled and experienced organizations that can do the training or do whatever kind of digital inclusion kind of activity is required for individuals. I think you know just one context of our working on San Francisco the demographics we're looking at the city that is 25% over the age of 60. And you know we're looking at that rising to 30 by 2,030. We're also looking at a large number of population being low income multilingual in terms of you know, many languages spoken in San Francisco and English is not the primary language spoken by many individuals, and I think that really gets to. You know some of the challenges that we're facing. We're looking at kind of digital inclusion is you know, all our vulnerable populations, those who are harder to reach and kind of working in partnership with our organizations, you know, to be able to kind of meet their needs, and being able to do that in kind of and in many meaningful ways, you know, for the population is concerned. I think you know it. We part of the point here of us social and I think you know, a lot of health systems can also look at the ways that they can integrate, you know, screening for the digital equity needs all the individuals as part of that protocol that they put in place with the digital navigator, and then thinking more broadly You know how the digital divide not only is affecting health directly, but also the broader social determinant itself, because a lot of individuals require services that need them to go on; that to be able to get information or to apply for kind of services, etc. So I think there's a very strong case can be made for that systems to think why they

should do this, and you know the benefits that you can bring to them directly, but also more broadly, in terms of the kind of health and needs of the population. So I'll stop there.

Thank you so much for that, Andrew, and thank you to all of our speakers thus far, Andrew. Just a quick note. Your sound I'm not sure which is my Internet. But your sound was going in a little bit in and out for us. So it folks options for you. Perhaps they can ask you in the next portion as well, because I know you shared a lot, and I was able to capture a lot of it. But just wanna make sure folks know that.

Yeah, thank you.

And thank you. And to all of our speakers for making some time and joining us and sharing, you know, a very high level overview of your work. 5min definitely is not enough to share everything that you do every day in and out. But hopefully, this isa Kickstarter of a conversation starter for more collaborative work. thank you, Melanie, so I think a lot of folks drop their contacts in the chat, so feel free to follow up as you need it. And hopefully, we have this group ongoing and continue to grow this family throughout the next few months as we're working on the State Digital Equity Plan directly. Plan. So with that I want to open up next slide and a community discussion, hoping folks, you know you're aware of the reactions tool at the bottom of your screen to raise your hands. The chats available. We have a few prompts to guide our conversation, but I definitely wanted to not restrict you to what you want to share on the next slide base we have for to start off right. But of our questions that we ask you all during the registration process but also and reiterating what we ask our speakers earlier, too. And so, as I'm reading through this, and please feel free to answer in any order verbally using the race hands or in the chat. Love to hear from you building on what our speakers mentioned earlier, filling in any gaps that they may have missed, and really increasing our conversation and the dynamics of the work that you all are doing so for one, how do digital equity varies great health disparities for the covered population that we felt after on the poll. Have you or the constituents you serve, Encounter any barriers in using and or implementing digital health tools. what projects, tools, or resources, right? Not just like the but what projects or initiatives that you know of have addressed barriers to equity as it relates to all outcomes. What are examples of successful partnerships or collaborative initiatives in your communities. so let that sink in and feel free to come off mute, to share a bit of your inside your tick on any one of these questions and then I am just now looking over the chat to. I know some folks mentioned in the chat a few of their projects, so I want to make sure to elevate you when I can see not seeing any hands yet. Kathy, I feel I think you've mentioned earlier about the Filter Institute. If you are on the call still. And may I request you to tell us a little bit more about that.

Sorry. Katherine, Are you of the same organization?

No, no, okay.

Let me find Kathy, and then see if and they're able to come up with you.

Kathy. You are my Hi! Hi! Great! Thank you so much. Now I'm trying to where I am to put my video on here. Sorry, there we go, I think. Yes, hi! This's like I didn't know I would be coming on. But thank you so much. Yes the Felton Institute is involved in about 6 different counties in the San Francisco Bay area, and we serve all ages, and we also serve specialize in mental health for all those ages as well as in our justice services. So we have worked with the Tech Council since the beginning, where we're. We were on the team from the start, and it's been very, very helpful all to bring everybody together and to start many,

many programs, at least in San Francisco. But we're particularly strong, but we're also involved in Alameda County with a coalition there and we've done some pilots to demonstrate really how it transforms people's lives who have not been able to be connected because of affordability because of language barriers. All the barriers everyone's talked about. And I think what we really have to keep in mind is that when we are able to bridge this digital divide and really make a difference with these folks. Their life changes dramatically. I mean it's the reward that everyone that works in this field can see. And we recently did a pilot, for example, with some of our folks who have serious mental illness, who have really been left behind in this digital divide. They're older and they have disabilities that are functional impairments that are significant. However, we have found that with you know, individual coaching with people, they trust it takes. It takes some initial effort to really make this the incentive for them to want to do it. Think they can learn, because they don't believe they can, etc. It changes their lives so that really. As a clinician, I would say it For some people it is the number one intervention to bring them back from their disability and into back into a world where they can really participate. And that is just a beautiful thing. So as hard as this work is, I think it really keeps us going to see those that tremendous success. But it takes a lot of upfront effort on the part of funding to fund people's time to be able to spend that one on one. It doesn't have to be forever, but to get the people to really want to think, want to do it, believe they can learn, and to have that initial support is really critical. So, I hope that's helpful. Thank you.

Of course, it's helpful. Thank you. And capturing. Thank you very much.

I'm Katherine Dodd, I'm a Phd. Prepared, registered nurse. I've been working in the field of electromagnetic radiation now for 4 years and probably I want to first say the digital divide has been artificially created by the telecom companies in areas across the country, and there are thousands of them where municipally regulated, wired to the premises Internet availability exists, it can be regulated so that if we put it. In San Francisco, for example, what? Where? Our former supervisor attempted to do. Folks in low-income areas would be subsidized by the people who were in high income areas it's managed, but like a utility. The importance of that is that you aren't at the mercy of the for-profit telecom companies, who not only raise rights without notice, but also try to sell you things that you don't really need. So, I just want to point that out in terms of social determinants of health. It's not just Internet accessibility. It's. It's the corporate impact on the social determinants of health in terms of health outcomes. There are thousands of articles about neuro development and exposure to wireless radiation. Which is why I'm advocating. For whenever you say broadband, you say wired broadband or safer broadband we did it research last year that showed that the fcc's levels that are allowed for wireless radiation are 400 times what is actually safe for infants and children. Kaiser Northern California researchers have done research on pregnant women and documented long term on the offspring impacts on Adhd on asthma, on diabetes, all related to holding a cell phone for 30min a day near their pregnant belly. that the technology itself is untested, and no one has looked at the cumulative effects. Our national toxicology program has done one research project, and then the rest have been quashed. That documented that it increases glial cells, or which cause glioblastomas. When a 3G telephone is within what would be an equivalent radius for a human, and those tests have been reduplicated, and with the same outcomes at what would be the Nih of Italy. I'm forgetting the name of the Institute. So, I wanted to say that. And then, on the other hand, as a practitioner for a long time. We've had advice, nurses. That's a form of telehealth, and we and I agree. Video telehealth is is extremely effective and extremely important and it needs to be wired, especially with a mental health population, because electromagnetic frequencies cross the blood brain barrier. They create reactive oxygen species that

ultimately become create as a create God. The name is escaping me. I apologize. I'm having a digital digital breakdown. At any rate, one we need to make telehealth reimbursable for registered nurses and nurse practitioners which they did during Covid. But that was a special period and 2. So that's on the one hand, and, on the other hand, we oxidative stress Wireless radiation creates oxidative stress, and it does affect brain signaling and breaks down DNA strands. So while I support wireless and I'm on a wireless laptop right now. I'm not. You know. I'm not saying it's all bad. We have to push the companies to make safer wireless products that that protect from radiation and that use lower levels of energy. You can get modems that have low energy output. So I just want to say it's not a panacea. It's not perfectly safe. And we have to. As consumers, we have to demand safety. untested technology untested technology, baby diapers with wireless chips in them that notify mom and dad when the baby's wet that you do not want a wireless chip next to your infants genitals, and I don't want to sound crazy, I mean I worked in San Francisco. I worked with the Board of Supervisors. I worked for the Mayor, i'm. You know i'm a scientist by background, and this is untested technology that we need to be careful of. Thanks.

Thank you for your comment, Katherine and Mark. I see that in the chat that you had a hard time facing hands.

But hopefully, I'm getting older, and it's getting harder for me to do things when it comes to my computer.

No worries.

But you're here for all your help. I was so i'm marked you i'm with California coverage and help initiative or an association of non-profit local government agencies that help people enroll and subsize health insurance and access their health care services. So from my perspective, what we're talking about in digital divide, it comes from getting people enrolled in subsidized health insurance coverage and making sure they can access their health care services. Just so you see the lenses that I'm in the world through my day job. But one of the things that I'm really excited about is Leticia from CETF came to me earlier in the year, you know it was I was fight by Scot to talk about how we can get some pilot mass marketing outreach programs out there to let people know about the critical benefits that are available to them. So, I've been trying to do it on the budget, or at no cost. And just recently this last week I got a group that we do testing with to agree to run a pilot project with us. I got Comcast to agree to do a pilot project with us in Riverside County. So CCHI is going to be working with CETF Riverside County Comcast Harmony in the City Association and counties, and then local partners to run a pilot project, focusing on 50,000 riverside county residents who are income eligible for subsidized broadband to make sure that they get texts about the information and video ads across platforms. This is similar to what we do for a health insurance at home. Right so currently, we're in the fairly the middle phases of a five-year medical outreach and enrollment project partnering with dhcs and Cms part of that campaign. We're running out 28 million video ads across platforms. So on people's, computers, TVs, gaming consoles, phones. So far, we've run about 4 million of those 28 million ads. And we're getting about in 80%of the. As for using completion all the way through, which is pretty fantastic.right?I know I want to talk click on when I get the chance. So we're hoping to get similar results with this project. Those ads right now are just in English and Spanish. We'd love to have them in more languages. But those are the primary languages that we serve with local committee partners. We also have a texting campaign that we're running right now. These programs are across 25 counties. We have about 2 and a half 1 million tax going out in our texting campaign and our platform as a back-end AI system that translates things into the messages into

113 different languages based on language preference that we have in our database. Currently, we've only had to use 63 the languages. But the good news is, we've got no corrections or complaints in the 63 languages that we've sent out the text on the first round of text. We're getting about a 14.4% quick through right. and only about a 2.4% Opt-out rate. which we're pretty relevant. and by the time somebody gets their sixth text we again we get about an 80% click through rate for through those texts. So we're really excited to expand these projects into Riverside County project. And each of those video outs and text has Zip code specific referral information to a local entity to provide assistance to those individuals. So right now we're working to find which local entities we need to refer people to. Yeah. We just had the organizations to agree to partner with us at no cost to put those together. Huh! Now we're seeing if we need to find some seed funding for those local entities to assist with building out the forms of getting people connected the broadband coverage. But I mean those are a couple of our highlights on it, but I'll tell you more about it once we get close to launching the project. I just one to let you know how it's on me, and that we finally have this really important.

Also, I wanted to tell you that. Thank you for bringing this to our attention and asking us to work with you on this because it's happening, and we'll be launching the project, probably the next 6 weeks. Thank you for coming on to give us a preview of it. We're really excited to see your collaboration, and what that would lead to want to make sure that you know they lost track of, who raised their hands first. I also want to make sure folks in the chat is able to come off on mute, too, Paul. I see your hand first, so I'll have you unmute. And then. Michael. Now, if I can find you in participant List I'll elevate you as well.

Huh! Oh, hi! Everyone! I'm Paul Hickman. I work for San Francisco Community Liberal campaign. I am a family companion, outreach worker. And I just want to speak on an example of a successful partnership and collaborate in the community for digital like we have where we could tech program by which seniors and adults that we have. We have zoom and help with the cell phones, and so and saying that now that Covid is dying down a little bit. we're trying to get folks to come in. We do a lot of zoom classes. but now we have our tech lab open for in person classes. and I am the in between person, like the good folks connected it will, you know, work with the community partnership? Does you have activities that you have an in between person who I go out and visit folks and get a relationship and just talk about Internet about cell phones and good to him because a lot of the seniors who I know I'm a senior. They a little paranoid of technology of cell phones and iphones. and messing with a computer. And so, but I'll tell them that it's easy, and I show them what I do or whatever, and I will score them to any place, any computer lab like. One good thing about the [unreadable] and Sonoma. We have the curvy center and all Farewell, Senior center that have very good tech labs. That's where we open for all the community. But we just need somebody who get these folks comfortable didn't and touch with the technology. You know, a lot of folks are just really kind of scared to. Probably. No, I do get out and do things. But lately, folks, I've been going Britain to screw folks. And they very interested, you know. Can I show them how you how easy it is. and I escort him to a tech lab. And you get connected? And that's really important to get full connected? Because, you know, since epidemic, you know, different, isolated. and I just helped them not to be isolated to get out and meet people's, And i told him I, that they can go on zoom and talk with the relatives all over the country and me folks without being in person. And so, there's a lot of good things going on in the community. Successful things.

Thank you so much for sharing that, Paul, and thank you for your work as the digital navigator in the community. Okay? And then I want to make sure. Michael. Michael. Yeah.

Hi. Good morning. Exactly. Right. So my name is Michael. I'm the director of programs at Nicos Chinese Health Coalition. We're a small nonprofit located physically in San Francisco, Chinatown. But we work with San Francisco Chinese and Asian American communities in general. I did put some thoughts in the chat, but we're really seeing a lot of kind of uneven access to digital resources within the communities that we serve with. You know, Nicos actually has primarily been addressing the opposite end of the spectrum with younger generations, having too much access. A lot of Asian American immigrant children, you know, have reported high rates off-screen use and gaming that have led to addictions and other associated physical and mental health harms. And then you have immigrant parents who kind of are in between. Who have access to technology, but also have language and other challenges to have hard time, understanding or being able to regulate what their children are doing online. And then, of course, we have the older generations. That we which I think is the you know, obviously is the main purpose of this working group, and it's so great that there's this convening that are addressing folks who have a lot of challenges and barriers to access. I think there's been some great programs, and some of our partner organizations in San Francisco have been doing to kind of bridge those 2 worlds right to have digitally access and savvy teams and young people serve as mentors and trainers and educators into lead classes for seniors in language, in the language that they understand, to learn how to use tablets, to learn how to get on the zoom call so that they could access telehealth. I think those have been really amazing partnerships, and to you know also, in a way, for younger folks who might be using too much screen to learn how to. You know. Give back to the community how to use their knowledge for good, how to, you know, participate in more active screen use. Right. So I just wanted to share that and happy to you know, connect more with folks too offline. Thank you.

Yeah, Thank you for sharing that. And definitely, I think the you can play your role in as digital navigators and helping the community bridge the district of I, too and then making, I think a. J. Mountain. I want to make sure that you're able to come up off mute.

Yes. Can you hear me? Perfect? Hello, everyone! My name is Aj. Middleton. I'm. With human it. We're a nonprofit founded out of Los Angeles with the mission to bridge the digital divide. So we support households really with digital navigation services and accessing resources from for your low-cost devices, assistance and getting connected to the Internet and navigating, You know, programs like acp or other low-cost offers digital skills, training, and then technical support. We've ran some programs with, you know, health clinics, many different organizations with the focus on getting people connected to things like telehealth. Really, from that digital navigation perspective of understanding what each individual situation is having those one on one conversations with them to understand the goals that they're trying to accomplish, and then providing them those resources in order to accomplish those goals, so us in house, as I mentioned, we can help them access for your low-cost devices. We help people navigate programs like ACP in the application process that comes with that from telling them where to get documents, how to attain those who to ask, and then what is needed to actually fill out these applications, and then take that benefit to a provider of their choice as well as digital skills training. You know, as early on as you know, what a computer is, how to access. You know the internet's emailing email basics, and then really taking that to other courses as well that they may have more advanced needs for. And then the final aspect of that would be that technical support. We're talking a lot about technology access when that access is attained, ensuring that people, you know continue to receive that if something goes wrong. Where did they go? What Who did they ask for those questions? Who helps troubleshoot and fix and replace. And we provide that service here as well? We're here to support, you

know, across the entire State of California, and I would love to kind of offer that as a resource to any entity that's looking to provide these resources to their community is early on as an awareness aspect of it all, all the way into. you know, providing that direct support. So thank you.

Thank you. Thank you and, Cindy. I see that your camera is on so, and then you're raise hand, too, so we make sure to call on mute.

OH, thank you for calling on me. This is such an important topic, and I really appreciate that You're holding these Webinars. And once again I want to talk about the safe technology as being part of the toolkit that people can bring to people who want digital equity. I've been working with a group of disabled seniors in a low-income development. Sebastable, California, and I go into their homes. And then they've got headaches. They've got all these problems, because they live in these very small spaces. And often they have the Wi-fi router right next to their bed they live in studios, and also they have shared walls with people who have wi-fi routers right next to them. So they're developing all these symptoms. They don't know what's going on. So I go into their apartments. I bring out our radio frequency radiation meter. I can tell what the levels are I show them. And then we bring Ethernet cables. We connect the Ethernet cables. And we have to contact the providers, and often they use Dsl. Which is going through the copper land lines. and then we talk to the providers who can take the routers and turn the the signal off at the source. Sometimes it's difficult, and it doesn't happen right away. Several calls are needed. But there is also I bring in these pouches. They're shielded pouches, and you can put the routers inside the pouches, and as long as you have the Ethernet cable, the signal is blocked. So that's a really important tool kit for anyone who is talking about digital equity to bring to many people in the Emf disabled community. It's really easy. It's kind of a win for everybody. It's important to keep that in the conversation for anyone as an option. So just wanted to add that. But thank you for this.

Thank you, Sydney. And yes, thank you for sharing. Just want to make sure, Wendy, and you get a chance to come off mute. There you go.

Hi, Can you guys hear me? Yeah, this weekend? So thank you for calling me. I just want. I want it to say that I have put this in the chat. But basically somethings that problems I've encountered was digital health equity is, for one thing. I am constantly being bombarded by tax, or, you know, by other people to buy the health system basically to go online and sign up for our my digital health record. Okay. And this this can be a turn off partially because I have paper medical records that you know I have Captain stuff like that, and there's no integration. Yeah. And it kind of feels like you're being asked to abandon the way that has worked for you into another way that works better for the health system. Okay, I'm: not totally against this. I'm just saying that health systems needs to be able to offer digital support in order to to access these house records and needs to be, and also needs to be, continual in order to integrate. You know, paper house records by the consumer to a digital health record. I'm. There needs to be people that that supports this in the hospital setting. We're in the clinic instead of being referred somewhere else, because as soon as I walk out the door I don't want to be thinking about. You know, so I don't adopt it. And I'm. You know, somewhat visually, Literate. I have a phone. I have a smartphone. I have a laptop at home. I have Internet at home. Okay. And so. and the support should be there. It should be there to help that. But more importantly, it also needs to be able to be access on night and weekend. This is when I do most of my digital work online and stuff like that on nights and weekends, because during the day. It competes with other demand, including going to appointment running Aaron. And you know, and some folks work. Okay, I I'm not. I don't need to work at a at the present time, and stuff like that. But these are

things that needs to be thought of. So an example I would like to suggest is that once upon a time this is way before Covid, I think this is probably 10 or 15 years ago I went into Yes, Wendy, my apologies just to make sure we're on time, and also getting time for others to speak me. I may ask you to wrap up.so I have a possible solution, and what that is is. I won once into a senior senator to charge a laptop, and just by my being there, people came up and asked me questions about what I'm doing, and then they got interested. And you know, and this was in a small group setting, and so I'm suggesting that instead of either a class or one on one, that there'd be these small groups that people can ask each other questions and maybe help each other out instead of you know, you know one extreme or another. and that it needs to be in the community. So that's what i'm suggesting.

Thank you. Thank you for a comment, and I'm sure the community members on this call will take on your comment. Want to make sure to fabulous information for myself, and wanted to say that similar to human it we do offer the same digital literacy. We help your referrals, your learners receive a device we help with getting a low cost broadband, including the Acp. We have been training folks in senior centers and community centers and libraries for over 15 years, and with Covid. We focused on older adults and teaching them remotely how to use telemedicine in tele health and water groceries and medications, and to zoom with family and friends reducing isolation. and as a result of that work over the past 3 years, we are now offering our knowledge to other participants and nonprofits that want to train their own staff so that they can help a new learner come in.We are partnered with some of the counties with the state money that just came down for from the at T, and we're happy to see if you qualify under those counties. And just be a resource as well with any information that somebody might need or want, and see. Also see if we're a good fit. But if not direct you in an area that might help you as well. So what the only thing we don't do is technical support. So we do not do that. We refer out so, but we do support older adults in many, many ways, and the impact that that has on a life is very very motivating for all of us a community tech network. So thank you all for your work, and I'm really happy to be part of this group. Thank you.

Thank you, Lauren, and that thank you. Everyone who came off you to share about your organizations and your work, and also your personal experiences in the interest of time. We'll move on to the next portion off the agenda, and I hope I called at least one person from your organization to speak today. as we want to make room for all those who are involved. And next slide, please. Okay. And so next up we'll talk through how to take action. We talk through the barriers and the programs that are existing in the community, and next week want to make sure that we're able to capture all those data and our plan, and so rich that you mind coming off me to share us what we should do to help.

Thank you so much, Anh. Hi, everyone! My name is rich. No, boss. I work with broadband equity partnership. We serve as program consultants and advisors to the California Department of Technology, and we are assisting with the State digital equity planning process. Next slide. So you heard Anh mentioned how we are excited to hear about all these programs and projects that you're working on. But we do need to collect data in a systematic way to be able to show what's been happening throughout the State. So we are actually going to release 2 surveys. One is a survey targeting organizations, and it's called the Digital Equity Ecosystem mapping Tool, and the other survey is the digital Equity Public survey which targets California households. The public survey is meant to address or

identify barriers to digital equity, as they relate to broadband accessibility, affordability, and adoption. This survey is going to be available in multiple languages, and it will have audio functionality, so that limited English proficiency communities and those with them as a literacy are able to hear the questions being asked in their own languages. We hope to release this survey in the coming weeks. We will actually make paper versions of the survey available during regional and local events. So we encourage you to stay tuned. More information about this to come next slide. The other survey that I mentioned earlier. The DEEM Tool is meant to collect data from organization just like the data that you're sharing with us today. Many of you have put in the chat information about your projects, your programs, your plans. It's a wonderful thing to be able to learn about it during these sessions, but we would love to know more. We would like to get more granular information about what you're offering to communities throughout the State of California, especially the communities that are part of covered populations. So the digital equity. Ecosystem mapping tool is available in English and Spanish. It is now live. We highly encourage you to click on one of the links that we actually just dropped into the chat. Whether it's the English version of the Spanish version. And please complete this tool as thoroughly as possible. The kind of data that we're looking for, is it? Runs the gamut right? If you have program information you want to share with us. Send it that if you have mapping tools and information that you want to share with us with broadband data that's been collected. Share that with us. We would love to hear what you've been doing to address digital equity in your communities. Next slide. We now have an outreach toolkit for you to be able to push this out with your partner entity. So many of you have mentioned that you work with other entities to to deliver services and programs to community. So please share the DEEM tool, share the toolkit with your partner entity, so that we can push this out to as many organizations in California, and really get a comprehensive understanding of what's going on in our communities to better understand what's being offered where the programs are being offered, and to whom the programs are being offered next slide. So in the outreach toolkit that we've included in the chat. You will see some collateral material that will have a. A. QR. Code that you can scan. Please start filling up this tool, it is live. It is available to be completed today and again share this out with faith-based organizations, with community based organizations, with state agencies, any entity that leverages technology to provide a program and service. That's the entity that we want to hear from. So please complete this tool today. Share with us your information, and we hope to hear about what you're offering in detailed format very soon, and with that i'll hand this over to and thank you so much.

Thank you, Rachna and Scott.

I would like to make a comment to next slide, please. Yeah, actually and it I I just wanted to kind of underscore, and you know the call to action that that reach I had issued, and hi! Everyone for those who don't know me. I'm Scott Adams. I'm. The deputy director of Broadband and digital literacy at the California Department of Technology, and our team is really working to lead the effort on the half of the State to develop the digital equity plan. And so, you know, as we mentioned at the top. this working group is is part of a sort of a a 5 component process to develop the plan for the guidance from the NTIA. The importance of the plan here is to identify the digital equity barriers of the E covered populations and then tied those to. You know, policy priority areas of the State. And so health is one of those. What is the importance of, you know, getting your support on both. The residential data gathering and the organizational gathering is that we are required as part of the digital equity plan to solicit are not solicit, but to gather data from residents on their barriers. So we need your partnership to promote the online version of the tool out into the community on the digital equity mapping tool that Rachna talked about.

Another requirement of the digital equity plan is to do a comprehensive asset inventory of organizations, programs, resources, etc. And so that is the important of the digital equity mapping tool To help us get that in is a requirement that all of us will need to put together in the digital equity plan in order to get the large digital equity capacity dollars to implement this plan. And so really thank all of you for both the subject matter. Expertise the understanding of how digital I we helps the or empowers outcomes in healthcare, and just that it's the multi-step process. And so we're going to ask a lot of you all in partnership and are looking forward to your support and back to you.

Thank you, Scott. And in regard to this slide just a quick summary offend ways to get involved right, we're we'll be together for the next few months, but want to make sure these are top of mind for you, and in terms of in teaching on with us on our portal, completing the team tool that Rachna and Scott just talked through, and the surveys that participating in our outcome area working groups and attend our local events, and for those who you know time wise, virtually wise, it's not work. We want to meet you in person as well, and I'll talk through those in the next few slides in more detail. But I would like to bring up Gladys to talk through ways that you immediately can be involved. Next slide, please.

Thanks, Anne. Thanks, Scott. And, thanks to the Cdt team, they really have been doing an amazing job with these engagements with the working group and all the other upcoming conversations. So thank you to the team there as you can, as you've heard, there are so many ways to get involved. And so this is just another way for you to give Ntia your Input let me introduce myself. My name is glad as Paul. I am the Federal program officer, one of 2 Federal program officers Fpos, for from N. T. I. A. And we are about to release, and in this quarter or at the end of this quarter a nofo, in order to a funding opportunity for 2 upcoming programs that are the next phases of after this planning phase that we are in now with Cdt. And so these are opportunities for your voices and for your community's voices to be heard in the development of these. No foes. Again, notice of funding opportunities. They are the State digital equity capacity in Grant program and the competitive digital equity program. These are 2 funding phases, one the State capacity. Grant program will be a program administered by an entity likely to be Cdt. But by the State of California, and then the competitive digital equity program will be a competitive grant program administered by ntia. Both those programs are in development. You can read about them at these links there are questions posed to be answered, and they're really to again hear from you all what your needs, some of your input into the development of what the notice of funding opportunity should include or not include. And so the deadline for submission is 5 Pm. Eastern time on May. First, the link is there, and I will also include in Chat now the links directly, so you can just click on them and start looking at them and formulating your yours and your organization's comments for a submission last on my in the chat is also my contact information. So if you have any questions, please feel free to contact me, and I will. I will answer the questions as best I can, or get an answer for you, and that'll be it. Thank you again. Back to Anh.

Thanks so much, guys. And next slide, please. Next slide Promise more details. 1, 2, and 3. Essentially. I'll outline what our working group will be working on our outcomes for the next few months, and so just to reiterate what's on the slide, develop strategies that align with state which equity plan priorities.as informed by results of our public survey, and the team tool will conduct Gap analysis. Once we find out what's available and what's working well in California to inform and conduct further research, evaluate our assets and develop recommendations to include within the Steps specifically for a or out. That we

are working group is for health. And so next slide, please. And then, just for some upcoming dates for our virtual outcome area working group meetings, same time 11 to 1130, or 10 to 1130. Pm. I'm Sorry I'm messing this up. Since 11.30 am. Pacific time in May we will be discussing what digital equity programs are currently working along the community, and what's missing, and that in June we'll be looking at the public survey and Dean data to further shape as step priorities and next slide, please. And with that I conclude our presentation. Here are some of our contact information. Should you want to engage further, as I said earlier, on all the materials recording, transcribe and presentation will be available on our broadband portals events, and thank you for joining us, and have a great day. I'll stop recording now.