

Health Outcome Area Working Group Meeting Transcript
June 15, 2023

Welcome everyone. Please give us a second for books to come in from the waiting room. Right? Okay. Well, good morning and welcome to the fourth and final outcome. Era working group meeting for health and a few house keeping items before we begin next slide, please. Oh, actually, I'll go over the agenda first, so we will start with A welcome housekeeping as well as a summary of key takeaways from prior meetings and opening panels of our 5 very and more and and relevant panelists, communities, discussion and public surveys, digital equity ecosystem mapping tool, and then next steps and close. So next slide, please. As for housekeeping, please select side by side speakers. Mode for best viewing experience and visibility of our Asl interpreter will be spotlight throughout the entire meeting. close captioning is available if you choose. CC closed caption on the bottom toolbar and select show subtitle. Please use the chat and to introduce yourself at this time, if you have not already if you're comfortable, please tell us your pronouns organization titles where you're joining us from. And then, lastly, when we get to the community discussion, please use the reactions. Button at the bottom of your screen race and feature to be elevated up to the top, so we can unmute you and call on you so. With that I would like to go to the next slide. I would like to invite Latifah one of our graduate student assistant who has been supporting the health outcome area working group. Some of you have met her and that she will walk us through, and a few takeaways from the main meeting. Thank you very much and and good morning, everyone. Thank you for being here today. As I mentioned. I'll take you through the takeaways from our main meeting. so some of the you guys from our discussion was, we've seen projects where the targeted advertising campaigns and this have been very influential in maximizing the success of digital equity programs. another thing is that Internet access increases health information and service accessibility. We've also seen that devices that larger than a phone sometimes may be necessary for effective health care services. Sometimes. a mobile phone, while it may be helpful. there needs to be more than that that that needs to go into provision of the services. and lastly, telehealth offerings allow Phoenix to retain talented staff. So this does not only help patients to be able to like access telehealth services, but it also helps them. it also helps them retain staff. We're not able to maybe move locations, or we we're not able to like show up in the offices physically. thank you. I'll take it back to you on thanks in the next slide, please. as you know, this is our last of our meeting series, but so we want to provide a few high-level summaries of what we've heard right? We do recognize that there is a lot on the conversation, and this may not to everything we talked about. But these are the few common themes that we've seen across all of our help outcome area, working group meetings and the framework for them is essentially under access. affordability and adoption. So the first one is poor connectivity when connecting to telehealth services. I'm having to do with access limited access to devices sufficient for utilizing to all the services, the overlap between access and affordability. insufficient digital literacy among patients to effectively navigate online processes for telehealth, such as making appointments or verifying medication. and then the last is difficulty. Accessing online healthcare materials effectively and officially. both 3 and 4 has to do with adoption. So those are a few common themes we saw, and then, in the past 4

months, 5 months for barriers to digital equity next slide, please. And in this discussion we also hear recommended strategies from you all, and we want to make sure to summarize it here as well. And so what we here what we heard was summer support digital navigators capable of delivering training and digital literacy programs for telehealth services provide ACP affordable connectivity programs and subsidize connectivity for medicare subscribers share information programs related to ditch equity and health care among health focused networks and design education or programming for use of telephone services. So let us know what you think about both the barriers and the recommended strategies in the chat as well as the community discussion, and a little bit. But Before we get to that, I would like to introduce our panelists here, who will talk to us? Image, pick up our conversation? answering a few questions right? The high level questions that we ask them to address are what digital equity strategies or programs would be most useful to increasing health equity and outcomes. What barriers do they address them. What like the 3 access affordability, adoption? What are the gaps and opportunities in terms of partnerships and collaboration? should we look at to close the divide and increase of equity. So with that I would like to introduce Kelly, Bradfield, and manager of population, health and and covered California. and then please hand the mic back to me. We'll drop the slide. But we'll follow this order with Kelly, Marr. Christie Kevin. Memorisa. Thank you so much, Kelly. rHi, there, everybody! I want to make sure folks can hear me perfect. I see some nods. Thank you. Thank you so much for having me. And this is actually my first meeting of this series. So I really appreciate the recap and I will echo certainly some of what we have already talked about early in this meeting. So from cover California's perspective. when we think of digital equity, we think of both access to their access to our program generally, and also care delivery services. So our platform cover California for enrollment is very much digitally based. So the idea that we're trying to make it easy for folks to come in and get health care, information, financial aid information online. is key to I I would say, business model almost, and that we do need. In order to maintain. In order to be sustainable, we need to do need to be able to sell coverage to folks and also be able to provide folks with really easy access to the financial aid information that they can get. and to get that affordable access. and then on the other side, though. So we're trying to get coverage for as many people as possible through these really accessible digital tools like shopping. Compare or being able to enroll online and choose their provider and also their plan online. But also we are thinking a lot about this on the back end of once, we have as many people having access to care as possible. do they actually have access to services? we have, of course, members in all areas of the State. And we hear a lot from our members about how hard it is to access care in rural areas, and also how how hard is access. Even specialists in every area of the State. So when we think about this in our contract with carriers, and when we require telehealth for all services, including behavioral health care we're trying to under. We're trying to understand how we can not compound the inequity. So the idea that folks living in rural areas and may be under served generally also are underserved when we think about digital access. So these folks that we are trying to reach through telehealth. they are also these folks that this organization is trying to reach through at digital equity. So when we think about using telehealth to sort of level the playing field we're really looking at whether or not we would be doubling. sort of the injustice, so to speak, because we're saying, Don't worry.

We can give you all for you telehealth, even if you live in a rural area. But the folks that we're trying to reach actually are even are those that are exactly less likely to have access a digital to to digital equity. And so it's sort of it's it's a little bit counter. Protective kind of productive might be the wrong word. But not quite reaching the salute. Not right, not quite the solution. That that it could be. Telehealth is not quite the solution it could be if it were not for these underlying digital inequities. so when we think about that, then the strategies really do that we, the strategies that really would be most helpful for us, and reaching as many people as possible. It does really relate closely to access to the high speed Internet, of course, but anecdotally, what we're hearing after Covid is that even just access and reimbursement and payment structures that allow for phone appointments. are very, very helpful, even as a bottom line versus video or other things that do require, like the higher speed, digital X Internet or other kinds of digital access. I will pause there and pass back to you on. Thank you so much, Kelly, for sharing that the gaps and and the opportunities, and also recognizing that really access to broadband right is the the health determinants. In prior meetings we talked about now brought in in the digital equity is essentially the help determinant of this century. So by focusing on that, and you'll hear later on, all their folks will really mirror, and you know, reflect on that, too. I do see questions here directly, directly, for I was wondering if I can just that real quick We can also save that for later. But it's covered California doing outreach slash enrollment to ACP the affordable connectivity program. And this is an essential aspect of aspect to health care. So I don't know if you want to take that. Yeah. But can I actually take that back? I don't know the answer offhand. yeah. And and I, I wanted to jump in here. Hi, everyone. I'm Scott Adams, the deputy director of Broadband and digital. Literacy. And so that's, you know, part of the the States broadband for all program is and kind of teed up and is the tfa recap is about The the digital equity the critical components are access adoption or access affordability and adoption. And so part of the way that we've structured the digital equity planning process and the work groups are, what? digital equities? Inequities exist for covering populations. And then how do those impact disparate outcomes? And then what? you know through creating digital equity? How do we create or improve outcomes in key Paul series like health access. And so part of this whole process has been to bring together folks within the health care community and others that are providing digital accesses means to you know, get information, services and care. And then what role can those entities play in helping to increase adoption rates? So, for instance, promoting the affordable connectivity plan and helping folks get connected to other low-cost service options. And so it's kind of a virtuous cycle where all of us are working together, knowing that there are connectivity gaps, but by no means that we want to perpetuate and equity by encouraging folks to put services online while leading folks behind. It's it's kind of the converse we're saying, how can we do both? How can we first, through the billions of investments and infrastructure that you know the State is put out there, and the massive, you know, statewide effort there is to get people to adopt, to continue to you know, complete that cycle where it's the Service providers that we're actually expanding equity through digital equity. Thank you for the additional comment side. And then thank you, Kelly, for that as well. I would like to hand the mike to next to more marvelous from Latino coalition for a healthy California director of policy as well as her colleague, Paula, senior program manager. So let's make sure the how are you? Thank you on. Thank

you so much. again. Hello! Good morning. Marvellous with the Latino coalition for health to California. Just want to do a little bit of an introduction to who we are in the work that we do. So. Lc, see, we are a statewide health policy advocacy organization our mission is to protect and advance the help of Latinx and indigenous kind of Californians. in our state. And so with that brief introduction, I'm actually going to hand it off to my colleague Paul lightness does, who will share about our community listening tour and what we learned about how the digital divide impacts Latin and indigenous Californians. Thank you. Mad. And good morning, everybody. My name is Paola Leska, senior program manager with latino coalition for healthy California. And one of our projects under programs department is a listening tour which takes place statewide all over California to really listen in on the priorities and the needs of the communities across California. we try to aim to listen in order to advance light in ex health. also, along with the tour. And one of the priorities that came about was the digital access and equity and broadband accessibility. And at lc, we believe that this is part, and it is a social determinant of health. Some of the regions that elevated this was Orange County, inland region, San Diego and Central Coast. and we do have a summary of those listening sessions in these informational one pages that I'll share in the chat in our on our website under community data. and you'll see that there is a demographic sheet that's just a general sheet and then the other one. Pagets are more specific to the different regions where the listening to or was conducted. and to one I preface that our participants were mainly as community health workers. As we know the they are trusted messengers of the community and our key liaison to resources, including digital resources like the ACP So really just honing in on what some of these topics that were brought about from Orange County and San Diego? a lot of the families and individuals there express that digital inequity cause so much stress on families to the point where school, each children experience stress and also burden on their mental health. even affecting their academic performance. of course. on top of that family is founded really difficult to afford Internet services, which is another additional cost to already inexpensive cost of living in specifically in San Diego, but also in Orange County. Many families also relied as smartphones being their only device, and meaning that laptops or tablets were just too expensive, and students sometimes had to rely on other borrowed devices, or even to smartphones themselves. That didn't offer all of the features that a laptop or a tablet would to really enhance that learning experience. And then I'm going to pass it over to mad to explain what the inland region really expressed around this topic. But yeah, thank you, Paul. So in the inland region, we heard from participants about the digital access challenges for multi-family households so due to the high cost of living in the area and Internet affordability as well, multiple families have had to share one router in one household. making it difficult to access quality Internet. so that's clearly an issue. that a lot of families who are already burdened with high cost of living and then having to dish out, you know. the cost to afford Internet was clearly an issue. I'll hand it back to bow. Thank you, Matt. Yes, and and finally, in Central Coast So we're seeing right? That is not just one region, but so many regions across California, but specifically in central coast with the promotor as promoted is that we're part of this group. many of them are part of mis American indigenous communities. that are in the mainly in the labor sector of farm farm workers. So a lot of them express that even though some services were in English or even Spanish it was still very difficult to

navigate these services or access them. given that there is a high need for indigenous language, access and interpretation. again, also the cost of living very expensive and very difficult to afford another bill of Internet for families to to for for their schoolish children. so again, many families have had to share even one router in a multi family household and kids would have to share devices. We have to share that router and and have to experience difficulties in their academic learning experience. So and definitely older children took a huge role to support their family members, to support their younger siblings or younger family members and navigating these school learning experiences. and then just wanted to quickly share that along with this listening to our right. We also have on the other programs, including basa levels, which is, it is a virtual chatlap laticas, or conversations, as we like to call them where we share resources with the community at hand, and we work closely with trusted key messengers in different regions. And I'll share our Facebook page in the chat. but we're also doing other pursuing other endeavors which Matt will share more about. Yeah, thank you, Paul. So I'm just to add on to what Paula shared. clearly, there is a need to just bring more awareness to the issue specifically around indigenous language access. and I'd like to do a a small plugin here that we are actually working on a bill, a legislative vehicle. Sb. 4, 35. For the State to start collecting and disaggregating data for Latinx and indigenous Americans in California, which is really exciting. so definitely we can share more in the chat around our bill. But the bottom line is is that Latinx and indigenous American communities experience of portability, quality and access challenges when it comes to Internet access which then impacts, livelihoods, education outcomes, and ultimately health and quality of life. So in terms of solutions we totally support digital navigators and as well shared from what we've done as the Salut who can assist in navigating online tele health in in language and in culture. And that minimum, we obviously need a low cost and quality broadband for these communities as well. So thank you so much for your time. Thank you. Thank you both for your time and really giving a unique experience summary of each of the region you had conversation with, but also allowing us to see the common themes right, like the ties together all. and the experience of open up communities in these regions. So I appreciate you for your work and also looking forward to, you know, continued collaborations. Next. I would like to invite Kristy to the New York Kristy is the CEO and founder of the healthy rural California. I'm north to have met you in Chicago, Christine. Thank you for joining us today. Thank you so much for having me speak a little bit on what we're doing. healthy, real California is a relatively new nonprofit organization. we just got launched in 2,020 and part of the reason that we came to fruition was because in 2,019 the region was recovering from the camp fire. and we counted that 50 to 60 physicians have left the area because of the fire in an already chronic access to care region. and so we launched also an effort to bring more doctors to the area through graduate medical education, really pleased to report that as of February, we received accreditation for a new psychiatry residency, and our first cohort will join us next year, and we're also in the process of establishing a family Medicine Residency with the first cohort to start in 2,025 additional graduate medical education programs are are being discussed right now with End Little Medical Center here in Chico as well as 2 regional campuses that will bring about 20 to 25 medical students to the to this area. and so that's all new. So if you think about the map of Northern California. There is no medical school north of Sacramento all the way into the

middle of Oregon, so we're really excited to be bringing medical education pathways to the area. The previous speakers gave a great descriptions about how access to health care is limited when you don't have digital equity. And so we are hopeful that by increasing the number of providers here, that, you know, increase in connectivity can also work hand in hand. One of the things with the Psychiatry Residency is that we're going to have 16 residents. They're spending 4 years in this curriculum here in Chico. And so we're looking at projects such as Project Echo which would connect the psychiatry residence with You know, folks in communities that aren't necessarily right here in Chico, where it's easy to come in person. and we have a partnership with Stanford University. They are using the echo program right now with the 2 feathers tribe and we're hopeful to replicate and partner with Stanford on that program as well. of course, then digital connectivity would be really important. And then one of the other things we're sort of in this health care workforce space and and getting a bigger regional footprint. We just started a health care pathways program it's 8 weeks of an internship that both nursing and medicine sort of getting some clinical connections for these future nurses and doctors but as well providing them with the resources to pursue nursing and medicine. education and future careers. and so part of that is developing a connection with the schools in the region. and that would be for the delivering a a medical club to middle and high school, so that students anywhere in this region could access. the information sort of connect the the teachers who are really strong and passionate about helping, you know, encouraging youth to pursue medicine and nursing. And so that would also be another digital connectivity that would, you know, get us into the all, all 10 plus counties up here that we now represent. I think that sums up. We're we're basically building a medical school, which is a whole thing, long range plan. But we're taking those steps through graduate medical education and undergraduate medical education, connecting, of course, with the Chico State premed program as well as encouraging more nurses, nurses to get out of the clinic and then teach the future generation of nurses. Thank you, Christine, that's incredible. My my fiance is in a psychiatry residence such as hearing that there's more programs to be to be in the State. I think that really is creating that ways. And for you to think about how digital access is a part of that way. I think that's very innovative and definitely speak to the recognition of the gap and also the creative opportunity that exists in the the northern 10 counties of California. So thank you. Thank you. So next I would like to invite Kevin Toamoto. He's a Vp. And advisor to the CIO of Valley Children's health care to the spotlight. Kevin. Oh, thank you, Anne. Kevin Schumer Moto. Here. I've been to CIO at Belly Children's Hospital, Central California, for about 9 years recently of put on a new role as an advisor to the CIO, as well as special projects over the last 3 years. Post pandemic. We had a lot of pediatric children who are not have given the availability to come into the hospitals get to a health care. and what we found out over the time is that access to our portal access to health care remotely was a challenge. And we really found out real quickly that people did not have access. They didn't have broadband. They didn't have literacy of understanding how to even connect their cell phones to our portal. But so what we did, we actually reached out to many organizations along the 99 quarter. So we represent about 1.3 million patients for kids in this Samoaquin Valley as from Baker. So just under Sacramento area. And some of the things that we're trying to do is have accessibility for them. So we reached out and put together a coalition and the coalition for digital health

equity in the Samoa King Valley was formed, and from that point we are looking for, you know, organizations along this corridor to be part of this huge broadband, you know, for all program that's going on as State level. So it's, you know. So we we have about 18 members, and we're always looking for more to out and help understand what we're trying to achieve, because it's in many other facilities. It's not just pediatrics. But it's in the, you know, geriatrics, the adult care facilities, the Fqhc's. the rural health clinics. But it's definitely trying to get a message out that we need advocacy as well as have people to understand just what our mission is and not be afraid to do a connection. So a lot of things that already been mentioned. I won't go into it in details. But our 3 priorities that we're trying to achieve is that access to broadband Literacy and the policies that go along to make sure this happens. So I'll take one real quick one here. It's on the literacy program we are working with Fresno State with Eduardo Gonzales on their literacy program. I think they have 5 different languages to actually for free teach family members about how they can access their portals just how to utilize the cell phone and put it programs on the Internet that has healthcare related types of needs as well as schools. so that's one of the things that we're trying to do over the next 3 to 5 years is to build a program for health care and make sure that those outline areas have the ability utilizing. What we're trying to get is the broadband for all to get everybody connected. And we'd be more. I'd be more happy to talk to any of the organizations, and I love to see that we can combine a lot of that same efforts to. We can take it to the State level for them to realize that health care is a need, and there are mappings and gaps and things well that everyone has been talking about, and it's reality. So I'll stop there..

Thank you, Kevin, and I think you reiterate a very important theme that we heard as well throughout the past few meetings is the connections of partnership definitely. We can't do this alone of any entities cannot do this alone in partnerships on multi-level right is needed to reconnect all, all of the community members. So thank you for sharing that and sharing the work that your coalition is doing in the next. I would like to introduce Marissa from ensure the uninsured project. Who? is one of our cultures that has been very supportive, and through our our engagement process of the state ditch directly. Plan. Marsa. thanks. Tan. yeah. Thanks again for having us speak for those of you who don't know me. My name's on piano. I'm I to or into the project? Director of policy. So we've been working closely with CDT, and I've been speaking on a lot of these events. but you know icuff is a over 25 year old health policy expert and conveyor and and asked me to come and share some insights that we've had from recently leaning into our convenient role. we we posted in April. A broadband boot camp event that featured both. A training session on broadband, like everything from holding fiber to how does broadband impact health care? What does the data say? What data do we need all of that? But then also dug into having some really good brainstorming workshop to, you know, not only identify what the barriers to health care that many of the panelists before me had all highlighted, but then, also drilling into what are the solutions that fit the needs of California communities. And like, what are some creative ways that we could leverage the digital equity plan to to provide support for those those solutions. So as a little bit, and my colleague Shirley, already for shared in the chat, The report that we published that details a lot of what we heard in these workshops. but as sort of a high level, we had 3 different buckets, and many of them are them that you've heard. And Kevin, who spoke before me, was one of our esteemed participants of the day, and

there's a a great partner with it. And the coalition that haven't talked about is is really outstanding and amazing. And and could the more people that engage in that way. in in. you know, power in numbers. but to highlight some of the finding from the from the workshop. there is a huge, huge need for digital literacy programs that are tailored at specific for health care, navigating telehealth, navigating health insurance involvement forms that are online navigating and and having inclusivity with different languages. and so some of the support that the digital equity plan can can provide for that need identified. We're investment in the statewide training. for not only for patients. but also for providers, all different types of providers. to engage in telehealth technology? anything that can it, anything virtual that can create better health outcomes and make the health care delivery system more accessible and equitable. also funding to support. the development of those language. language specific support and services to make telehealth more efficient, ineffective, and accessible to those that don't speak English, which is a lot of our California communities prefer a different language. And and our healthcare delivery system should put that the second big need. was data. We need to be able to identify which of our patients in California, or, you know, might prefer to help, but might for go care altogether, or to them person, because of the a digital barrier to help to identify that, plus what are the digital barriers to how and can we connect both to services? some of the solutions identified that the digital equity plan could support. included, you know, allocating funding for some data collection pilots? how can we leverage our health care data systems, our intake forms, data exchange to identify the patient's needs and then connect them to support and services that might be available to them. and then the final. And this is a big one, and I kind of want to underscore that, you know, like healthcare locals. You know, digital equity solutions really need to be local and there is a you know. And so we? There's a need for outreach and engagement and support for that outreach and engagement to make sure that there are a local solution, that community voices uplifting the digital equity solutions that we need to truly close the digital divide, and that could look like anything from allocation of funding for a technical assistance marketplace. That community based organizations or community members can access to find support and services around digital literacy devices Internet affordability and portable connectivity program being one of them and so on. you know. Another would be, you know, support to create whatever educational materials or bridging the gap kind of materials that are needed for our local leaders to continue the advocacy and engage in a big way to make sure that the state investments in digital equity, including the digital athlete plan, can support an accessible healthcare delivery system. so I'll you know, before I hand the mic back over to and I I mentioned the report it public and you know it has been working on this issue for the better part of the last 3 years, and I'd love to connect. I see some new names and faces, and that, we're introducing each other in the chat and my fellow panelists. We'd love to engage in in. We create some momentum here to make sure that health care solutions are included. we also last week released an issue brief, that you know that in part highlights, and highlight healthcare stakeholders, and what are the different goals? And descriptions of those rules and ways to engage in those rules for having a shared responsibility in addressing the digital bide and advancing digital equity. and pairing. With that, we held a a policy forum last week, a webinar, that that resource, the webinar, and all of the tons of resources that was shared during that webinar are all

available on our website. if you missed it. But you know, if anyone wants to connect further, I'll put my email in the chat and thank you again, and and CDT, and and all the panelists for all of your work in this. Thank you. thanks so much, Marissa. I you really announced my head there in terms of how these working groups has been or have been a way for us to create synergy and commute community really around this topic. And this issue, for not Kevin. So like the broadband coalition, has been working in some walking. But it's really adding in the health perspective to it, and being able to connect folks from, you know, up north, like far Northern California, to a south of San Diego. In these spaces, so love that work that all of you are doing, and the ideas that are coming out from from these sessions. So please stay in in communication in community, and I think this is only the beginning of our work together. So And with that and we bring that these slides. And as. as my colleague's doing. I just want to thank you all to all of our panelists speakers, so far for sharing your work. and I know it's not easy to take time out of your day. But thank you for that next slide, please. In the community discussion and recommended strategies. Portion. We have a few prompts. to start the conversation. But I definitely am going over the chat to to make sure I'm not missing any questions for you panelists. If you see questions for you in the chat for free to go might and response like hopefully. This question is a very much a bidirectional conversation. of course there's still some sort organization, so that we're not speaking over each other. But if you in in the group, if you would like to answer any of this, these 3 questions, and no particular order. Feel free to use the reaction and raise your hand option, and we'll be able to elevate you. I see. Let's see. Yeah. go for it. Hi, good morning, everyone, and thank you again for convening us. And thank you to the presenters. You guys all presented some really great work. Great to hear. how you're working on digital equity would love to partner with each and every one of you that we're not already parting with you, we we, we with it and others. So just look forward to to hearing more about your work and reading your website. I'm sorry, of course, of all times. my gardeners here. So you're going to be hearing the Lawnm in the background. So sorry about that. but that's can be predicted right? you that or my doc starts to work. So In any case, there's a couple of things one is particularly with our our colleagues at Lc. Hc. A great presentation, particularly around navigators, and for and We've had the good fortune to receive a grant from the Kaiser permanente group, and we have been working with Latinas quanta cancer in San Jose and There. This project has is focused on. Not only it's building up a training up from a daughters to 10 to do outreach for the affordable connectivity program. That's one aspect of their work. The second aspect of their work is to provide digital literacy to those households that they enroll in ACP. and the third part of that is, they also are providing telehealth literacy and it's amazing the work that they've been able to complete. Now, it's also important to know that because people come from the community that just like everyday life, things happen. So you know, some have had health struggles, some have had. So there's there is some some of that that will need to be dealt with. But just the access that they have to communities are so important. So I guess one of the questions that I have is, you know, how can we effectively and seamlessly integrate these promoter into digital navigator discussions and planning. So I don't know if there's anybody on this on this call that can answer that. But I I just I just want to give a shout out again to the Lchc folks and the work that they're doing and because I do believe that. And and I think, Marissa, you mentioned it,

that you know it. It's really about being local. and we do have to work with folks who are trusted messengers. And the promoter is in general. it's a great job like, I told you my dog was going to start parking. So in any case, I'm going to stop there. But if anyone on this call can answer that question. That would be great. Thank you. Thank you. I Amar has her hand up. Yeah, thank you so much with these here for that question. I think you know you're you're pointing out some really important things here about the as much as they bring. I mean, they are such a health equity solution. that's why they're so effective. but that's one of the challenges as well. I think that some of these, from a thought as some of our community health workers are facing the exact same challenges that our communities are facing right. And so how can we build their capacity? One. And then to how can we make it sustainable for them to continue doing this work? I think the State of California has recognize how effective this workforce is. That's why there's the new medical benefit right within our state that is now available. where, if you are a medical recipient, you, you do have the ability to access CDT. Services, which is excellent. Part of that as well. is the certification program that the State is also developing. And and we've been a part of that process. A navigation services is absolutely one of the skills that you know are promoted as are going to be offering through through that benefit. But again, we need to provide them with workforce development opportunities with a consistent training. with equitable wages. Right? You can't help others until you help yourself absolutely. And so, you know, want to definitely connect with you on how we can maybe make digital literacy. You know, a, a very much, a core part of all of the skills that they're they're getting trained up on, etc. And I see my colleague about that, and so I'll hand it over to her really quickly. Sorry I was trying to find that me, but I did see, Scott had their hand first. Scott, did you want to add something? why don't I? follow up after you? Thank you. Thank you. Yeah. I just wanted to add, really quick that it also takes a lot of integration and planning with and side by side with chw, which is the abbreviated term right for community health workers promotor, as, or also known as represent representatives. Since the inception of planning right? It really takes that type of integration and and really involvement at that level with with Bromo dares because they will know, and they will point out right. What are the needs? Which method, what? What ways are the best to reach community at hand? Right? I'll give up a solid example with actually, one of my previous jobs. at a local clinic that we had to reach farm workers in rural areas where there's no even cell phone coverage, right? So it really took for us to go out there right? And from what we're in that region, will let us know what would help is bringing the clinic here? What would help is bringing the doctors here? And so what was happening was, we were setting up annual type of health fares right? and also then setting up transportation routes. really working with clinic. having that buy in from the like. the clinic right? Making the case that we do need to invest in advance. We need to invest in routes in a up to the right type of vans where we need to invest in capacity training with with liaisons as they go to pick them up from their former the farm, their agricultural work site and bringing them to the clinic right? What could happen also between those points? Right, setting them up, helping them out, tailoring these services to them. So really, having doctors, even. dedicated right time slots for for folks that are the hardest to reach which our population was farm workers. So we had to dedicate time slots with doctors for their appointments at a later time. Right? So those are just some brief examples on on how we adapt to that. Thank you. Thank you for sharing and

really going to teach about the Rep. Brown service that's needed to deliver health care to folks. I see a hand, Wendy, if I think we saw or heard from you before, so I'm guessing your name. But go ahead, and this is Wendy. Oh, Hi! There! Thanks for calling on me. So I think away. that I would like to see done is I come from the support group world. And I wonder, you know, in order to to have continuing dialogue about what it needed is, I wonder whether we can have some kind of capacity. you know, a a prototype and capacity building for and just call it something like technology support group. where people can either drop in once or have continuing discussion so that we can actually find out what people are meeting and what people know and can help each other and and have it funded in some way, and then maybe replicate it and different communities throughout the State and stuff like that. That's an idea that I just came up with. thank you, Wendy. And I think you speak to the local communities group, right, the local support and strategies that both Marissa and the folks that Lhc highlighted in terms of how to make sure these strategies target the communities within certain regions and their needs. So definitely relevant and thank you for sharing. And we want to make sure we're not missing any questions in the chat. my team, or if anyone has any trouble racing their hands, you can just wave at me, too, and we'll find you in this camera in Spa. What any of the panelists like to address any questions that were raised to them or to the group in the chat, just to make sure I'm I'm reading it now, but we can do this together. Think, Kevin, someone asks you about how to reach you or the Coalition if you want. If you don't mind, Scott not need to address that really quickly. Yeah, real quickly you can reach out to me at case Shimamoto at Valley children's dot org, and i' that in as we speak. so that everyone will have that address to contact me. There it is. I've got that out there right now, just just post that and thank you. Thank you. I do see a hand go for it. Hi! And I'm Sharon. I'm the head of Public Health at a socially backed organization called cell Head. I'll I just want to add to what everybody else has been saying, and in our work with frontline committee workers, including the we've noticed that these workers are already quite stretched and over and have limited capacity. So whatever we do to build their capacity, it has to be aligned with the availability, and makes it really easy for them to actually learn and utilize whatever it is that we are presenting to them. So really, looking at opportunity cost for some of our partners and some of our frontline workers, where every time we ask them to take a training or do something extra. They they have to say no to something else that is also quite critical. Right? So how do we make it available in a form that's very easy for them to absorb and to participate in. And one of the things that I would like to share as a strategy is utilizing micro lessons as opposed to multiple day trainings, either in person or online, which requires them to either travel or have access to a laptop Internet and the and then expect them to take time away from the other work. If you can deliver a lot of digital literacy content and build a capacity, using micro lessons that are 3 to 5 min long, and delivered in a form that is easily palatable for them, so as opposed to saying. requiring them to utilize a high fidelity device or connection, delivering a lot of this content wired text, and maybe even via voice probably is going to work better for them, and they are probably going to utilize it more than expecting them to spend hours and hours in outside trainings. The second part, or on the strategy that I would like to share to the group is also making sure that there is somebody. There's a there's a warm body that can actually support them in the process. Because there are 2 things you can do right. One is we can

provide trainings which are standardized and we can deliver them. But when they are in the field and they're actually communicating and talking to our end users, the Lost Mile communities often questions will come up that may not have been addressed, or they might not recall the answer to. So how can we make sure that we have some tool for them to utilize in the field, where they can immediately actually pull it out and find the answer to that question, and that could be a Chatbot that could be a list of frequently asked questions that is easily available to them. The third part is because our communities in California speak so many language, languages, whatever we do to build the capacity of our workforce. To deliver this to equity, training and literacy trainings has to be multiple languages right? Other people before me have said that right? That is going to be really quite crucial. So not just making it available in English, definitely Spanish, definitely, many of the languages that our communities speak and are most familiar with, and are most likely to participate if we deliver content and literacy in those languages, and then, finally. somebody that they can talk to like a coach or a you know, a a, an expert in digital who can actually pick up a phone and support them in their journey for acquiring these digital assets and utilizing them on seeing their questions. If they hit the wall, the ability to ask those questions and get those questions answered quickly in a warm, compassionate manner. I feel that those are some of the strategies to. I just want to present, and I I recognize these are aligned with a lot of things that other folks have said, but just wanted to paraphrase and add to what other people are also saying. Thank you so much. Thank you. Thank you for adding to the conversation and then giving very concrete strategies. to do so. And I see Sandy and your question in the chat would you be able to come off me to kind of elaborate on your question, yeah, sure thing. so I, yeah. My question is, you know, this is And an apologies. I'm maybe a little late to the party from some of the other sessions. Or maybe this was addressed. but I'm just thinking, you know, this is the health focused session. But I'm just thinking how these initiatives that that you know, are going to enable better access to telehealth and things like that. How you know how I I I feel like we'll remember in health. We get focused on health care delivery. and I'm just trying to. I guess. think of of ways that that these initiatives can support. So things like upward mobility. in save rural areas, for example, where where? there's not as many as many high paying jobs that might now be accessible through remote work. Or you know, things like access to higher education or anything like that. I'm so glad you brought it up because we definitely don't work in the silo when it comes to ditch like, what are you planning? this is the health session. But throughout the week we actually had education on Tuesday, and then our workforce development yesterday, and then a special services later this afternoon. So I think we, we have a focus to each working group. But in terms of the strategies they do overlap and able to address the points that you talked about? How do we increase workforce? you know, in rural area or in regions to help people with upward mobility does lead to better health out right? So I I think we're definitely aware of that And and so I'm not sure how we're doing that time. And I think, Scott, Would you like to add comments to what have been shared? Well, and I think you covered it. I just for Sandy, you know. this, the the whole series of of workshops is part of the the broadband for all program, and the the States brought in for a program is really focused on. You know that access, affordability and adoption are credible for digital equity throughout the State, and you know wh. What we teed up is. The State is already allocated about 6.5

billion dollars in the last couple of years for the physical infrastructure to develop an open access middle mile network. a a number of grant programs up to 2 billion dollars to fund the last mile. you know, network solutions. in rural counties. And then we've had this massive mobilization throughout the State to increase. you know, in woman, in the affordable connectivity program. And then what we're doing now is is that this this broader planning that we're doing is. how are we going to create the next chapter of broadband for all? the digital equity plan we're developing. is really required. So we can get up to 100 million dollars from the Federal Government to implement the plan. And so eligible uses are things like broadband adoption programs. You know, digital literacy training, digital navigation workforce development. And so this is part of it a much broader. the sweeping effort that we've been conducting over the last several months, where we can be with over 6,000 residents and community partners, both online and out in the communities. to answer that very basic question, that there are the most vulnerable among us that are impacted by the digital divide. And you know, how does that inequity impact outcomes in the key areas? that that and kind of outline. So education, health workforce development access to essential services. digital literacy and inclusion. And then I I'm a very dedicated effort about travel collaboration for our travel partners. So it does all come together, and what we're seeing is a a convergence of themes here around. What all the speakers have said that that if you don't have access. If you don't have service, if you don't have a device or you're not trained. none of the outcomes in health or education are possible, and that's the chief aim. of this group. And this effort and the strategies that you all have recommended is, how do we spend capacity dollars to overcome the barriers of mistrust in government and private companies to empower trusted messengers to do outreach campaigns about the importance of adoption or partner with folks like from a tourist or health navigators, or even ihss workers potentially to do digital navigation in this health space. So just kind of wrapping it together, and I think that it was such a a great question in that the this panel has just been so powerful, and that it identifies both the the common barriers and a lot of common strategies that have been recommended throughout the different working groups. But the very specific and unique problems in the health care space about You know that that the panelists just discuss. So that's just what I wanted to add. Therebye and credits. I sold out your hand. You have a a question because the there's an upcoming side. And yesterday it was. It was just up and gone so quickly and and no discussion. So I want to ask it. And then when you get to it, you can. So so there's a slide that with the guard of the survey that's going on out the individual survey. And there was a number there that really stood out, and someone has been very active. It was a number of of surveys completed in Chinese. So I just just a number far exceeding what one would have expected at this stage. So anyway, you. You may not even be aware of where that came from. But anyway. just want to have you comment on that when you get to that slide. Thank you so much. And I I think you're helping us transition to the next slide. So it's it's a perfect comment. And we can definitely address it. when we're presenting that slide as well. So yeah, I don't see any more hands and things for folks. in the chat as well. If I'm missing anything, we can definitely come back to it. But once you give Shawn and the amount of time to talk through the digital library survey and go for a chat. Thanks, Anne. and thanks everybody for participating. Today. My name is Shawn Dart. I'm with the Broadband equity partnership, and I'm thrilled to be

able to. demo actually, for you. 2 surveys that are currently active and ongoing. the first one will be this digital equity survey for individuals and households. The second will be the deem, the digital equity, ecosystem mapping tool for organizations. and you know, these are just other means of us collecting information on the digital equity needs of of the State. In addition to, you know, the 17 in person workshops we've had, and all of these great data. And you know and recommendations received from these working group sessions. So all of this great data is just going to be compiled into our state digital equity plan and just make it all that much stronger. So we can move on to the next slide, so the digital equity slide. As I mentioned, this is for individuals and households. I'm hoping everybody on this call has completed it, and if not, we'll complete it. It's... It's we put a lot of time and attention into making it really accessible to the broadest population possible. You see that QR code on the screen right now, if you have a smartphone, I would encourage you to actually scan it. You will see that it pops up on your phone, and it's, you know, mobile-friendly, it's mobile-reactive. It's very clear on your cell phone. So it has been, you know, really enhanced to be completed on a mobile device. It's available in 14 languages. It has built-in audio and visual functionality. And actually, Mel, why don't we bring up the demo, and I'll just show individuals how it works and how it's just clear as I kind of talk, walk through it. So this would be, you know, kind of the call to action in this, you know, with this online household survey is for everyone on this call to share it with the communities that they serve. We would love to hear from the primaturists and those who are engaging in community. Kristy, we would love to hear from your medical students and your, you know, the medical residents. You know, what is their experience with broadband in the community? And as you can see, Mel is just demonstrating some of the functionality, the ease by which it moves through all of those 14 languages. Down at the bottom corner, you can see it's got a little play functionality that every single page of the survey can be read aloud. Again, that is for people who may have limited literacy in certain languages or limited vision. Really, to make it, as we mentioned, as easy and accessible for the broadest population, kind of the minimum standard to complete the survey is, are you 18? And do you reside in California? And after that, you know, we really want to collect information on where do you reside? Do you represent or are you part of one of the covered populations? That's just really important that we've gathered more information on. And then, you know, we ask questions about, you know, do you have access to broadband? If so, is it affordable for you, or is it a burden? You know, why don't you have broadband if you don't? Again, is it lack of access? We know there's a large portion of the state that doesn't even have access to broadband. Or do you not have a device? Or do you not feel comfortable using a device? And this is just really critical information for us to gather and collect, and that again will be put into the state digital equity plan. And as I mentioned earlier, this is mobile-reactive. So, Mark, I saw in chat that you have a really great mobile program and that you've been able to be really successful in ACP outreach with the community that you work with. So if you were to send a link and they were to click on it, it'll pop right up on that screen. So, and we have kind of proved that... Is working. So, Mel, if we can actually go back to the slide presentation, I just want to show you some outcomes of the survey to date. Yes. And so, as you can see, the survey has been out for about 3 weeks. Roughly, we have almost 5,800 responses, and that's an increase of almost a thousand from yesterday. So as we are working with these outreach, as we're holding

these working group calls, thank you, you are reaching out to the community. We are getting more responses from engaging with you, and you know, and we are incredibly thankful. We want at least 10,000, I think, in a state with 40 million should be reachable, and this will be open through at least June 30th. And a couple of things, I want to highlight on this map is, you have Los Angeles and San Francisco, obviously high population areas. But then you have Imperial, in your know Tulome, you know, some more rural areas. And they have really high response rates. So if you happen to see your county in there, you know, please let's we can all work together to get those numbers up. And actually, this next slide is going to address your question, Curtis, about the right. As you can see there on the left-hand side for me, you know, the use by all, or I'm sorry, 13 of those 14 languages have been utilized, as Asper just mentioned. You know, we're at what, 9 through. You have been utilized in Chinese, you know, Spanish, you know, English at 84%. And then again, you know, that the chart they're showing those covered populations that we really want to hear from. So we love, you know, we want to hear from the rural communities. We want to hear from the immigrant experience. And so again, you know, we have 5,800 responses to date, about 70% of people who click on or access the survey completed. So we hope again, that showcases just the ease and functionality of all of it. And Scott, anything to add? I think we're really proud of how the survey is going so far. But always can do better, right? Well, absolutely. And so when I think the biggest challenge for us is we were crushing whether or not the survey was going to work. But, you know, given the translation into the 14 different languages, we would like to do more and potentially do that next year, but the survey's working. You know, we're seeing significant responses from well, not massive, but significant responses from rural areas. So the mobile phone functionality is working. I think the numbers on the live show that the language accessibility is working. And so, Kurt, is your question about we are kind of surprised by the combined response rate in both simplified and traditional Chinese. And there are 2 things that I can say. Folks within the San Francisco Tech Council and the San Francisco community have been doing a lot of work within the Chinese population in San Francisco and have been doing survey parties, going around with the survey on laptops, and that's what's yielding a large response in Chinese. Additionally, you know, we've created a toolkit. We do know that within the Chinese community, there's been some buzz on WeChat, a popular app that has been promoted to turn out as well. And so those are some interesting anecdotes. The one thing that I would want to point out here is that this survey really is the opportunity to bring the voices of the folks that aren't at this table, or who haven't been in the other virtual meetings or even the regional workshops in rural communities. You can see the rural county representatives of California have done direct outreach to each of their counties and issued a challenge to get 250 to 500 responses from each county. And that's really, I think, what we're hoping to do. We want this plan, the digital equity plan, to be informed by the best data, both qualitative and quantitative, as possible. So really, a call to action to all of you who have large networks of trusted messengers, CBOs, or even direct access to individual residents, clients, customers, to promote it out. And you know, I think Shawn's gonna go over, we've got a toolkit with a lot of different assets, pre-drafted communications and social media assets in different languages. But I think that's it, Char. I'll take it back to you. Great! Yes, and we will definitely show you where you can get some already made social media and outreach

material to make hopefully this work a lot less burden some for you. And with that, and you know, I also wanted to say, sometimes I think you don't forget to think of your own employees and the people who work within your organization. So if you share that internally as well, those are responses that we really want for this individual survey as well. So, but I think we can move on to the next slide, and I'm going to move on to talking about our DEEM tool, our digital equityecosystem mapping tool. And this survey is to be completed by organizations who are working or who would like to work in the digital equity space. So with that, you know, I that to me has a broad meaning. So is it not profits? Is it religious organizations? Is it libraries? Is it CBOs? Is it community health centers? There are so many organizations throughout the state that are doing this work already, and we really want to. Someone mentioned this on a working group the other day, find those pockets of excellence. We really want to hear about all the great programs that are working across the state. And again, how we bring this slide up now to kind of demo this tool as well. And again, you know, as I mentioned, this is for organizations kind of who should take part right there in the middle. Think really creatively about who you work with, you know. Kevin, can you send this to all of your consortium members, or the partnerships you have with Fresno Marissa? Maybe that's sending it to people who participated in your broadband boot camp. So they, you know, at an organizational level, complete that can complete the DEEM tool. And again, at a personal level, they can complete the survey. Back up there at the corner, you at the top. This is offered in English and in Spanish, and again easily toggling creates that nice reactivity. Moving on, if you want to hit next, great. Just some basic information. You know, demographics about your organization, who you are, where you work, where you're headquartered, and if you want to scroll down just a little bit further from email. Yeah. So do you work with any of the covered populations? That's really important information for us to know, and then the next kind of categories of how you would describe your entity. Please complete that for yourself. But as you're thinking about, maybe, who you could share it with, this kind of a good guide like, "Oh yes, I do work with a community college, or I work with a workforce development organization" that maybe you're not thinking about right away, but kind of reviewing this list. I bet you would be, you know, surprised that maybe 10-fold the organizations that you work with and partner with and collaborate with on this work. So again, very clear, very easy to see. For this one section here about what types of programs you offer, whether it's device access or digital skills training, when you click on those, it'll ask you for some more details about those, that information, and we have a cheat sheet in the toolkit, which I will show you. But at the very end of this survey, you kind of on that last page, it allows you to add reports. If you have an annual report, right here. Thank you, Mel. If you have white papers, if you have data sets or research you did in conjunction with a local university, please add those here, you know, just all that data will make it even more powerful. So the place here at the end to add all of that additional resources, you know, with maybe one of the questions didn't fit exactly the parameter. So why don't we go back to the slideshow? And we can again just show you some data and some statistics on how on the results that we're getting from this DEEM tool already. Sorry if it's a little bit of back and forth, but you know, as you can see, a total of over 300. The responses heat map here showing you know, kind of the of responses received by county at a bare minimum. Really, the floor we're setting is one, a response per county.

We know more than one organization works in and serves communities. So if you are, you know, represent, or you work in one of those counties, or you know, of an organization that does, you know, we're really urging you to complete this, the survey. We really want to have a complete map of all the assets that exist in the state. Again, that will be compiled into the The state digital equity plan. And with that, we can go to the next slide. And this is one area where I asked you to, or I'm sorry, the survey asked you, how would you identify yourself? This is one that we kind of wanted to point out. You know, obviously, there's a lot more than 48, I'm sorry, 42 counties. There's way more than 22 city governments. So, you know, kind of a specific call to action would be to reach out to some of these partners. You know, the government or public partners. I would rather, you know, a mayor's office hear from 5 different organizations, requesting that they complete the survey than not hear at all. So I think it's maybe a fair assumption to make that they might not have heard about this as opposed to, you know, getting that reach out too many times. And I think the next slide leads us into the conversation on the toolkit. But I wanted to kind of, before I go into that, see if there's any questions, or Scott, if you had anything you wanted to add on that. Oh, no, I don't think so, but I think what I would want to have is just the additional context that there is a method to the meetings, to the planning process, to the data acquisition. And so the surveys, the quality of quantitative data from the residents, and the digital equity ecosystem mapping tool is a way that we can get the information we are required to include a comprehensive statewide inventory of assets in our digital equity plan that identifies who among the state is currently working in digital equity or would like to be a partner in the digital equity implementation process. And so it's a way for us to gather that information. So just to use an example like ITOP, the work that you're doing, you know, we would want you to capture that in the digital equity ecosystem mapping tool, and the box at the end would be the place that we would recommend that entities would include, like the recommendation report from the boot camp, and to LCHC, you know, definitely, you know, similar with you guys, we would love for you guys if you haven't already to fill that out. And then with the report so that you put in the chat to be able to link those to that. So we can aggregate all of the information for the state, and those are additional inputs that we call through as we draft the digital equity plan. Awesome. And so in assistance to you, we have created a series of toolkits and a series of pre-made products. And so now, if we can actually pull the toolkit up, I can show you some really great examples. And let's start with the survey. Oh, I'm sorry, if you can go back one more level. Absolutely. Yeah, right there. So that second one. Yes. So right here, you can see we have a whole Google Drive full of invitation letters, principal flyers, social media. You know, you might get some questions from CBOs that you reach out to, encouraging them to share the public survey with their community. Documentation here about why that's important and the role all that data will play in the state digital equity plan. It gives some ideas on how you can engage. Again, social media templates. So if you want to post something to your LinkedIn, to your Twitter, to your Instagram, maybe you're having a device distribution event or a digital skills training session, and you want to have the QR code set out, or flyers to hand out, all of that is available right in here. And if you're having any difficulty, any part of the staff would be more than happy to assist, and all of this will be shared afterwards and is probably shared in the chat if it hasn't been already. And then moving on to the DEEM toolkit, if we want to go one up,

awesome. If they, the one that I find the most powerful is that DEEM survey instructions. And so, yeah, if you want to bring that up, this is basically a guide to all the questions that you can see. So you know, section 2 here talks about device distribution as part of your services or a program that you have, you, you know, provide devices, you know. It'll say, you know, these are the questions we really want to hear from you in terms of your success and around device distribution. How many of you distributed? What are your goals for this? And so you can. You know, I recommend that you look at this before proceeding. It'll allow you to have all those questions answered, and then, you know, 10 min and all of that that is uploaded into the system, and we've received it all. So again, all of these toolkits are available online, free and available for you to use and encouraged. A lot of them contain the QR code, which make it easy for everybody to... But again, we will be sharing all of these resources. And if there's any questions happy to ask answer them. But if not, I am, can pass it back to you, Anne. Thanks so much. Let's see. And now, can we have the slides of the upcoming State digital events that you like grievance? One more, one more, and then we'll come back to this awesome you've heard that I've been saying this is the last of our health alumni and working group, but just wanted you to know that it's we won't be the last time we have the opportunity to work together and so want to highlight the 2. I mean statewide digital planning group meetings on Wednesday, July 26, and then Wednesday, October 20 fifth. Both are noon to 2 Pm. And all of our links will be posted at the bit, we link below, and then we'll also drop it in the chat for you. The press zoom today. This afternoon we will have our essential services, accessibility and civic engagement, open area working group. And then our tribal collaboration, outcome area working group meeting will be rescheduled later in July. So we'll announce that as well. And now let's go back. One more sign in regarding to tribal collaboration. We are working with Pcs. On both day and tribal consultations which are invite only and specifically for tribal leaders, members, and representatives. So there are 3 in person and one virtual. And so, if you are, if you are working with tribal leaders and members, and that they should have awareness for these events, please let us know, and we'll connect with them directly, and we can connect to us with them via digital equity@the.ca, and we want to make sure their you know, information is passed along, and they can decide which of 3 or the virtual ones they would like to participate in. Next 2 slide perfect. And so just a recap of everything we discussed here. Our priority right now is to make sure that we are getting our public survey to residents of California households, so please help us distribute that we can only get there with your help. And we are happy to support in any way. If you have any challenges, or concerns, or you know, how do I use toolkit? Or we? We have to happy to connect and walk through that. The next priority is the deemed book. And then just so, you know to. And later this summer, after we are able to aggregate responses from both surveys, tools as well as from our in-person workshop, online working group will be able to track the state by ditch like what he planned, and have that for open public comment later in the summer. So please, you know, stay in touch with us, and we would love to hear what you think in that track. So those are a few next steps and how to stay involved. So know that this is not the last time we'll we'll be working together. So I'm a few contact information before you drop off. digital equity@state.gov, but for all as Step related questions, that's my name as well as my colleagues at in the office. And Scott, would you like to add any last conclusion from works? No, just just very thankful and for

all the time and effort that folks have put in all parts of the process. But how generous folks have been with their subject matter expertise and lived experience. Your not just your participation. But you're like substantive input I think is really putting the State of California in the residence in a good place that we're gonna have an excellent digital equity plan to address the needs. So again, thank you. And we look forward to seeing you and continuing this on during the implementation phase. Thank you so much. Thank you for your time. Thank you for the great presentations. Thanks. I mean.