

Health Outcome Area Working Group Meeting
Thursday, May 18 ,2023
Transcript

Our meeting. Awesome. Okay. Well, good morning and welcome to the third health outcome area working group. And today we have rate agenda and line of up speakers for you all, and before we begin in the formal agenda I would like to go over a few housekeeping items and next slide. Thank you. And so, as you are where we are recording this meeting, both the slides and the recording will be posted online on our past event portals as well as linked and shared to you in our portal. Thank you email gonna see our asl interpreter throughout the meeting, please. When we are sharing slides the side by side. Speaker mode is best for viewing, and if you would like to see other folks on the call, you can always choose a gallery view, and close captioning is available, and you can select that, using our tool on the bottom of the screen. And additionally, chat is available, so please feel free to introduce yourselves and your name, pronouns, organization, title, and where you're joining us from, you can use the chat as well throughout the meeting to send questions. We sometimes go back and read questions to the group in the community discussion portion, and sometimes your panelists may answer it right away as well. So feel free to use the chat. And lastly, the reactions button here with the smiley face and a plus sign I miss where you can raise your hand to come off mute and that's it. If there's no further question, let's begin. Next slide, please. Okay. And the agenda today pretty similar to last time building on conversation that we've had, and expanding the table as well as what we're talking about, and so starting with the walk on, take away from February and March Outcome area meeting, and with the support of our graduate. Soon as this. Then, the opening panel discussion coming together of a lot of our experts in the room that we've met, not only through working sessions, but our in-person workshop and community discussions where we really hope that you all will join in in a bi-directional engaging conversation. And then, lastly, how to take action next steps and close. So just one note to the community discussion. We'll be asking questions that we ask you during the pre-registration. So, nothing new here. I really want to hear from you, expand on the you know the quick notes that you add in your registration, and it will be great. So with that next slide, and I will hand the spotlight to Latifah.

Thank you very much. I'm. My name is Latifa as Anh mentioned. I am now an alumnus of the School of the Public Policies. Students have been working on the Health Outcome Area Working Group. So during the February Outcome Working Group, we discussed digital equity and identified some barriers towards achievement. And one of the definitions that we came up with that was generally unanimous was the accessibility of digital tools and services for all, including, of course, underserved populations. Some of the outcomes.. Some of the, you know discussion, outcomes was that telehealth and virtual care tools have become very critical in the community, particularly after the pandemic, and that the existing digital barriers preventing people from accessing services which, of course, then exacerbate the health care crisis. We also identified existing initiatives that could help, and are already helping improve access to digital health services. Some of them are affordable connectivity programs and subsidies for low income communities which ensure that everyone has access to the Internet and digital tools to be able to access telehealth and whatever other form of virtual care services that there is. Something else that came up was that conducting pilot projects for implementing telehealth is also very important in helping to identify barriers

and barriers toward access and highlight areas where improvement or their gaps that we can find. Moving on to the March meeting we discussed how digital inequities impact health outcomes and also continue to exacerbate health disparities, especially for vulnerable communities. And to achieve digital health equity there needs to be a focus on broadband access, access to technology and education on how to use the technology to access the services. We also highlighted the importance of community involvement in designing potential solutions because every single population that we are trying to serve has very, very unique needs and challenges. Something else that came up as very strong was the anchor organizations and digital navigators. This came up very strongly as initiatives that have been very successful in the communities. Lastly, we also, saw that stakeholders need to work together across sectors in a unified manner to have a a greater impact, including the digital divide and improving access to telehealth. In summary achieving digital equity and health care is of course, essential to ensure that everyone has access to digital health services, especially during a time when telehealth and virtual care becoming increasingly important. Thank you very much for your attention.

And thank you again Latifah, and congratulations on your recent graduation. And Q4 really bringing everyone up to speed. We don't want to assume that folks have been here since February, you know. So, thank you for recapping all of that, and really setting the ground for our our meeting today. And with that I would like to go to the next slide, please. And we have great speakers, and here today to so kick off our conversation and really answering key questions that we want to focus in today, but also building on questions we've had in the past few months, right? So, what are the digital barriers that are faced by the populations they serve. But also understanding that digital equity is a determinant of health and I'm really going on to that and explaining what types of programs and services are are making progress in bridging the digital, the wide leading to better health outcomes. And we also would invite our speakers to highlight the gaps that may exist, and potential for opportunity to bridge and to close the digital divide. So with all that said, like to welcome Elena first to the spotlight to start off with that question. How how is stitched? Like what he had a tremendous health? And how is the California Department of Public health. I'm looking at this issue.

Thanks so much, Anh. So hello, everybody. My name is Elena Costa, and I work for the California Department of Public Health in the Injury and Violence Prevention branch. So the California Department of Public Health recognizes that supporting Californians' access to broadband and technology is critical. We also recognize that the US Department of Health and Human Services is shared; that access to to technology, including broadband, has profound effects, not only on individual empowerment, educational attainment, economic growth and community development, but also to California's access, ability to access, health care, health related information, health, education and promotion efforts. And as such it has been, become seen as an important social determinant of health. CDPH also recognizes that disparities exist in accessing digital resources which may lead to gaps in well being helpful and health outcomes. So people with access to affordable broadband are more likely to be able to access online learning, obtain health information and receive telehealth and tele-mental health services. I think an excellent example of this is the role that Internet access played in the dissemination of the COVID-19 vaccine. Some who experienced the digital divide were left behind. If people without access to the Internet were able to sign up for vaccines online. Research also shows that the pandemic has further demonstrated the need for universal access in State of California. So next I'd like to

describe a few CDPH efforts that support bridging the gap between California and technology. However, I want to share that the examples that I share are not encompassing of all of CDPH's efforts on this topic. So, the first is an effort. The first that I'll talk about is an effort of the Counseling Department of Public Health essentials for childhood initiative, which is a program funded by the Centers for Disease Control and Prevention, and it's in its second cycle of five-year funding. And the second example is also a CDC funded project that works on addressing suicide prevention. So the essentials, first I would like to give a little background on the Essentials for Childhood Initiative. It utilizes, this project utilizes as a public health approach to addressing upstream social determinants of health, to reduce and prevent adverse childhood experiences and child maltreatment. The Essentials for Childhood Initiative is a coalition of nearly 90 organizations and programs, and that includes folks from the State local nonprofit and philanthropic areas. The backbone agency for the Essentials for Childhood Initiative is the California Department of Public Health and the California Department of Social Services. So, through this coalition's work there was the development of a piece called Community Strategies to Address California's Digital Divide and its Impact on Children and Families Report and Brief. They were developed to assist date, and local public health programs, children and family service providers, nonprofits and philanthropic organizations in their efforts to educate about the digital divide and its impact on child well-being, specifically on access to telehealth and tele-mental health. This report was led and developed through the Essentials for Childhood, and that initiative equity subcommittee who determined that it was critical to look at these two areas on telehealth and mental health in California because there had been lots of effort that that that the Equity Subcommittee had noticed around access to education during the pandemic. So key informant interviews were conducted around the State with providers to determine what was working well, and where there were opportunities for improvement. And so they based on the key informant interviews, developed a pretty comprehensive list of evidence evidence-based strategies to address the digital divide that can all be listed in a founding report like there are many I didn't want to spend. Run them through right now, but they are efforts that communities could consider, taking on to address the digital divide at the local level. And then a little bit, I'll drop in the link to that report. Additionally, like I mentioned CDPH's comprehensive suicide prevention program that's funded by the CDC is working in 13 counties that are predominantly rural to conduct program implementation to prevent and reduce suicides. The counties were selected utilizing data on suicide rates and self-harm, emergency department visits as the primary criteria for identifying which counties would be participating in this project. CDPH is providing training and technical assistance to the counties to support adoption, implementation, and evaluation of evidence based suicide prevention strategies. The goal of this project is to reduce suicide rates and self-harm emergency visits in those counties by 10 percent. So, there are 3 strategies that the the CDPH program is focusing on that leverage existing suicide prevention work in those 13 counties. But one of their main focuses is on reducing provider shortages and underserved areas through the promotion of tele-mental health. So you can visit CDPH's website for more information, which I will drop a link into chat for that, and then also a link to the digital. We'll divide, report as well. And with that thank you so much, and I'll turn it back to you.

Thank you so much, Elena, and that is so incredible. What you said in the beginning about the coalition of 90 organizations with CDPH California Department of Social Services. So I think that's a tremendous organization work that you're doing to move California for so appreciate all the work that you are doing the partnership that you create in the communities. Next, and we have Michael Freeman, the Assistant Deputy Director for

California Department of Health Care Services. And I know a lot of the work you're doing, and we've met in person a couple of times. So let's have you here. Please share with us the work that DHCS is working on and over to you.

Yeah, thank you so much. And thank you, Elena, for those really interesting and incredible remarks. So like it was just said, My name is Michael Freeman, Assistant Deputy Director, Healthcare Benefits and Eligibility at Department of Health Care services. I also oversee our benefits division, which really helps spearhead and carry out this, our medical telehealth policy. So let me take it back, kind of to the beginning, and just go really quickly through what has happened right when the Covid pandemic began. We had a few telehealth policies in place, but our utilization of the services dramatically jumped from somewhere around 300 claims for a 100,000 members over 12,000 in just a two months time period. So we very quickly acted to implement broad temporary flexibilities for our telehealth modalities just to ensure that we have a full complement of tele health services available throughout the public health emergency. Also, to help further inform the future of these policies a work group was created in 2021, that met towards the end of 2022 with a wide range of stakeholders. I think many of the organizations I see here today were a part of that work group, and we really, you know, they helped inform the Department on our the most effective tele health policies going forward, what would be most important for the communities across California, and also about our evaluation? And what would be, you know, most effective for the future of telehealth. And then one of the most critical deliverables from that worker was establishing these guiding principles for DHCS telehealth policies, and I wanted to bring that up because the first main one was equity. So, you know, this is really health care, related equity. But it really, you know, blends together with digital equity in many ways. So you know, this was to ensure that DHCS. Would focus on improving equitable access to providers addressing the inequities and disparities and care to every one of our members. So now here we are at the very end of the PHE. It has ended, and based on the guidance from our work group, and internally and externally, we have basically it continued permanently with adopting most of these flexibilities that were put in place very quickly during the PHE. So, the information we had in the guidance really showed that those were effective and equitable. So just briefly to talk about some of our telehealth policies, or the the critical cornerstone of those is that telehealth is not a distinct service, but it's just a way to deliver health care to patients, and we see the standard of care for those services as the same whether a patient is being seen in person or through telehealth, so due to these principles we have most of our medical services are allowed through telehealth, and that includes synchronous video, or also audio only services. And this is across all of our delivery systems: physical, health, behavioral health, dental as well. As long as those services are meeting the requirements of our our codes that require certain elements. So now what I really see the key role for DHCS kind of moving forward. And right now, as far as improving digital equity, and and, you know, really ensuring that services are available across the State. These two expand their data available especially to the public. We are doing a lot internally for research and evaluation of telehealth. But getting that data out in the public is really critical right now. It's something we're working on day in and day out. We're working to do that in three different ways through a biannual report, a public data dashboard which we're hoping to be interactive and also posting raw data on our California health and human services, open data. Portal. And, you know one of the key equity questions we're going to be trying to answer through our evaluation is compared to in-person visits. How does how does the health utilization vary across our populations? Data we're hoping to post through this dashboard we'll be able to stratus for strategy by

modality like audio video, demographic as well. Like your geography languages, spoken ethnicity, and also service type like I mentioned. This is available across the medical. We're also looking at ways to hear directly from our members. So this is a critical voice, and we're trying to use existing survey resources like the CHIS Survey, the California Health Interview Survey, our Assessment and Health Care Providers and Systems Survey which is for our managed care plans. Also, we have a substance, use disorder and a mental health services, consumer perception service. It's looking to get involved with that really here that the correct can super voice understand what's going on across the State. And then the last thing I'll just mention is looking into using our community health workers as a potential resource to help with to help with this, to really get down to the community level. One of the services community health workers can provide is health navigation. So, this can help people with accessing health care, understanding the health care system, or helping engage in their care and connecting to community resources. And we think this may be a good way to get really down to that community level and increase access and understanding of how to access tele health services. So this, of course, will take a lot of community engagement through our community based organizations as well as you know, DHCS is working with our managed care plans to ramp up the Community health worker benefit across the board and we're excited to see how this is progressing over time. So, I think I'll leave it at that. And Thank you.

Thank you so much, Michael. I think. the group here Will definitely have more questions for you. But going on to what you and Elena has said earlier. We can't have, you know, equity without digital equity. And so, as we become more dependent on digital services and information to sign up for not only insurance, but even to refill our medication right. The digital via disadvantage our cover population a week about an earlier meetings, and these leads to inequity. So thank you for underlining that and re-emphasizing that here, with the digital equity planning process, we are working with you all and community members to collectively address the digital divide and the Plan will fund, or the plan will help us leverage additional capacity, grant to eradicate inequities and empower outcomes. And and that takes all of us work together. And so I'm so excited to see what you you all are doing here from you. So yeah, and say something that you mentioned earlier to Michael about, and how the navigators, we've been hearing a lot from our workshops that health navigators also become digital navigators and play all dual roles, so in terms of training them and getting them equipped to to do that. So, love to pause there and hand the spotlight over to our next, our next speaker, and we have Mark Diel from the California Coverage Initiative, Mark over to you.

Thank you very much. And I think we have some slides we can pull up to share some information about us. I'm going to pause for a second. But. Mary, can you get those? Perfect. So I'm Mark Diel and I'm with California Coverage and Health Initiatives. Most people know us to CCHI. We're an association of local government agencies and nonprofits who assist people to navigate, subsidize health insurance coverage, so that account cover California and Medicare and local programs. And we work with our clients to make sure that they're accessing health care services and understand their benefits and stay enrolled in health insurance. And, I just want to say thank you for inviting me here today. It's an honor to be here and to be included in the digital equity planning process and how people are down about the ACP. Mary are you able to pull up the slides? Yes, I was. Let me know. Can you see them now? No. That's okay. I'll keep talking while you're on those up. So CCHI, we have 32 members serving 36 counties across the State. And, as I mentioned, our members

are nonprofits, local government agencies. And they work with a lot of other community partners. They we have about 600 total organizations in our network and service providers across the State. And I tell you, back out. access to coverage and care is type of digital equity, but I think that's already been covered. Huh! Elena Michael, and did a fantastic job covering cover that next to how it all fits together. Mary can you go to the next slide?

And just a quick interruption, Mark, can you go closer to the mic? I think it's cutting out a little bit for us.

Aah I'll project. Is that better? Thank you. I have. I speak pretty softly, so thanks. If you can't hear me just let me know. So, we're CCHI at this for our members. We support a lot of the work that they're doing. We're not a direct service provider our members and their local partners are. But we do support them by tracking the work that they're doing through Salesforce, providing broad marketing and outreach support advocacy, support, training, and best practices, and then opportunities for people to come together and talk about how they can better partner together. One of the things that we've built out recently through the navigator program and other programs with DHCS and CMS. Is a pretty robust marketing campaign to help people connect to coverage and care. What we're going to highlight today is our work with Effective, which is the advertising division at Comcast, and what we're doing with harmony health through texting and where we get some of this information, we contract with the experience for lead generation. Mary will you switch to the next slide? So, through our current campaigns. We were rolling out a little over 26 million video ads through June. And that's through the navigator program and other programs with the. And what we've rolled over over 3 million video ads so far. And in 89 percent, almost 90 percent of those ads have been viewed in their entirety. Now these are cross-platform ads. So the video ads you're seeing on phones, computers, tvs, even gaming consoles. So it's pretty easy way to get information out to a product with the people. It's been pretty successful for us so far. Those ads are 30 seconds. Thanks, Mary for switching. We also have a texting campaign that we're rolling out to with Harmony Health. I and it by beginning of 2024 we have two and a half million video ads or sorry text ads go out direct to consumers. and these are very targeted. Again, we we get to select age, income, demographic language, all sorts of information on the individuals that are receiving these texts. We've set out 700,000 so far in 10 counties. and what we've received so far is about a 14 percent quick through rate on the first text. By the time we get the six text out we have about an 80 percent quick-through rate. So 80% of the clients are either accessing more information or saying, stop. And what we've seen so far is less than a 3% drop out rate so pretty amazing results when you're looking at, how do we get information in people's hands? The the platform that we use can translate information to 113 different languages. We've used 63 of the languages so far without any corrections or complaints from the folks we've been sending this out to. So we're pretty happy with the services we've been getting for Harmony Health. Here we go the next one? I just wanted to show you the quick video ad that we're running in Riverside County. So the reason I'm talking today is we're running a pilot project in Riverside County where we're going to send out 300,000 texts and have 300,000 video ads seen in Riverside County to help connect people to the ACP. Mary, will you play the ad seen? Fast home, Internet. It's part of what makes today's world go round. With the federally funded, Affordable Connectivity Program, you can save up to \$30 per month on home Internet. Meaning new Internet service could be free. Households enrolled in programs like Medicare, CalFresh and Lifeline qualify for the \$30 ACP discount. Call (866) 922-1016 or visit rivcoconnect.org/applytoday to sign up and start saving today. So that's the app that's

going to start running next week. The texts have already started. We have about 172,000 texts that have gone out about the ACP and one piece of information, you see, that was Riverside County specific that I didn't mention and it's important to cover, is the referral information in these texts and video ads, we can dial it down to zip codes or neighborhoods. So those 26 million video ads are gonna to connect people to local community services within their zip code. And same with the 2 and a half 1 million texts that we sent out. Mary, will you switch the next slide? So that's the overview A number. Yeah, that's 125,000. 172,000 now it's got an updated number today. And on this we're seeing a slightly lower clickthrough rate, because we just start running this text out this week. That rate will go up. We're at 10.3 percent, we anticipate that will get to over 40% like we've had with our subsidized health insurance outreach. And one of the things I just want to give a shout out to Comcast out of Riverside County, and Sesac Finance Corps who supported CETF. This all this work in Riverside County is getting done pro bono. So everybody's donating these services to help connect people to as well. Mary, will you go to the next slide? So really quickly before we jump in any questions, if anybody wants to put their name, preferred language and cell phone number in the chat, we'll send the text out to you, so you can look at what those see what those, see what those look like. Are there any questions? I don't see them in the chat, but perhaps folks will have questions for you in a little bit, Mark. Do you have? And so thank you. Thank you for Maria for sharing the slides. I just want to underline what you the incredible work that you are doing. Mark in partnership with the California Development Council. As we know, the ACP. Is a stated goal. ACP Promotion is a stated goal of the California Broadband Council, and awareness of the program is often the most cited reason and barriers for folks not enrolling in the program. So I think, looking at that and addressing it, we're very intentional work that you're doing. Is isn't it just incredible? The amount of ads, and that's so fun. So wanted to also share something you mentioned when we first focused, and what let's see if I mentioned earlier on to is notification from trusted messengers. I think, hearing it from you who they are, you know, and folks in their communities who they've seen and worked with already, versus, you know, just a blast from the State is definitely more effective and getting a lot more clicks and responses. So I mean, it has been proven to be an effective strategy across the nation, and we hope we can do more of that. So...

Yes, thank you very much. Yeah, I think that's a really again an important point, is it's not the CCHI. Love it that you'll see in any of these, and it's the local partners where people can get the help. We're just here to to make sure that people know where to go to get home. Exactly. And I saw your link to it very specific to Riverside County. Toms been great to work with. So, he's an amazing person. Yeah, thanks, Mark, and with that I would like to introduce Astin Williams, the program Coordinator for the California LGBTQ Health and Human Service Network. Astin over to you.

Hey, there, everyone! Good morning. I hope everyone's doing well. I'm gonna go on ahead and bring up my slides. Give me 1 second. Can folks see that? Yes, we can. Okay, Great. Well, yeah, let me move this everyone over. Okay, Well, wonderful. Good morning, everyone. My name is Aston Williams. I use She/They pronouns and I'm the program Coordinator for the California LGBTQ Health and Human Services Network, and I'll be talking just for a quick 5 minutes about digital inequity and health outcomes within LGBTQ communities. So yeah, I am overseeing the Outcome Mental Health Program, one of many programs that we have at the network. And it's a statewide project that advances mental health equity and provides resources to build capacity and local LGBTQ communities, and it represents a coalition voice at the State level for policy discussions. We work with 15 task

forces across the State. So, all the way up to Humboldt County all the way down to San Diego. So, it's been great. I've been on this project for about six months. So, it's exciting to come in and do this work with each of our task forces that we have. They have deliverables that they turn into us, and they work with us on. And two of those really big deliverables for us is our convening that each of our projects do, and also a listening session. The convening is really important for us, because that is when each task force has an event and they're able to pass out surveys that we provide. And that's where we get all of our data, our mental health data regarding what each of the communities needs in their communities. Yeah. And with those listening sessions. We also each task force holds a listening session which usually happens in the evenings. We're just getting started this year. And we get to ask communities. Each of the task force communities different questions about what they need in their mental health providers. From the convening and the listening sessions, we abstract that qualitative and quantitative data, and we create a Statewide report each year, and that is funded by the MHSOAC. And so we get to take all this information and utilize it for the work that we're doing. We're really excited for this year. We're just getting started with our listening sessions because we're going to be asking questions about regarding the digital divide. So it's pretty new for us to get started in this specific topic. However, we have a lot of challenges that our communities have shared that do overlap with this work. So I'm going to be sharing a few of those today. It was hard to choose, because there's so many. But I'm going to be sharing with all just a few, a few quotes here. Please feel free to read them. I won't. Be reading them aloud. But these are some of the major things that we see in our communities. So one of them starts with how far folks are traveling to get their their health care needs correct right? So we're starting with about a two hour drive for some folks. If people are in LA, they may have to go to San Diego, even if they're in LA, they may have a two hour drive to get to their gender health specialist. And this is definitely issue, just because for a lot of our folks they may be trading off going to work for those two hours plus their appointment time, right, and getting back. Or they may be trading off work. work, or school. Excuse me for that time, and so that's something that's really affecting our communities. Lot of people don't have a time to take off work, and even if they do, maybe their their therapist, or whoever they're seeing, has a weird appointment time of like 2 p.m. on a Monday. So that Isn't always very accessible for our communities. Additionally, there's also just trying to find culturally competent folks to go to a lot of times. Our communities have a hard time finding folks that share the same intersections with them who have an understanding of historical trauma around race around ability, all of those different things. And so that's a really big challenge for our communities. Additionally, while Covid has increased virtual medical assistance, we've seen that in rural counties. We're still dealing with folks having less Internet access. And so that's a really big issue with our communities, even with individuals and cities. We're seeing that Internet is very expensive. And even for folks who do have Internet they may have cheaper plans. It can be spotty. A lot of our community members are living in houses with other people. Maybe they don't have the funds to be able to live alone, and so there may be three people working from home while you're also trying to have your appointment. And that means that they can't always have a decent, a decent appointment sometimes Internet goes out and different things like that. So, a lot of times people are really dealing with some difficult things, and we've heard a little bit of that hopefully with our questions that we'll be asking, we'll be getting a little bit more data on what that what's happening when it comes to internet access. Just to wrap it up real quick, because I know I only have five minutes, these were the few top barriers we had to care for our folks. So for a lot of people the top barriers were having a affirming providers available nearby. Even if it is over the internet, we still gotta find those affirming providers.

And so that has been a really big struggle for our folks Scheduling and availability or appointments, long waits, all of those things have always been very difficult. Fear of discrimination has also been a very big factor for folks having barriers to care. So if someone's going to be discriminated against their gender or expression or their sexual orientation we have a lot, a lot of feedback from our communities on that. And even if they can get those appointments, we gotta think about the insurance, and if someone can afford those services, and so that is also a really big issue. Do with okay. I found my provider who is culturally competent, and I can go to them at the right time, but I cannot afford them. And so that is also a very big barrier to care. So yeah, we have a lot of this information on our website. So if you're interested, please check out our website. We have all of our statewide reports on there, so we have a thick book of all 15 partners that we have, and all of the listening sessions, and what that feedback was. This is the super short little tidbit, but I'd love to talk more about this topic. So, please, if you'd like, feel free to contact me. Thank you so much.

Thank you, Astin, and thank you for, you know, being part of our planning process, and really revealing the types of challenges unique to the LGBTQ population, but also the intersectionalities of it. I think, when we first spoke I shared that we have the NoFo called out eight cover populations, and then you're like, well, what about the LGBTQ community? So I'm glad we're able to bring you on, because I do believe that the intersectionalities, like within the eight LGBTQ members are all in all eight of them. Right, like folks, could be on from households lord, and 1 50 Federal level income, but also could be an aging individuals, or it could be also be a veteran. So there's so much cross-sectionality and something that I took away a lot from. You know the speakers so far is the community collaboration that needs to happen in order to close the digital divide and glad that you're you know you're representing an organization that is stepping into the the digital equity work, and even including it in your report, as well as the questions that you're asking during your convenience, so appreciate so much for for all your work, and I look forward to our continued partnership. Yeah. And then next, we have last, but not least, I think, as in refer to rural areas and a lot of the other speakers too. Tina, we've met up in Northern California very rural area, but so much work has been done, the challenges that you know you face, but also the work that is catered to the rural community. So we would love to hear from you, Tina, go ahead and come out of me on camera.

Oh, you are great! Thank you. I do find a lot of intersectionality with everything else that the other speakers have mentioned. I'm Tina Tvedt Schaible, Executive Director of Redwoods Rural Health Center. We're a small, federally qualified health center in Southern Humboldt County way up in Northern California, and I've been leading this incredible organization for the last 11 years. Redwoods Rural remains the safety net provider in the community, offering income base, lighting the scales to keep our services affordable, and we serve everyone regardless of their ability to pay or social or economic status. And the majority of our clients are very low income with over 60% of those reporting, earning less than the federal poverty level. The community's means for services has expanded during recent years redundant rural, had one of our biggest operational years in 2022 coming out of the pandemic. We serve nearly 6,000 patients and provided more than 28,000 visits from our various locations. We offer medical dental, behavioral health, acupuncture, nutrition, education, transportation of food bank school-based services, housing support, and our news program is case management for homeless and mentally ill clients. In addition, we have dedicated staff to assist patients with applying for medical and other programs, and I

feel that that could be a good partnership with incorporating information and support for the affordable connectivity applications as well, and I'm glad to see the work of CCHI, because we are one of their partner organizations. Redwood's Rural has adapted to the pre and post covid pandemic environment, currently 25 to 30 of our visit volume, mainly medical and behavioral health services are provided virtually via telehealth, using phone or video modalities, and being able to operate in this new virtual, healthcare reality has allowed us to recruit and retain our exceptional staff. One of which is a new license, clinical, social worker, mental health provider that will be starting in mid-June. Additionally, around 90 of our patients have reported that they prefer a meeting with their behavioral health therapist via telehealth. So there are only very few that would come back to the clinic if for the in person visits this new opportunity does have some challenges, though, because many of our clients live in outline areas that Don't have cell phone service. So there are no opportunities for text message communications and wireless Internet connectivity is non-existent. Also, affordable broadband service and internet capable devices are really lacking. Having an expanded connection to affordable high-speed Internet in these outlying areas which are about 30 to 45 miles east or west of our facility in Redwoods would help our patients live better, healthier lives, because they would avoid costly trips into town to access health care services. Especially since the cost of the fuel continues to rise and say: this is particularly important for our elderly clients with fixed incomes who need to utilize and communicate with health care providers. More often. One other barrier is the knowledge. Not only of our employees on how to use these new technologies, but also how do we train or educate our patients, how to use the new virtual visit technologies. Some successes that we've seen recently? There have been some Internet expansions along the towns that are close to the 100 and one highway in Redway and Garberville, and we are very fortunate that our local repair company was vital in establishing some of those Internet connections for folks because they are a very trusted entity within our community. But one barrier, I see, is that calling some of the Internet service providers listed as accepting the affordable connectivity discount program. Many don't serve the large expanses of the outlying areas and the service options that are available. Currently, don't, offer fast, internet which is 45 megabits, or or faster. Most are around 20 megabits speed. So, infrastructure in rural areas is a significant current barrier to ensuring affordable Internet access for all. And I'm hopeful that the last mile initiatives in the next couple of years will change the accessibility to internet and telehealth for these communities and just kind of us internally as an essential provider. Fortunately, a Redwoods Rural Health Center is in the process of upgrading our own Internet from 45 megabits to one gig and we're able to reduce the nearly \$4,000 monthly internet bill to under a \$1,000 a month through the USAC and CTF subsidies. Without these programs the internet would not be unaffordable for our nonprofit, let alone you know any essential nonprofit agency in in our community.

Thank you very much. Thank you, Tina. Thank you for sharing that. And Mr. Scott Adams, I would like you to go off mute and on camera too to close us off for the panelist session. Yeah, and thank you very much.

Good afternoon or Good morning, everyone. I'm Scott Adams, I'm. The Deputy Director of the Office of Broadband and Digital Literacy at the Department of Technology, and just want to thank all of you for being here today and want to thank our presenters really great diverse panel of like State agencies to Statewide non-profits, you know, an LGBTQ you know I plus specific organization, and and Tina is like a rural health advocate. I think all of you bring such rich perspectives to this. You know this third session, and which is kind of building on

the work that we've been doing. And you know one of the things that wanted to to kind of highlight that we covered in in one of the first sessions, and also in our regional workshops. You know, this digital equity planning process is a of cross cutting, you know. Kind of five-part, you know, place where we have a virtual planning group and virtual working groups, and you know a a digital ecosystem mapping tool to help capture all the great work you guys are doing. A number of digital equity surveys and then our regional workshops where we're getting together. In fact, it's where I have the pleasure of meeting Tina up in the Redwood Coast up in Eureka, and and hearing about the great work she's doing, and then challenges. And so one thing I wanted to kind of level set for the community conversation is that, you know, really Broadband for All is the you know, as the State and the Governor's overarching program to close the digital divide. It's really focused on those kind of great comment and universal barriers that access, affordability and adoption are really critical and central components to achieving digital equity. In that, you know, it's because of these inequities that this working group has been brought together to help. See how we can all collectively work together within that that health care space to promote, and, you know, achieve digital equity to empower outcomes on the access side. Tina mentioned this want to make sure folks are aware that the the State is invested in six and a half one billion dollars already in the Middle-Mile Broadband Initiative to put together a statewide open access middle-mile network to offset the cost of deploying, you know, internet service and infrastructure out to rural areas for the historically red line urban communities that often Don't have adequate service. And then there's there's about 3.8 billion dollars. That's been allocated to that. And then another 2 billion dollars through the Public Utilities Commission to create grant programs for ISPs and other eligible entities, cities, counties, tribal nations. Even anchor institutions to develop their own last-mile services to get service out there. So Tina, thank you very much. Thank you for bringing the voice to the rural population, and that, you know, without any service available. We can't even get people connected to the affordable connectivity program or digital literacy, training programs to access telehealth, etc. The other thing that we wanted to to point out is on the affordability and adoption piece is really great mark to see the the the work that CCHI is doing, and that's really complimentary to this statewide mobilization to to really address that that again, Tina, and I think, asking your slides even showed where we're services available. It just, you know, it's very costly. So, for all of us to continue to kind of wrap our, you know, joint shoulders or lock arms and continue to promote the affordable connectivity program. And all levels through the state entities, the regional and local groups, the and even the providers. That's a significant way that we can address affordability and increase adoption for those folks who don't necessarily need to wait for the infrastructure to be built, but are constrained by cost. I think. Lastly, just what is really demonstrative of, you know, that that we've seen in all these meetings and our workshops is that really California benefits from having such a rich and mature ecosystem of different entities that are working and and aligned in this space. And so we're very thankful that you know, through this digital equity process we've been able to thus far, you know, we convene and engage with over 4,500 you know individuals, partners, stakeholder groups who are all committed in this effort. So again, just thank you to our presenters for highlighting the great work that you're doing to overcome these barriers and achieve outcomes, and really looking forward to the next session and have some really cool call to actions at the end where we have all of you will further help support the digital equity planning process.

Thank you, Scott, and thank you and presenters as well, and as we pivot to the next session, just want to remind you all the chat is available for you to add questions. Also

encourage folks to go on on camera and off Mic. You think that's always exciting when we're in a virtual space. If you're in a place where you can go on camera. I think it's just easier to one to spot like you when you do have a question, but also for us to really engage and see each other's spaces.

So next slide. Don't want us to just be blocked into these three questions, but you know just to expand on what our presenters have started us off with in terms of, you know explaining and sharing the type of work that the organizations taking to address, like what the barriers for the cover populations, cross books in the zoom could also come off mic and on camera to share the work that you're doing, or even if you're stepping into the work right? Does it have doesn't have to be established, and, like all that, we don't want to discourage pilot programs, even though feel free to share. I'll read the next two questions as as you're starting to bring sort of what to say. That something else we do want to hear from you, too, is, does your organization offer programs and services to address any of the following? And if so, we share how that that advanced health outcomes so broadband affordability or adoption, digital literacy and skills, training, digital health, digital navigators program device access. And lastly, and sometimes I feel this is where folks come in more and share what digital equity programs do you think are needed and are currently missing. And that, you know, may not have been worked on or shared. But you would really like to see happening in the State. So, yeah, and gonna check back our chat, but also keep an eye out or hands raised. And so I'm not going to ask our team members to help kind of just elevate some of the previous questions as well, and we'll just have this open discussion. Yeah. And then, before we go to questions, I I also just want to add to it. So what you were saying kind of is a primary. So we mentioned that there's already the 6 and a half 1 billion dollars that have been focused on the the infrastructure piece, and the PC. Does have some programs and other entities like the California Emerging Technology Fund and and other philanthropies and private sector folks are, are you? You know, investing in these efforts is part of the digital equity plan. This we we're. We're not just putting together a plan to to achieve digital equity and outcomes the what goes after that is the State being able to draw down our allocation of Federal digital equity dollars to support the implementation of that digital equity plan. And so like when we're looking at what programs are working, and and what the gaps are, and what's missing, like what we'd like to hear from you is is you know about those in the context of like what could potentially be funded by digital equity, capacity, grants, and what could be skilled and expanded to do that so just wanted to kind of throw that out there as well. I see that the CETF is here. Do you have anything to share any comments? I know you're working really hard on the the telehealth space.

Yes, thank you. I'm. I was having difficulty finding my icons so apologies that I wasn't able to raise my hand. But but thank you for that. Actually there, first of all, I want to say thank you to all the presenters, and all of the information that you, provided. I think it. It really lays the groundwork for the opportunity for us to work collectively which is something on that you are really encouraging and Scott has been encouraging all along. So, I just want to say that for starters. The second thing I wanted to say is with regard to digital equity. And I just want to say a couple of things about what we're doing at CETF. Not only are we doing a lot of outreach with regard to ACP. But in addition to that, we have kind of a a comprehensive approach. My area of work is with regard to telehealth, and I was really happy to hear from Tina to share her experiences, particularly in rural areas on how telehealth is really being optimized there. So kudos to to Tina and her folks there and I think that what I wanted to share are are three quick things. One is that at CETF we actually funded a telehealth pilot project, and we just released our evaluation of that. And from that it it basically shared or or

highlighted that, of course facilities. Health facilities need access. We know that right. It needs to be affordable. They also need digital literacy. And when we say digital literacy, I think sometimes people forget about. Part of the digital literacy is also around telehealth literacy. How can people navigate telehealth in such a way? Can they look up their own chart. Can they see where they have their appointments, you know? Can they log on to see their physician? And what I wanted to share there is that CTF is working with a nonprofit in the San Jose area, and what their charge is is actually threefold, and one is to enroll families, do outreach and enrollment for ACP. In addition to that, they are also providing digital literacy. And they are also providing telehealth, illiteracy. and we're really seeing a lot of progress and opportunity. And I think what that really emphasizes for us is that need for digital navigators? And what we're seeing in this project in particular, in the San Jose area is that these are bilingual folks trusted messengers going out to the community and enrolling folks, but in addition to enrolling them also providing them with these digital little the digital literacy skills as well as telehealth skills which all of that goes hand in hand. The the other piece in Scott I know that you mentioned this as well, because it's all kind of a package is with regard to devices. You know, people having access to devices. That's it. That's a huge gap that is, that is absolutely a a huge gap. So what we're learning from our work we have a big project that we're doing with the FCC. And we're working with critical access Hospitals F. 2 Hcs. Tribal lands and and others, and skilled nursing facilities is that bottom line is affordability, a lot of support. And that's even in the in the health care systems themselves. You know. How do you get providers to have the skills and the the ability to conduct these telehealth visits as well. And I think we've all seen that with Covid. telehealth was necessary, and when communities do not have access to telehealth. It's dangerous. It's dangerous because they're not being seen. They're not being treated, and their health needs are not being met. I'm going to stop there. But I but I really do appreciate what we're hearing from from the folks who presented one last thing. And this is really a question for Michael Freeman, and we had the pleasure of having Mike will be one of our presenters like when he he just first started. I think he was just there a month or 2 at DHCS. But one of the questions that I had is I know that Dhcs is doing a lot of work with regard to evaluation, and one of the questions I have, and this might be getting a little too much into the weeds here. But is there something that is going is the Hcs addressing patient outcomes and population health. Are we? Are you going to be able to capture that data that says a. That people are actually have access. And B. They're actually getting better. So those are. I don't know if Michael is is still on the call. But those are the questions that I have, and I'll stop there. Thank you.

Oh, thank you for the question. It's good to see you. I think that is really something we're still exploring and trying to understand better. You know, first of all, what is the data showing us? And how can we use that to make some conclusions, or really understand the outcomes. So we're still ways off from completely finalizing or defining you how we're gonna look at the data and get to the outcomes. And what's you know what's actually working again? I think, understanding the communities and the community level. I know there's been kind of a barrier because we we see claims data, and that's really most of our data. So we know who is using telehealth services. But we don't necessarily know who isn't and and why they're not so. I I think there's a lot of work to be done. This is really our focus right now as to dive deeper into our research and evaluation plan. So I would say more to come. Great. Thank you, Michael. Yeah. I wanted to to comment back to. You know a couple of the things that you mentioned that that you know some of our presenters mentioned, and that we're hearing in our other working groups in in in these workshops. And again. It's the that

that digital navigation. And so in that the health space, and I think Tina was one of the folks who mentioned that is, like, you know. Help! Navigators are, you know, trusted messengers, and so, you know, Can they also become digital navigators and inform people about ACP. And there's an interesting knowing that trusted messengers are different for different segments of the the population, you know potentially, you know, I HSS workers, for you know, homebound residents and then other community entities, they carrying those like the digital equity message, the broadband adoption message, and tying it to specific services that that you know the motivating can tell people to want to be connected is just really important, and that the device piece. I'm glad that you raise that, because it's it's part of the whole package. And so what we hope to glean from this is like what particular you know. Segments of the covered populations most need assistance with devices, because that's a critical piece to, you know. Be able to access the the health services, so On a great presentation from everyone, and I'm so happy to hear devices being acknowledged because we look at it as from community tech network standpoint. You need a good device bigger than a larger than a cell phone as well as access to loc plus broadband and the skills to safely navigate the Internet as well as obviously being able to reach your position and access your medical records and know how to to that we create curriculum and 8 languages, or any language that needs that. We have just launched a digital navigators program where we teach the community partner itself how to have a digital literacy program, how to service it. We support them around it. So we do like in the in a couple of counties we are have a hybrid program. We we directly train and provide a device and let literacy lessons and help them get low cost broadband through the ACP program. and we we also hold a lot of ACP events. But we do have a direct services program where we will train the their members that are referred to us, if that's what they need, or if they're looking for to create their own digital literacy program. And we're also creating a full digital navigators program that what we can start extending outside the bay area and into several more counties in California. So we're happy to work with anyone that wants some information. Happy to talk to anybody. I have my email address and my phone number in there. Want to support anybody. Help them go in the right direction. And also we're willing to partner with anyone that wants to do telehealth and work with them as well. So I just think all this is really terrific, and I'm so pleased that the State is addressing these issues and recognizes it. And I think California is definitely a leader in this area is a lot of work still to do, and so many more people to get online. Thanks.

Thank you, Warren. Hello, we had a chance to chat. I see you. Are you very active on chat on this chat, so I want to make sure you have a platform to quickly introduce yourself and also ask questions that you have. You want school panelists or just a group?

Thank you. Hi, good good morning, everyone. I'm Paola Llescas, Senior Program Manager, a Latino coalition for a healthy California. And it it's very exciting to hear this work and everything that's being done at a statewide level or local levels, whether that's listening sessions or engaging with local local counties, and my question was definitely around with the work done in Riverside County. I think I had asked, and I'm looking through the chat to refresh my memory about the counties, how they were engaged to provide those pro bono services specifically, for the question was from work, just because it it sounds like leveraging those those relationships right with whether it was county or other entities to provide that, I think it's an important point to make to provide services right for for our communities. And I'm curious to know right, if available, right, how how the process look

like, and any any insight. Try for other other organizations here on the call, as we're working with our respective counties. Thank you so much. Oh. You want me to ask you a question for me. Just how do we work with the counties and partners?

So it's a really good question, and one day I was taking myself for not saying what i'm talking about. Click through rates. We send out 170,000 text this week I mean 17,000 people went to the county website find more information about ACP. Right? So I apologize. Sometimes I I talk clickthrough rates and things like that. Let's talk about what it really means, people getting access to services right? So the way that we partner with counties and local service providers CCHIs Association. We work really closely with the Association and Counties and State Association accounts, Finance Corporation. and we're one of their business partners. and they've been instrumental in helping us connect with county government leadership. So I can't speak highly enough that partnership They've been a fantastic partner to work with. We also work with Department of Health Care services, CMS at the and see Federal levels. And we work with county eligibility divisions. Most of the work that our local partners do. They're why they have a relationship with CCHI is, they help people enroll in subs health insurance programs and all medical enrollments happen at the county level. So it's we've been doing this work since, but our members of the doing since about 2,000 CCHI I came into existence in 2006. So we've been working on building those relationships with local county governments and local partners since 2,006, and I think I mean the key to it is finding the way it's looking at. How do the local experts do what they do, helping connect people to each other, and how we support the work they're doing locally. Because again. we're not the experts. The people doing the work are. So that's really what we focus on is, how do we best support the work that local service providers are doing in their communities to help people connect to services.

Thank you, Mark, for taking that question. I to M. Marissa. I know you had a broadband boot camp recently. Do you mind going on camera and share us any key takeaways? And from that session?

Sure I am. I don't know if I'm I'm on or not. I can't see myself. But you are there. Thanks, yeah. So last month I top, and for for those of you who haven't heard from us before. I talk in tribian and Trade project is a over 25 year old health policy nonprofit we're in a health policy expert and convener and we've been working at connecting health and digital equity for pretty much for the past 3 years. And so and alluding to last month on April twelfth, we we held a. We called it a broadband of tip, and essentially what we did was take a lot of the effort with that Cbt. And and that we're doing in this health outcome area work group, and and we had a workshop to gather input from stakeholders for the stakeholders. It was a small but mighty group. I think there are about 30 of us that workshop for an entire day. We had one of our broadband experts from in to the local self-reliance to kind of. Give us a little bit of a broadband boot camp, and then we really workshop. What are the health disparities that are made for it because of the digital divide? What are digital inequities, digital barriers to help? And then what are the solutions? And how can the digital equity plan I those solutions. And so some of the highlights and I think my team shared it shared our report. We put it together in a report, all of the findings that we made. And some of the highlight on sort of solutions that the date digital Equity plan can help support in healthcare are mirroring a lot of what we've been hearing from the really awesome panelists that we heard today. So big ones where I sort of disinvestment and statewide training and education. And where can we leverage statewide training that we're already doing in healthcare? You know it's with

our community health worker training, for example, or an idea was brought up that I really love in in healthcare under Kelly, you know, the State put up a a technical assistance marketplace. We have a technical assistance marketplace for community-based organizations that are trying to connect health and digital equity. Are trying to do some of those digital literacy and inclusion trainings digital skills. I. Where do you find devices? Where are the programs that exist to help connect people? Can we make a database on that other other highlights were around for the data collection. So it was great to hear Michael, you talk a little bit about the telehealth data, and and what we can do you know. Are there other ways that the State Digital Equity Bank can support pilots and data data collection efforts to help identify what patients have, what patients Aren't accessing tele health that want to and can't because of the digital divide. And how can we get them connected, you know, to to make the digital barriers. Not the reason why someone's not using telehealth is that is how they would actually prefer and and would help them access their health care. So yeah. So there's a whole report that we put together, and I'm more than happy to connect with anyone outline. If you have questions or you want to engage with us. You know it was a really great event. And then also, if I can, we're also I hope it's also it's. It's also not Mark. We should probably connect. It is also doing some ACP. Outreach and enrollment work as well. And we're we, you know we provided some trainings, and are, you know, trying to also contribute to those efforts across different counties in California to get folks to get folks involved and into the services that are available to them.

Thanks for that. Yeah, certainly. Thank you so much.

And, Greg, I see your question in the chat, and I would like to address that. Well, and I see Mark did that, too. I think more broadly. I know that there is a gonna be a call to action there. But great one of the things broadly on, particularly as it relates to the Affordable Connectivity Program outreach is that the FCC as convened? You know a number of stakeholders about ACP outreach, and they have some interesting data that shows and states where State entities and trusted partners have done direct notification to eligible entities and and like folks that have programs that are, also track to eligibility for the ACP. That they've had, like, you know, 10 to 15% increases in enrollment there. So when you're thinking about like National School lunch program, WIC, CalFresh, you know, Medicaid medical things like that that did. That really makes an impact. There are some folks. Just, for instance, in California there's 5.8 million households that are eligible for the affordable connectivity program, and as a result of this massive statewide mobilization from Broadband Council members. You know, CETF, other State agencies working with local entities. We've been able to connect two point, well, no 2,113,000 households as of last week. But there's still more to go. So one of the things that even before the digital equity plan is complete and we're able to access digital capacity. Grants is 15 organizations in California applied for and received about 10% of the FCC's, 60 million and ACP outreach grant applications. And so the Department of Technology received a \$750,000 grant recently, and what we're gonna do is continue to work with broadband council members and other State agencies to do, you know, create. you know, customizable print materials to do directly to the notifications to customers through you know, health care, renewals, etc. Things like that through department of social services, and also kind of like Mark is doing, enable, you know, folks to do texting campaigns directly out there, because we think there's about 80% of eligible households that may not need the kind of direct adoption assistant.

They just need to be made aware of this program on a regular basis, and I know that Marissa was talking about, and folks have been talking about data. But we wanted to do, I know we're running short on time, is the kind of pivot to some calls to action because there's been so much work that's been shared here that we are required to capture as part of our statewide asset, inventory to you know, which is necessary for the digital equity plan, and then another call to action on a statewide digital equity survey that we just launched this morning, and are really excited, and hope all of you would take some time if you haven't already to. Well, I'm at don't want to cut Miley off. So let's pivot to Maile. No worries.

Thanks, Scott. Yeah. I think there's a couple of of next steps here, just a reminder about the next outcome area working group which is on June fifteenth. and we can come back to some of these next steps, but I'll speak to the surveys that you were just referencing. So if we can go to the next slide.

Oh, hi! Everyone. I'm Miley Martinez I'm with the Broadband Equity Partnership. It's really great to be here and here about all the amazing work that you're all driving across the State. So, thank you so much for your time. I'm going to be talking to you about 2 tools that we are using to catalog and map the digital equity and inclusion work that's happening across the State from a diversity of agencies and geographic areas. One of those tools is called our digital equity ecosystem, mapping tool, or the deem. And the intended audience for this tool is organizations and agencies. So, folks on this call would take about 10 min to fill out this survey on behalf of your organization to help us capture the digital equity work that you're doing, or could do as part of your work. So, this is not just for organizations that are focused specifically on digital equity. It's for all kinds of organizations and entities that do digital equity work to help them better their mission and their work. So anytime you're promoting ACP. To patients or residents. We want to know about that, or doing any other kind of digital equity or inclusion work. So, the call to action here is to please take the time to fill this out. There's a QR. Code. It's live now, so you can access it via the QR. Code that you see on your screen, or the link that's also at the bottom of the screen, and will also be shared in the chat, and as part of our follow up from this call. So, if we can go to the next slide, please. This is a map that shows the response rates for the DEEM tool to date. So, we've had, though the tools been live for a little while. We've had a total of 163 responses. The map shows where those responses are coming from county by county across the state the dark green counties are those where we have 11 or more responses. And the red and orange counties are those counties where we have had 0 or only one response. So, we really could use your help in promoting this Dean tool, especially, you know, across counties that are poorly represented so far so that we don't miss out on hearing about the great work that we know is happening all across the State. We go to the next slide, please. So, this is really the call to action. The first step is to complete the DEEM tool, if you haven't already, and again, we'll be sharing the the links in various ways, so that you can do that today. It takes about 10 min and even if you only have a couple of minutes and can just share some basic information on the first page of the DEEM tool, which I'll be showing you in just a moment. Even that is really helpful. It saves your work as you go, so whatever you can contribute is great. We also have in this the second from call to action here after you've filled it out yourself on behalf of your organization is to help spread the word, and we have a toolkit that you can access via the link on this slide, and that will be shared in the chat that makes that easy for you. So it facilitates you. Just sending out an email, send you a quick message to any of partner organizations or agencies that you work with, that you want to make sure contribute to this survey as well the team tools available in English and Spanish. So, there's

a link on this slide for the Spanish version. And we also have a distinct digital equity, equity, ecosystem mapping tool for Internet service providers or ISPs. So if there's even your own ISP that serves your home, or if there's ISPs you work with in communities, especially rural areas. We want to make sure that they take the time to fill it out. So, if we move on to the next slide. I'll talk to you about our new digital equity online survey this is has just launched today. As Scott mentioned, we're really excited. So the QR code is live, and the link works as well. This is distinct from the survey I was just talking to you about in that the digital Equity Online survey targets households. So it's really for any resident of State of California to fill out on behalf of their household and share their experience with Internet access, affordability and adoption it's mobile friendly. So they don't need to have high-speed Internet in their home to be able to use it. They can. They can use it on their cell phone or their tablet it's available in 14 languages, and it has built in audio functionality, so that folks with limited English proficiency or limited literacy can access the tool in any of those 14 languages. And from here we can do a quick demo of each tool. And so you can see what I'm talking about. So, this is the first survey that I was talking about the the Dean, which again is intended for representatives of organizations and agencies you can see in the upper right hand corner. It's available in English and Spanish, and so you can choose your language here. And if you scroll down and go to the next page after the instructions, there's this basic information page that allows you to provide information on the having your organization or another organization. If you would like to do that. And this only takes a couple of minutes on the next page you can identify the current populations that you work with. and the work that's happening. One thing I just wanted to point out here is that if you click next? Oh, sorry if there is a there, there is an option to upload files that I just wanted to show you here, but we can. We can move on to the public survey just in the interest of time. So it you don't have to worry about capturing every minute detail of the work that you're doing on the DEEM tool. You can actually upload an annual report. Any documentation that you want to share that that captures that information. It makes it a little bit easier for you to share it. This tool is the public survey that I was just talking about that just launched today. It takes, as you can see, about 10 to 15 min. It's mobile, friendly as I mentioned, and if you click on the upper righthand corner. Here you can see it's it's available in 14 languages. So let's choose Tagalog as an example. When you click on that, it changes, of course, the instructions and all the questions into the target language, and we wanted to just demonstrate for you how the audio functionality works. So if you press the play button on any page I'm. I'm not hearing it on my end, but it it does it. I think that might be a zoom work. But if you press the play button, you can hear an audio recording of all the instructions as well as the questions and the the response options. So the call to action here is to go ahead and take this public survey, as I mentioned it's for any household in the State of California, and to also help us spread the word. You know our example.

Thank you so much. Maile, I wanted to jump in here real quick because the we've taken painstaking efforts to a me with a lot of folks on this calling members of the Statewide planning group, I think, close to 20 state agencies and reviewed and provided input on the Survey and other, you know, outcome area working group chairs. It really is an extensive survey, and I know folks have talked about it as in you and talked about the survey you guys are doing. This is really important for us to try to get as extensive information across the State of California. So we're really looking to get an oversample from all 58 counties from all covered populations. And really, thanks to many of you who provided feedback on this these accessibility features we're intended to to address Even what we've learning is that for you know members of covered populations with language barriers or low levels of

literacy that we wanted to make sure that you know you just can't print something and get people to respond. So we wanted to to to make it functional. So we really hope that all of you will help fill out the DEEM tool, but even more so to through your channels. Push out the digital equity, survey to your clients, to your customers, you know, to your constituents, and you know we're hoping that we can get 10,000 plus responses from folks in California.

Thanks, Scott, thanks, everyone. I'll hand it back to him. Thanks.

So, thanks, Miley, and we'll definitely send these to you all, and a toolkit as well to help with the effort. So, again the theme is we are working together as a big team of California, so I'm happy to have you all part of this effort next slide, please. I know we're a little bit over time, so I'll just beat up, and hopefully our as interpreters can help me out. The next virtual convenience that we have for health is again on June 15, and along with the other out in area working group meetings to. So, you all know that our week and the State wide digital planning group meetings is in July and October, so we have quarterly meetings for those next slide, please and then our in-person planning workshops are listed here. We really hope to see you then feel free to scan and join us at these events. Yeah. Orange County to wall me, Santa Maria Seaside, Oakland. We've already we're halfway through. We're doing 20 of these. We've done 10 but These are regional convenings for like clusters of counties, and if you can join us, it's where we got to meet, you know wonderful folks like Tina and others and and learn from their experiences.

Yeah, thank you. And that's really it from us. We'll send the slides in our theme queues. But really looking forward to see you all, if not online, then in person, or vice versa. And thank you so much for your time and and dedication to this work. Have a great day bye everyone.