NCTRC Webinar - Trust as Infra...ustainable Telehealth Programs

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SPEAKERS

Christina Higa, Cindy Garza Moore, Speaker 1, Aria Javidan

A Aria Javidan

Hello, my name is Aria, and I'm the project manager for the National Consortium of Telehealth Resource Centers. Welcome to today's webinar. Trust as infrastructure, the human foundation of sustainable telehealth programs. Today's webinar is hosted by the Pacific Basin Telehealth Resource Center, and these sessions are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs. To provide a little bit of background on the consortium located throughout the country, there are 12 regional telehealth resource centers and two national. One focused on telehealth policy and the other on telehealth technology. Each serve as focal points for advancing the effective use of telehealth and supporting access to telehealth services in rural and underserved communities. We did want to share that the consortium is collecting success stories from organizations, patients, and providers who have benefited from telehealth with support from a telehealth resource center. I share how your TRC helped make telehealth work for you for a chance to be featured along with your organization in our consortium newsletter. The link and the QR code to that survey are provided there. A few tips before we get started today: your audio has been muted. Please use the Q and A function of the Zoom platform to ask questions. Questions will be answered at the end of the presentation. Please only use the chat feature for communicating issues with technology or communication access issues. Please refrain using the chat to ask questions or make comments. Please also note that closed captioning is available, and that is located at the bottom of your screen, today's webinar is also being recorded, and you will be able to access today's and past webinars on the NCTRC YouTube channel and the NCTRC website at telehealthresourcecenter.org. With that, I will pass it over to Christina Higa, Director of the Pacific Basin Telehealth Resource Center.

C Christina Higa 02:19

Thank you, Aria. Aloha, everyone. Again, Christina Higa. As Aria mentioned, I am the director of the Pacific Basin Telehealth Resource Center, or PBTRC, and PBTRC serves the state of Hawaii as well as all of the U.S. affiliated Pacific Islands. Today, it is my pleasure to introduce to you our speaker and my colleague, Ms. Cindy Moore. I have had the privilege of meeting Cindy when she started off as a telehealth navigator in the field, and that was with the Hawaii Library's Telehealth Access Points Project. And today, Cindy is our program director of the Hawaii Piliola Telehealth Initiative, a very big initiative that is part of our rural healthcare transformation program. So quite a journey for Cindy. Cindy lives in Pahoa, which is a rural community in Hawaii Island, and some of you may have heard PBTRC myself talk about the successes of Hawaii's Hawaii's library telehealth access points project, and when we took a closer look at why some of our most rural communities, in particular Hawaii Island, was just having off-the-chart utilization, one of our common threads kept emerging, and that was Cindy and her approach to serving the community. So today, you'll be able to hear, you know, some of the principles behind her work, and what motivates her to authentically connect with people, and how she builds trust. That's the theme of this session, and also how that this philosophy is woven into everything we do and our programs. So, with that, I'll turn it over to you, Cindy. Thank you.

C Cindy Garza Moore 04:07

Thank you, Christina. I got a little teary-eyed there. I'm going to share my presentation with everybody. I hope that you can see it. Thumbs up if if can.

A Aria Javidan

Looks good.

C Cindy Garza Moore 04:18

Thank you. Aloha, everyone, and thank you so much for sharing your space with me today. My name is Cindy Garzamore, and I have the privilege of serving as the program director of Piliola Hawaii Statewide Telehealth Initiative. Today, I have the honor to present Trust as Infrastructure, the Human Foundation of sustainable telehealth programs at Piliola. Our mission is to strengthen access to care by walking alongside communities, building meaningful partnerships, and supporting digital navigation and telehealth across our islands. Our guiding principle is simple: we are rooted in community. We are designed for Hawaii, woven together in care, because we believe the strongest solutions aren't built in isolation. They are woven together through relationships, partnerships, and a shared commitment to caring for one another. In Olelo Hawai'i, Pili means connection, relationship, and coming together, and Ola means health, life, and well-being, and together, Piliola reflects a simple belief that when people are connected to care, resources, and each other, communities can thrive. This work is made possible through funding from the Centers for Medicare and Medicaid Services and the U.S. Department of Health and Human Services. However, the thoughts and experience I'll be

sharing today are all my own and do not necessarily represent the official views of CMS, HHS, or the U.S. government. But more importantly, every story that I'm going to share today comes from real people, real communities, real moments that have completely changed the way that I think about building programs. I hope that you will leave not only thinking differently about telehealth, but thinking differently about how we build programs, partnerships, and relationships within your communities. I like to start by asking you something. Have you ever worked incredibly hard to build a program that you knew in your core that you believed could make a difference, and still you wondered why people didn't use it? I just really want you to think about it for a moment, you secured the funding, you built the partnerships, you developed the workflows, you even found the right technology at the right price, you trained the staff, you launched it with excitement, and then wondered why are our people not using it? Maybe participation wasn't what you hoped. Maybe engagement never really took off. Maybe people came once, but then they never returned, and if you experience that, you're not alone. And I think many of us have been taught to look for the answer in the wrong places. If you're thinking, "Yes, I've experienced that, so have I. And for a long time, I thought the answer was better technology. I thought it was better training, better communication, better implementation. But the communities I was fortunate enough to work alongside taught me a completely different lesson, and I'd like to tell you about someone who changed the way that I answer that question and the way that I view that question. A few years ago, I had the privilege of leading a telehealth class in Kau. It is one of the most rural communities on Hawaii Island. Kau is a remarkable place, but it is also one where accessing healthcare can be incredibly challenging. Depending on where you live, you are often looking at nearly a two-hour drive just to reach a hospital or many specialty services. So when we talk about telehealth in communities like Kau, we're not talking about convenience. We are talking about access. We were talking about helping someone receive care without spending half a day on the road one way and half a day on the road coming back. That day, we had spent weeks preparing my team and I. We brought the technology, we developed the curriculum, we practiced the demonstrations over and over again, and we were ready to teach telehealth and basic literacy. Among the participants that day was a 90-year-old, 90-eight-year-old kapuna. Kapuna is the Hawaii word, Olala word for elderly. I saw that she had never touched her computer, and I got worried. So at the end of the class, I went over to sit with her and ask if there was anything that I could do to help. And she simply said, "I was too afraid to touch the computer today, but I really did just enjoy the company and being around all you people, and that made me feel something. I couldn't quite identify it at the time.

C Cindy Garza Moore 08:28

I felt a little sad, a little disappointed, but I also felt really touched for her vulnerability and for her to create the space to be honest with me. So we sat and we talked story with one another, and I learned that she lived alone in Kau. That her family had moved to the mainland, and like so many other adults in rural communities, she spent much of her time by herself. And before her family moved, her son had given her a beautiful smartphone. It had all the latest features, but she only knew how to do two distinct things on that iPhone. One was press the camera button, and two was answer the phone on speaker. That's all she wanted to learn. She didn't care about the app. She didn't care about the email. She did. She definitely didn't care about social media, but she loved to take pictures of flowers. And every day she would walk outside and photograph the flowers around her home. She didn't know how to send those pictures to anyone, but she really, really just wanted to show someone. So we sat together, not as instructor and student, but just as two people in community. She showed me every flower on her phone. She told me where she found them, which ones were her favorite, the stories behind them, and together, slowly but surely, we learned how to send those pictures to her family, and seeing the excitement on her face as she practiced sending them a photo at a time filled me with such immense joy. Because what other, what comes natural to me is often difficult for others, and I sometimes stop to think: Do we often think about that? Do we often think about how difficult it could be for somebody when it comes so easy to me, but she left that day, and we made sure she had food from our community partner, the food basket. I walked her all the way down to her car. We talked for a little while longer, and I encouraged her to keep coming back to the senior center. And I promised her that I would check in, and I did. Every time I was back in Kau, I'd stop by. Sometimes I would even zoom into the senior center, and every single time she would get so excited, she would wave to the computer, and that's actually where I got my nickname. She started calling me "Honey Girl, which is a term of endearment here in Hawaii. It means sweetheart. And little by little, she stopped being afraid of the computer, and she started practicing, and she started learning how to use Zoom, and she started talking with her family again. And I watched someone who once believed technology wasn't for her grow in confidence. And something else started happening. Word spread. People started inviting their neighbors. More questions were being asked. More telehealth appointments were being scheduled. More patient portals were being downloaded. And in just six months, we reached over 1,100 people across Hawaii Island alone, and nearly 40% of them came from Kau, one of the most rural communities that we serve. Do I believe that one relationship was responsible for all of that? Honestly, I don't know, but I do believe that relationships are contagious. When one person feels seen, they tell someone else. When one person gains confidence, someone else begins to believe that they can too. Trust has a ripple effect. That's why I call it infrastructure. As I reflected on that experience, I realized something. If I had been writing my report that day, I would have recorded attendance. I would have recorded technology use, patient portal registrations, the services we provided, those are all important metrics. They help us measure progress, demonstrate impact, and remain accountable to our funders. But they wouldn't have told the whole story. They wouldn't have captured the trust that was built that day. They wouldn't have captured the confidence that she gained. They wouldn't have captured the one relationship that became many relationships over time, and that has that is what has stayed with me. That experience challenged the way I thought about evaluation, not because metrics are wrong, but because they're incomplete. Metrics tell us what happened, but they don't always tell us why it happened. They don't tell us when someone finally says, "Oh, I think I can do this.

Cindy Garza Moore 12:20

They also they also don't tell us when someone is excited enough to bring a neighbor to the next class. They don't tell us when a community starts believing that this program is for us. Those moments matter too, and while they might not always fit neatly into a dashboard or a quarterly report, they often become the very reason that the outcomes improve. Because when people feel confident, they come back. When people feel supported, they ask questions. When people trust us, they invite others. Participation increased, questions increased, patient portal downloads increased, telehealth adoption increased. But those outcomes didn't happen because we just had better technology and we just had a program that had it all together. They happened because people felt seen. That's when I began to understand that trust isn't simply an outcome of a successful program. Trust is the infrastructure that makes successful programs possible. I left Kau a different person, and that experience truly challenged everything that I thought about building programs, participating in programs, and being part of programs. Before that day, I thought my job was to deliver the best telehealth education I could, and after that day, I realized that my job was really about building relationships that made telehealth possible, because people don't experience our programs the way we write them in our grant applications. They experience them one conversation at a time, one interaction at a time, one relationship at a time, and I know what some of you may be thinking. That's a wonderful story, Cindy. But my job is to collect the data, and 100% you are correct. We are responsible for attendance. We are responsible for deliverables. We are responsible for outcomes and reporting. Those things matter, especially to our funders. But what if trust isn't separate from those outcomes? What if trust is one of the reasons we achieve them in the first place? Because we already know that when people feel seen, they will come back. When they feel heard, they will ask the questions. And when they trust us, they will keep showing up and bring others. That is how programs grow. That is how communities begin to take ownership. That's why I no longer see the human side of this work as something extra. I believe that the human side is the work. I believe that trust is not accidental. It is built. It is built every time we choose to listen before we try to solve the problem. It is built when we show up consistently. It is built when we follow through on the promises that our programs make to our communities. It is built when we meet people where they are instead of expecting them to meet us where we are. It is built when people feel seen, heard, and understood, but most of all cared for. They are heard, they're valued, they're supported, and you know we spend a lot of time when we're building these programs talking about technology because we can't have telehealth without technology. We also talk a lot about workflows and funding and policies and all of the things that make programs successful in the end, including sustainability. And we should; those conversations are absolutely important. But I've also come to believe that every technology solution we introduce should be paired with people, because technology may improve the access, but people create the connection. It's the conversation, it's the encouragement, it's the follow-up phone call, the follow-up email, it's remembering somebody's name, it's sitting beside someone while they learn something new, it's taking time to listen and celebrate the small wins along the way. That's what keeps our work human centered. And once I truly believed that, I could I couldn't build programs the same way anymore. Now I know that some of you might be thinking, but I'm not in the field every day. I don't get to experience those one time encounters. And you're right. Maybe you're not. Maybe you're the one that's writing the grants, maybe you're the one that's designing the program. Maybe you're the one developing the next policy or providing technical assistance, supporting implementation. Maybe you will never meet the people whose lives are ultimately changed by your work, but your decisions will. Every decision we make shapes someone else's experience. We decide what gets funded. We decide what gets measured. What roles exist? What success will look like?

C Cindy Garza Moore 16:23

So maybe the question isn't how do I personally build trust with every participant. Maybe the better question is, am I designing a program where trust has the opportunity to grow? Because whether we realize it or not, we are all designing someone's experience. I couldn't ask the same questions anymore. Once I started to see things differently, everything changed. We stopped asking how do we get people to use telehealth, and we started asking what would help someone feel comfortable enough to try. We stopped asking who can we train, and we started asking who does this community already know and trust. We stopped asking how do we deliver this program and started asking, "How do we build something people want to be a part of? Because I've learned something: the questions we ask at the beginning determine the program we build in the end. Once we started asking better questions, we started building better programs. So, what did that look like? It wasn't one big change. It was a series of intentional decisions that we made slowly over time, decisions that put people at the center of everything we built. We stopped asking ourselves how do we get this program into the community ASAP, and started asking how do we build this program with the community? What do they tell us they need? That changed everything. We ended up partnering with local organizations because they already knew their communities, they were the gateway for us to be able to enter those communities and start earning that trust. They understood the people, the culture, the strengths that already existed. Because I can promise you that every community you serve is different in one way or another. We invested in digital navigators because we knew technology alone wasn't going to be enough. Every technology solution deserves a human connection and a human touch. We brought services into trusted community spaces because people are more willing to try something new when they're already somewhere they feel comfortable. And we stayed connected. We followed up. We kept showing up. None of these decisions were random. They were intentional because we weren't just designing a telehealth program. We were designing opportunities for trust to grow within the program. Over the years, I realized that the Kapuna and Kau was not the exception. She was just the first. I started seeing the same thing happen over and over again: different communities, different people, different barriers, but always the same lesson. When people feel understood, supported, and seen, when someone simply takes the time to walk alongside them, beautiful things can happen. I remember another woman I met through one of our library access points. She was experiencing houselessness, and telehealth was not even on her radar. That was when she would come in and just want to talk story with me. And over time, we became such great friends. And every time I tried to talk about the program, she was like, "Nope, that's not for me. All she wanted was just someone willing to talk with her and share about their day with her, not to fix anything, just to listen. And that's what we did. We talked. We got to know each other, and over time, that friendship developed deep trust. And one day, after she had a really difficult day, I saw that she wasn't feeling very good. I mean, honestly, I was really worried the minute she walked through that door. And I went and I talked with her, and I asked her to please trust me enough to let me connect her with the telehealth provider because I just knew I had a gut feeling that something was wrong, and during that visit, she agreed to. The provider immediately recognized signs of a brain bleed, and now we had a beautiful partnership with our local firefighters, and immediately they were dispatched, and she was transported to the hospital, and her life was saved. That day reminded me that telehealth was the tool, but trust is what got us there. I think about another mom I met. She had taken some time off work, something she really couldn't afford. She arrived at the clinic with two little girls, only to find out that the urgent care had an eight-hour wait. She had two tired kids, two ear infections.

C Cindy Garza Moore 20:21

A mom just trying to do the best that she could, so she showed up at the library to come and talk with me and ask me for help. So I connected her through her insurance directly to her telehealth portal. Within about 30 minutes, both girls had been seen. Their prescriptions were waiting at the pharmacy, and she was able to pick up the medication and take them home. This was not about convenience. This was about removing barriers. It was about giving a mom more time with her daughters instead of another day spent sitting in a waiting room. Sometimes the biggest impact isn't doing something extraordinary. Sometimes it's simply making care easier to reach. And maybe my favorite story isn't about one person at all, but an entire community. A few years ago, one of our programs that I was a part of lost its funding for the digital navigators, and on paper, that's where the story should have ended, but it didn't. The community kept going. People who had learned the technology started helping their neighbors. They became the teachers. They became the encouragers. They became the people saying, "Come on, I'll show you. The doors never closed. Telehealth never stopped. It simply became part of the community. And every time I hear those stories from our local folk, I smile because I think that's it. That's what we were hoping for all along-not just to introduce telehealth, not just to teach technology, but to leave behind stronger relationships and a program that can keep on going without us, greater confidence, communities that believe in themselves, and communities that continue to help one another. To me, that is what success looks like. It's not only measured by attendance or patient portal registrations or telehealth visits. It's measured in confidence in the relationships we're building and leaving behind in neighbors, helping neighbors in communities that continue growing long after the workshop is over, and maybe that's what trust as infrastructure really means-not something we build for a community, something we build with the community until one day it simply becomes part of who they are. After all these years, people often ask me, "That's a beautiful story, Cindy. Wow, you've had a lot of really great experience in the field, but how do you actually do that in a program? And the truth is, it isn't one big thing. It's hundreds of small decisions that we make every single day, even before a program ever launches. We hire people who genuinely care about serving others, not because technical skills aren't important, but because technology can be taught. But making someone feel seen, understood takes intention. We build with communities, and not just for them. We invite them to the table early, and we ask them what they need. We listen before we decide. We partner with organizations that people already know and trust, not because it's easier, but because communities already have incredible strengths. Our job is not to replace those strengths; it is to build alongside them. We make room for stories, not just for surveys. We celebrate successes, and we listen to challenges, and we invite community members to help shape what comes next? Because the people closest to the work often have the best ideas for improving it. And maybe one of the biggest lessons I've learned is that trust isn't something we hope happens. It's something that we intentionally build into conversation, into every word we speak over our community, every partnership, every role, and every decision that we make. As I've reflected on all these experiences, I keep coming back to one simple thought: every single one of us has the opportunity to shape someone else's experience. It may happen in a clinic. It may happen through a grant. It may happen through a policy. It may happen through TA, through implementation. The way we design a program from the very beginning, matters. We may never meet the people whose lives are touched by our work, but it will trickle down to them, and every decision we make eventually will reach them. And I think it's both incredibly humbling and an incredible responsibility. So maybe before we ask, what technology do we need? What do we need to launch today? We ask, who are we building this for? Before we ask, how do we launch this out into the community ASAP? Because we we need those metrics.

C Cindy Garza Moore 24:30

We ask, how do we build something people want to be a part of from the beginning, the middle, and the end? And before we ask, how do we measure success? We ask, how do we want people to feel because we were here? Because one day someone will experience the decisions that you made today. As we wrap up today, my hope is that you leave with more than just another presentation about telehealth. I hope you leave asking different questions, and the next time that you build a program, write a grant, develop a policy, support your implementation, provide TA and training. I hope you'll pause for just a moment and remember the people who will one day experience the decisions that you are making today, because we know that every decision we make is going to reach somebody's life, and I think that's a privilege and a beautiful responsibility. So I will leave you with the belief that has guided my work ever since. I hope you remember that technology is a tool, programs are the vehicle, metrics tell us what happened, but the thing that changes lives, the thing that makes programs last, is profoundly human. So let's keep people at the heart of everything we build. Mahalo nui. Thank you so much for sharing your space with me today. It was my privilege to be able to share the floor with you and to share some of my experience with you. At any time that you have any questions, comments, please feel free to reach to reach out to me at cynthia@uhtasi.org. Thank you, Christina and Aria, for having me today. I really appreciate it.

C Christina Higa 26:03

Mahalo, Cindy. That was amazing. I've been getting messages on the side on my personal phone saying how inspirational your talk has been, and I just wanted to first go to the audience and see if there are any questions. When Cindy says, "Please feel free to contact her, you know, you can tell from her her talk today that she will she will answer every single email. I don't know how she does it, but she will personally respond. But are there any reflections or comments, questions from the audience first. Otherwise, I'll start with some of mine. Okay. So, Cindy, I know you had mentioned this in in your talk, but I wanted to just ask you some some things because a lot of times when we're planning programs, you know, this whole thing about gaining trust and community involvement and using hiring people from the community and who know the community is is always there. Usually, it's like a line, you know, so we don't focus like our entire presentation and thought and and building the program around that, which is what you are challenging everyone to do, right? And certainly in our programs that we work on together, it's the principle now. It is like the thing that we start with. We start with not designing things from the ivory tower at the university, but really getting stakeholder engagement and and things like that. So I wanted to ask you, or maybe you can give advice. And I I wanted to maybe share with the the group here that you also are are really a different, you know, you have different qualities that we may have originally not selected as a telehealth navigator because you're not even from the community, right? And so it it that's a challenge for us, especially in small island island communities. It is the outsider insider, and that's a very big thing to overcome. So, what kind of advice do you have for someone that is not from the community, and and how do you become that trusted partner in the community? Is one, and the second thing is, I just wanted to say that that had to change my own, you know, the qualifications that we ranked as you know really high. Yes, we think someone from the community knows the community, but maybe that's the wrong emphasis. It's not, it's not just being from the community, but it's you know someone who has built that trust in the community, right? And so, could you speak a little bit to that?

C Cindy Garza Moore 29:01

Yes, absolutely. So I'm so glad you asked that because yes, too. Everyone here, I I'm not originally from the islands, and it has been my complete honor and my complete privilege to get to serve our beautiful communities here on Hawaii. And that it that is a real honest fact that there is this inside outsider kind of challenge friction that happens here on the islands, and I, when we when I had the opportunity to become a navigator, the very first thing I said to myself was, everything that I learned on the mainland does not apply here. I'm going to set my ego and my pride to the side, and I'm going to take the time to really listen and learn, and let the community guide me and lead me to where I'm meant to go and meant to do. And as soon as I was allowed into the, you know, I started in Pahoa, which is just a very small library. It's usually the size of, I mean, I want to say that it's maybe 800 square feet, 900 square feet. I mean, it's tiny. There, there is. It's just one big, one big block. And I showed up, and people were like, "Who is this person? Why is she here? And there was a lot of fear because you know you're an outsider. They don't know you, and so I made it a priority to just get to know the people before I even introduced the program, before we even talked about telehealth, yeah, I had my telehealth table and I had our pamphlets and stuff, but that was not my priority. My priority was saying hi to every single person that walked in, asking them about their day, what books were they reading, you know, if they had any recommendations for me, and those relationships flourished, and a lot of them now. And when they see me in the community, I can't. I'm so excited to hug them and kiss them on the cheek, and talk story with them, and spend time with them. And you know, now we get invited to birthday parties and to celebrations of life, and I think it's so beautiful. But I think it's because I put the program last, and you know, from an employer's point of view, they probably might have been like, "Hey, the program comes first, but really, the program can't exist if we don't have people using it. So for me, I always thought, "Who am I serving? Yes, I'm here to be a telehealth navigator and a digital navigator, but at the end of the day, who am I serving? It's the people, and how do I get the people to buy in, it's by making sure they understand that I'm there. I'm there for them. Like they're not just another person taking a seat and I'm like checking them off on my checklist. They're a person that I want to know everything about. What insurance do you have? When's the last time you saw the doctor? Do you want to take a wellness class? Oh, did you know that UH has free classes? Oh, you don't know how to do that. Let me get you on there. It was so much more than just about telehealth, and then to answer your second question about community, yes, you know I think a lot of people are like, well, they're from the community, so that's good, like that's all that matters. But how are they a part of the community? Are they a villager of the community? Do they hold everyone else accountable and hold them up in the community, or are they just a watcher in the community? There's a two very distinct things that you can be from the community, but you can be very isolated, or you can be a villager in the community that uplifts everyone, and it's like a domino effect. You know everybody, you know you know every auntie and uncle. You know which programs are available. You know when the food basket's going to be there. Oh, you know what? You can't make it. I'll bring home a food basket to you. I'll come deliver it to you. Like those are the people that you have to look out for. Yeah, being part of the community is one thing, but it's it's so much more at a deeper level. It's how a part.

C Cindy Garza Moore 32:30

How are you a part of the community? And I always, I and I know you and I have this conversation a lot, Christina. For me, it matters. I think a lot of the times we look at like, what are your credentials, right? Like, do you have your degrees, and do you have all of that? And sometimes I think when we focus on that, we lose the touch of yeah. But how are they going to help the community, right? Like, are they from the community? Do they know what's best for the community? Because they're the ones that are going to know. Yes, the service is going to be good, or the service is not going to be well received. And also, they are the trailblazers. If they decide they like you, they will make sure everyone else likes you. And that's an important fact too. Is you want to be accepted, and you have it takes work, it takes time, and it's not going to be something that happens overnight. I hope I answered your question. Yeah, no, that's

C Christina Higa 33:22

that's fantastic, Cindy. The next question I have is I don't see it in the chat yet yet. So this is about you know you mentioned, and I think it's obvious to everyone that this comes naturally for you. It's kind of an innate innate way of you thinking about how to communicate with people and care for people. So this question is about training, you know, because not we we don't have the luxury. We, I mean, how do you even put that into a job description as qualifications, right? So, what I'd like you to do is just speak a little bit about how you will incorporate this into training. Maybe you can speak about just maybe telehealth. Let's stick to telehealth navigator training for one. How how has that been structured? Partnerships that you've had to build that out for our Hawaii, and then how do we train people in the field to have this you know sense of community of community connection caring like it's that something that can be trained. That's the question. While I give you a little bit of time to put that together, I wanted to just you know share with the audience that for for people who are you know directing programs like this, sometimes we don't spend that much time with people in the field, and I think we just don't have the opportunity to. For one, we live Singye and I live on different islands, and I just wanted to tell the story that when I first got to really like not just Zoom calls or or see her, but I really got to meet her was when we were doing a site visit, and she and I had to jump in a car and we had to drive far because we're going from one site to another site, and we spent a lot of time getting to know each other in this long car drive, you know. And that was when I really understood how much goes into telehealth navigator in the field that was so different from the job description that we had put out there, and that was part of when I had mentioned in the beginning, like, what's happening out here? Why? Why are we having so many people coming to use the libraries for telehealth access points? Why are we running out of the kits? Like it was on wait lists, whereas if you jumped over to another island or another community, it was underutilized. And we were trying to figure out why is it not working in the same way as Hawaii Island. So that was kind of what I mentioned at the start of this call. Like there was something going on there in this island, and when I got to meet Cindy and and learn about how she was approaching things, that really helped us to redesign. So it was kind of a pivot, you know. It was like, you know, like trying quality. It's a quality control thing of like what's happening here and what's not happening here, and let's let's try to train across the other islands what's happening in Hawaii Island. But unfortunately, the funding for that particular program didn't let us get to the point where we could then you know move the training to the other islands. But we're hoping that we can continue that. But Cindy, this is what the question was about training, because you know something that comes naturally is not so easy to just say you know mimic this or something. So, well, how do you approach that?

C Cindy Garza Moore 36:49

Absolutely, and such a good question. I think too, you know, we were really fortunate to partner with Queens to build our digital navigation training, but really, I think the the kicker was the motivational interviewing course that came alongside that. So it's free for everybody. Anybody can take it, even if you're on the mainland. It is such a great introduction and how to talk to people in this day and age, and how to really learn to listen and be empathetic and compassionate, and it's and it's a skill you can learn it. I mean, that's what this course is teaching you: is that you can take the time to learn to ask the right questions and to allow the community members that you're serving to have change talk and also change talk for yourself. You know, having patience is something that doesn't come natural anymore, especially in this day and age where we we want things to be quick. We want to see a high ROI and a high turnaround. But this motivational interviewing course is fantastic. And what we would what we love to do is, as digital navigators are coming along, we like them to take our digital navigation course that we built and we're so proud of, and it is beautiful. And then our motivational interviewing course. And then in addition, what I like to do is I do spend a lot of one-on-one time with our digital navigators because I have been in the field, and the scenarios are all different. Like if I could create one beautiful guidebook of the scenarios that we're going to encounter, that would be ideal. But here's the kicker: every interaction will depend on the person. Not everybody. everybody's going to handle the conversation the way that I would. Not everybody's going to handle the conversation the way somebody else would. And so sometimes a word can cause a trigger, or sometimes the wrong the wrong sentence can change the output of what we're trying to achieve. So what I like to do is honestly is I like to take the digital navigators. I know that we've had some here. I like to take them to the communities that we're serving. We have a nunnery here that we serve has a full of houseless individuals. They are all fantastic. I could tell you so many beautiful stories about them. But getting our digital navigators to really walk the walk with them and walk alongside them and hear their stories gives them a new perspective, gives them a new understanding of why they're doing what they're doing. Right now, we're working with the Lohan Dependent Care, which is our huge disabled community, and they are telling us via focus groups what they want, what they need, what they would hope our digital navigators can bring to the table when they're talking to them, not talking at them, but talking with them, these are all beautiful lessons, and it's because we're putting ourselves out there, right? It's because I'm also calling. I'm I'm asking everybody. I'm calling the insurance agencies and going, what kind of training do you have? I'm calling our stakeholders and going, what are the problems that you're running into? You know, Chief Keely over at the fire station. I ask them all the time. What are the houseless things that you're running into? What is the training that you want our digital navigators to have so that when they encounter your patients, we're ready? I'm just not afraid to ask the hard questions, and even if that makes more work for me, which it does, we sometimes we have to build a curriculum from scratch. But it's so good for us to know those answers because we can take that and we can build from that. But yes, to answer your question, Christina, I do think that these skills can be taught as long as we have the foundation, like we have the framework.

C Cindy Garza Moore 40:09

Like, what is it that we really want our digital navigators to be able to do? I think we start with those questions, and then we can teach the patients, hopefully, and we can teach the empathy, and and we can you know teach them how to do the change talk, but really also giving them the opportunities to experience that one-on-one before we, you know, before we release them out on their own. I think is I think is a really great place to start.

C Christina Higa 40:33

Thank you, Cindy. Just wanted to acknowledge some of the comments in the chat, thanking you for the presentation and information, and Karen Bishop is mentioning yes, with the RHTP funding and the tight timeline. Sometimes, you know, there's so much to think about, but refocusing in on you know the community that we're trying to serve and all of this is really important. Judy Mikami from our own Molokai here. She did add that yes, for building trust, foremost it's like having a trusted local resource to provide introduction. So that we would add that to how do you actually from the outside get connected to the inner circles, right in the communities, but she also has a call out to you to please come visit the kupuna in the on Molokai. So for for others, kupuna is like our elders, and so yes, definitely we will be there. Judy, and then Stephanie is saying great presentation. Love the focus on personal engagement and technology as supporting tool. And Cindy just posted the motivational interviewing course, which is open, available, and free for anyone to go through it. Stephanie is saying your presentation was wonderful. So here's I think there's a question here. How do you navigate and build trust when there are differences in vision with leadership of how to build partner, stakeholder, community relationships that can unintentionally create another barrier in the trust building process? So I'll turn that over to you, Cindy.

C Cindy Garza Moore 42:23

That is Stephanie. That is such a good question. My biggest thing, and this is just like me being honest because we're all friends here. I don't handle. I don't like friction. It's just not something that I enjoy, but I know that it's part of the job, right? Because at the end of the day, it's for me. I look at it as a barrier. It's it's the thing that's keeping me from serving the people that I'm supposed to be serving. Like, yes, my team, my leadership team is amazing, and we work really well together. But we also do have differences of opinions. Sometimes it's ego. Sometimes it's pride. Sometimes it's experience. Like you know, but that's okay because we're all allowed to have those feelings, we're all allowed to have those thoughts. One doesn't negate the other, but I think when we refocus the conversation and we say, "Okay, aside, let's move that to the side. Let's get back to the main goal. If if the differences are have nothing to do with the goal, but the differences have to do maybe because we don't agree, okay. Let's figure out a way that we can agree. What is something that we can do? Something that you can do? Something that I can do? Something that they can do? That we can come together? Does it need to be another conversation? Does it need to be let's try it your way? And if it doesn't work in 30 days, we try it another way. I do think that there is room to work through that friction is part of the process. It does not feel good. I I am not a fan of that. I don't like the feeling that I get in the pit of my stomach, but I know that it comes with the job description. I know that it's part of being in leadership. I know that at the end of the day, you know, my ideas sometimes might not always be the best ideas, but I acknowledge that and I honor that, and I make room for others to show up and to take the charge and to take the lead. As long as the focus always remains the same, is who are we serving and how do we best serve them outside of our own, you know, differences of opinion? I don't know if I answered that as well as as you would have hope, but I hope that that helps. And anytime you please, my email is open. Anybody can email me and ask me questions. I will always get back to you. That is a promise.

C Christina Higa 44:31

Thank you, Cindy. Yeah, you know, as she mentioned, this is it's very difficult because it's a lot of many, many, many decisions points made to support all of this, and so we don't yet have a roadmap exactly how to do it. But I do think having someone with the experience in the field, like Cindy, now in a leadership position, you know, can help us. And I think the question might have been like, "Yeah, how do you deal with those kinds of conflicting visions? And I think a good leader is able to be able to share the vision and get the people on board with that. But I guess the point

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C Christina Higa 45:08

what if the vision is not exactly going in the right direction? So you know, this is like have to work it out.

C Cindy Garza Moore 45:14

Yes.

C Christina Higa 45:14

Some other people would have asked in the past. You know, well, how do you get stakeholder input, and and I think this is what your whole presentation is about. So I'm not. This is not really a question. I guess we can start to wrap up here. But what I wanted to summarize here is, you know, stakeholder input. Everybody, we all have that in all our plans, and I think all our funding agencies want to see how are we really fulfilling the needs of the community, and an easy thing to do is have a stakeholder meeting, put it out there, the flyers have a place for people to come together, facilitate discussions, and that's great, and that's a structured way of getting the input, and also way to check the box and say we went to community and we did it. But what we've learned too is who shows up for those, you know, who really, you know, sometimes it's the people who work with maybe vulnerable populations, but the vulnerable population itself most likely would not look at a flyer and say, yeah, I want to give my voice and say, you know, what what we need. So those are some of the things we've been struggling with. How do we really get the understanding of the reality of rural of the people we're trying to serve? And so for that, it's you know our our our whole mission here is to listen, to be out in the field, and to figure out how do we get the real input of what's needed. So that, and also on the other side, you know, sometimes there's like the resources are there. Like, how do we listen to the people who have the resources that's available? Then our job is to match up need and resources, right? So that was one thing I think I wanted to emphasize in what you said-the listening part. Continue on. We all have to do our reports, and we have to measure quantitatively, you know, all the things that we do. But you're helping us to kind of push the the way of thinking of how we first think about what is success, and then how do we change the way we measure if we're successful or not. And I think that is the challenge, and it's a lot of different ways. And a lot of us, you know, have to measure this. We have the numbers, but the qualitative stories that you have told those two stories. Every time I hear it, it helps me personally to feel inspired and motivated in understanding. You know why? You know the why of what we do, and I think that's the part in our program that we're trying to really make sure that all our team members, every single team member, will hear these stories, so that and and as much as possible go out into the field to and experience the direct connection with this community we're trying to serve. Absolutely, because we want to understand the why and be motivated about that, but we also want to always remember who, who are we trying to serve, and and the whole purpose, you know, of of you know, we can have many goals and objectives, but the at the end of the day, that's what matters, right? And so, so Cindy, with that, we needed to serve save a little bit of time for Aria, but I want to just you know thank you for this heartfelt presentation. We don't often, I think most of us on the call don't often have. I want to say the luxury to step back and reflect on what is the most important thing we're all trying to do, and I I think that your presentation today helped us to do that. For all of you on the call, I want you to say daily. She's reminding me that, so it's a privilege for me to have someone like you on the team that's driving these principles that we build our program on. So Mahalo, Cindy. Thank you for all your work and for like wrapping this all up in a nice presentation for us to think about and and ingrain it into what we do and weave it into our program. So, with that, I'll turn it back to you, Aria.

A Aria Javidan

Thank you, Christina, and thank you, Cindy, for your presentation. Just a reminder that our next webinar will be held on Thursday, august 20, that webinar will be hosted by the Upper Midwest Telehealth Resource Center, and the topic is the importance of operations planning for telehealth. How to develop a plan that works. Registration is information is available on the NCTRC events page, and lastly, we do ask that you take a few short minutes to complete the survey that will pop up at the conclusion of this webinar, as your feedback is very valuable to us. Thank you again to the Pacific Basin Telehealth Resource Center for hosting today's webinar, and thank you to Cindy for her presentation today. Have a great day, everyone. Goodbye.