15:59:28 .

15:59:30 >> Greetings everyone.

15:59:32 Good afternoon.

15:59:42 And welcome to the second session of our health equity and ethics series.

15:59:58 We wanted to take just a couple moments at the start of the series now to walk through a little bit of our communication controls so that we are all familiar how you can interact with the panelist and engaging in the conversation that we will have today.

16:00:07 At the bottom of your screen, you will see some of the controls that the you are probably familiar with if you are familiar with zoom.

16:00:10 You will see the chat function at the bottom.

16:00:17 It is still there, however that chat function is disabled for the audience.

16:00:26 So please do not expect to enter anything into chat for us.

16:00:50 We may -- members of the panel may communicate via chat to the audience at times to provide links or general context, but generally your mechanism for communicating will be using the Q and A icon at the bottom of your screen.

16:00:53 You will see Q and A.

16:01:09 Once we get to that portion of your conversation, we encourage anyone who wants to make a comment or ask a clarifying question or a general question please provide your comment or question using the Q and A function.

16:01:15 Please note you can submit these under your own name.

16:01:22 You can also submit these questions anonymously.

16:01:36 And we will note that -- sorry, you will also note you may also in the same function, you can also raise your hand.

16:01:47 You'll see that under a list of under chat I believe, and you can raise your hand.

16:01:51 That indicates to the moderator you would like to say something live.

16:02:14 So if you would like to do that, you can raise your hand, wait for acknowledgement by the moderator to speak, and then be prepared to unmute yourself to participate as a member of the stage.

16:02:30 Once you have provided your comment and your question, we'll take you off stage after we have resolved that, but know that is an additional feature to engage people in this conversation.

16:02:37 You'll note that we also have ASL interpreters who are available on the screen.

16:02:48 If anyone would like to also use closed captioning, there is a live transcript that is available at the bottom of your screen to click on that icon as well.

16:03:06 With that, if you have any other -- if you encounter any issues or problems, please feel free to put them into the question and answer icon and we can try to field those along the way.

16:03:14 With that, I'll turn things over to Amy Campbell.

16:03:29 >> Thank you so much and welcome to the sending on our four part series on transforming community conversations about Covid-19 into action.

16:03:50 As we reminded you, this seminar series is to really share stories of injustic and from our stories, think about real world sort of solutions to the challenges that we have encountered and ways to seize opportunities that are happening.

16:03:55 Each of the sessions including today are grounded in a story.

16:04:22 Today we will have the opportunity to hear from a community health worker who has been working with contact tracing, sort of really a pivotal role and we will hear from health professional in public health, as legal advocates, community advocates to reflect on the story and their own expertise.

16:04:24 And then we really want you to participate.

16:04:27 This is being recorded.

16:04:31 You should have acknowledgement of that when you signed on.

16:04:39 As Michael went through the different options to share your questions, but we definitely want to hear from you.

16:04:43 Share in the Q and A and feel free to raise your hand later on.

16:04:52 Today we're going to be talking about intersectionality and social vulnerability.

16:04:56 We have a wonderful panel and story to share today.

16:04:59 We are excited about what is to unfold.

16:05:13 And first I'm going to hand it over to Gaby who will share a little bit about JamBoard and define the term intersectionality so you can understand it.

16:05:17 >> Thanks so much for that, Amy.

16:05:27 As mentioned in today's seminar we will be exploring intersectionality and vulnerability.

16:05:35 To get started, I want us to help us unpact what is meant by intersectionality.

16:05:42 It was coined by Kimberle.

16:05:55 She dismajored race and sex skwb and provided a critical look at cases that dealt with racial discrimination and sex discrimination.

16:06:11 She argued the Courts narrow view of discrimination was a conceptual limitation to what we come to understand as looking at discrimination as one vehicle discrimination.

16:06:17 For example race or sex rather than looking at it as race and sex discrimination.

16:06:27 With this, the law seemed to forget in the context of these three cases that black women are both black male and female.

16:06:34 and subject on the subject of race and gender and often a combination of the two.

16:06:48 So with this she coined this term intersectionality to describe how race, gender intersect and overlap.

16:06:58 Intersectionality was coined to explain the oppression of black women, but through the respectful gender identities.

16:07:00 Next slide, please.

16:07:01 I'm sorry.

16:07:04 The previous slide.

16:07:07 I didn't realize we went to the next slide.

16:07:11 Here is a great way to understand intersectionality.

16:07:23 It is about how certain aspects of who we are ultimately increase our access to the good things, and/or expose you to the bad things in life.

16:07:40 As we will explore in the couple of sections where we talk about social vulnerability and our narrative provided by Jessica as a contact tracer how all of these things intersect and affect our way we experience life.

16:07:52 So like many other social injustice ideas it captures how multi--dimensional our identities are and how it impacts our exposure to things.

16:08:18 This is so important as we move forward with our session and understanding how Covid-19 spreads across populations, why it spreads disproportionally and why it has to be done in way to recognize these disparities exist and also trying to address them through equity and ethical means.

16:08:37 So before we turn it over to Dr. Sage Kim, we will explore social vulnerability which is a public health approach to using our understanding of intersectionality.

16:08:43 I want you to explore other great resources.

16:08:45 It will be provided on the website.

16:08:53 That way you can understand a little bit in more depth what intersectionality is and its application.

16:08:58 With this I turn it over to Dr. Sage Kim.

16:09:00 >> Thanks.

16:09:13 So I want to review where we are with the Covid infection and death in relation to race, ethnicity and look at the spacial distribution of Covid in Chicago.

16:09:24 I would like to sort of consider how existing structural vulnerabilities contribute to the outcomes.

16:09:43 Up front when we say the culture of -- a cultural context, we mean the culture of our social systems that produces the pattern of inequality we see clearly from the Covid pandemic.

16:09:49 Covid cases and deaths have been going down since January, but racial disparities continue.

16:09:58 As of April 5, 2021, 34% of all Covid cases in Chicago were Latin X.

16:10:11 More than 38% of people died due to Covid were black and additional 33% of Covid deaths were among the Latin X population.

16:10:43 Considering the Chicago population composition, more than 12 out of one hundred Latin X have had Covid infection which is more than double compared to black and white residents and 2.5 per eight thousand black residents and 2.4 have died of Covid, which again is twice as high as the Covid deaths among whites.

16:10:55 The other thing to note, it just happened yesterday to me, is that gender has been an important factor in understanding Covid deaths.

16:11:11 So here I compare death cases recorded in the Cook County medical examiner archive.

16:11:22 The deaths among whites were female and about 26% of black and 18% of Latin X was female.

16:11:34 Among Covid deaths, the female death cases increase dra mat lick for black and Latin X population.

16:11:43 47% among blacks were female and 32 percent of Latin X were female.

16:12:00 When you think about it, one of the reasons may be lower age services are particularly lower minority women who we know has been exposed with Covid, might have led to increase female deaths.

16:12:01 Next slide.

16:12:15 So we all know Chicago is one of the most racially segregated cities.

16:12:19 Not only that, Chicago is highly divided by class.

16:12:32 So the problem is that disparities disadvantage tend to concentrate in levels where will is racial and class segregation.

16:12:47 It affects health through several mechanisms, limited resource, crowding and environmental hazard, not to mention stigma, discrimination and marginalization.

16:12:49 Back to Covid-19.

16:13:07 I know you racial ethnic inequality at the individual level right, but at the community level, Covid cases and deaths are highly clustered in minority communities on the west and south side of Chicago.

16:13:16 Particularly in areas of highest infection rate.

16:13:24 These areas are Hispanic community with over 80% of the community being Latin X.

16:13:30 Hispanics account for only 30% of the Chicago population.

16:13:36 People in these areas have an increase risk to being exposed to Covid-19.

16:13:53 In terms of the mortality rate, you see high rates in Burnside, North Lawndale and Rose land which are predominantly black communities.

16:14:01 And south Lawndale, with over 80% of residents being Latin X.

16:14:07 People in these areas, there is a burden of adverse outcomes of the pandemic.

16:14:09 So next slide.

16:14:27 So my question to you, you know, how do we understands spacial clusters of the impact of a seemingly, sort of natural disaster like Covid in minority communities.

16:14:34 This is a concept in understanding risk and outcomes to exposure to disaster and hazard.

16:14:51 And risk as a technical term is very narrowly defined as a value neutral term, but vulnerability is a political term.

16:15:04 Class segregation exposes to people to these levels of vulnerability.

16:15:19 It is not about individual characteristics, but about places and places where they live determine who is exposed to higher risk and who is more likely to experience adverse event.

16:15:19 Next slide.

16:15:20 All right.

16:15:24 Here is Chicago social vulnerability map.

16:15:30 The index quantifies special level vulnerabilities.

16:15:37 It is a composite score from various variables.

16:15:41 They are shown to have high levels of social vulnerability.

16:15:53 I will argue that persisting disinvestment and spacial exclusion increase vulnerability in segregated minority communities.

16:15:54 Next.

16:15:54 Skip.

16:15:56 Next.

16:15:58 Yes.

16:16:09 So, you know, now the equitable vaccine distribution and uptick is an important issue going forward.

16:16:18 As of April 5, close to 1.3 million doses have been administered in Chicago.

16:16:24 32 of the population received at least one dose.

16:16:30 Here is the map of the proportion of people that received as least one dose of the vaccine.

16:16:35 The most affected areas are not the areas getting more vaccines.

16:16:42 It is possible because first elimage I believe group, 1A were health care providers.

16:16:51 To insure vaccine eligibility, we need to pay attention to the distribution.

16:17:10 Covid-19 pandemic unveiled have you taken irritable in our social system, highly segregated areas exist because of this.

16:17:17 We built networks to combat inequality over the past 12 months.

16:17:26 I'm hopeful we can transition our collaboration around Covid to address more longer term community development.

16:17:31 Thank you.

16:17:37 >> Thank you.

16:17:37 Thanks.

16:17:40 Thank you so much for that really helpful explanation.

16:17:51 I think it is helpful for us to see to visual see what is going on.

16:17:57 One of the innovations that have been happened with the contact tracer.

16:18:04 I will turn it to Gaby to introduce Jessica and share her story.

16:18:05 >> Thanks.

16:18:14 So first and foremost.

16:18:24 I would like you to share your experience and thank you for your service to so many communities to stop the spread of Covid-19.

16:18:29 I wanted to extend a major thank you for your work.

16:18:34 I would like to welcome Jessica, Rojas.

16:18:39 Would you describe yourself and a little bit of the work you do as a contact tracer.

16:18:42 >> Hi, and good afternoon to everybody.

16:18:43 Thank you for having me.

16:18:48 My name is Jessica Rojas.

16:18:52 I am a moth, daughter and aunt.

16:18:55 I live in Little village.

16:18:57 Born and raised here.

16:19:00 I am passionate about empowering my community.

16:19:06 I want to give them the tools to navigate the world.

16:19:22 I have many years experience to help them become U.S. citizens and families to become the first and best children for their and to become advocators for their family.

16:19:26 I have been working with my local organizations.

16:19:28 I'm from the community and still here.

16:19:32 >> Wonderful, thank you so much.

16:19:39 You are from the community and you are doing a lot of work to empower and move your community forward.

16:20:03 I am curious to know, you know, what contributed to your decision to become a contact tracer, and a little bit of how long you have been a contact tracer, and then what has been some of your -- some of the lessons learned throughout your time being acontact tracer.

16:20:10 >> Like I have mentioned, I have been working with the community for a couple of years, ever since I turned 18.

16:20:17 For the last couple of years I have been facilitating citizenship class at a community center.

16:20:27 When the first cases of Covid emerged, I was working with 20 middle aged English language learners from the community.

16:20:39 We had a lot of rich group discussions, and there I realized they did not see the pandemic as an emerging threat, but an exaggeration.

16:20:40 It was something formed by the government.

16:20:54 I recall a particular instance when one of my participants call it a rich man virus.

16:20:57 Only a rich man could travel to China.

16:21:01 They need someone like them to tell them this virus is real.

16:21:21 I realize our people needed to hear it from somebody they could relate to and realize this virus will affect everyone no matter what.

16:21:22 I am from their community.

16:21:28 I speak the same language and share mirror struggles.

16:21:31 I decided to become a tracer.

16:21:32 I got the job.

16:21:37 I have been there since October when the program first began to start.

16:21:41 You did ask me about one of the biggest lessons.

16:21:54 One of the biggest lessons that have I experienced is -- well, I would have to say that misinformation, those myths that people have.

16:22:05 We see it on the TV a lot, and we see something that is different from what people are experiencing.

16:22:07 We will go into that in a little bit.

16:22:09 >> Definitely .

16:22:30 With that, you have touched on so many important topics and focus areas that we're going to be unpacking in the next portion of this discussion, but I know that for myself and for many of us we hear the word contract tracer.

16:22:39 We know it is a very important job, but I don't think we understand the full extent of what it means to be a contact tracer.

16:22:51 I was wondering if you could unpack that and explain your role day-to-day.

16:23:05 >> If I was to summarize it in one sentence, it is calling people that are exposed and they should be on guard and monitor how they are feeling for the next 14 days.

16:23:14 We call them and we have to quickly and effectively educate them on what is Covid and go over some public health recommendations with them.

16:23:18 We have to stress that wash your hands.

16:23:23 We have to stress a lot of those recommendations that the CDC has put out.

16:23:28 We also have to find out how they are feeling and whether they have been tested.

16:23:38 If they have not been tested and they need to be tested, we help them find a testing site.

16:23:47 When we first started with this job, it was very hard to match a testing site within their zoop code.

16:23:49 Most were on the north side.

16:23:53 And most of the people calling don't have transportation.

16:23:56 So it was very hard to locate one.

16:23:57 They were very scared.

16:24:00 I am from Little Village.

16:24:13 We did work with a lot of the Spanish speaking mostly, and they were very afraid of going to get tested because they thought an ID was required.

16:24:15 That is a whole another thing.

16:24:23 Building that relationship with them.

16:24:24 We find out what they need.

16:24:29 We ask them if there are any basic necessity they need help needing.

16:24:34 We talk about them with mental health.

16:24:39 We try to connect with resources as soon as possible.

16:24:43 >> Thank you so much for that. I knew it was a lot of work.

16:24:52 I think it is so important that we understand how much actually goes into being a contact tracer.

16:24:57 Thank you so much for explaining that and, again, thank you for your service.

16:25:12 My next question, and I know you touched upon on this in one of your previous responses being from Little Village and now as an adult working so closely within your community.

16:25:23 You know, just -- can you touch a little bit on why it is so important that contact tracers are from the communities

16:25:26 >> We understand their struggles.

16:25:27 We can relate them.

16:25:33 Before we place that call, we already have an idea of what services might be needed.

16:25:35 We understand their culture.

16:25:49 We understand that they're going to have -- that they're just going to treat it like a common cold, we already know they are going to want to speak to us about their home remedies.

16:25:51 We need to be cultural license active.

16:25:57 We have -- culturally sensitive.

16:25:59 We come from them.

16:26:05 We are also able to speak to them in their same language and using words that are easy to understand.

16:26:11 When we first got the script there were many words in Spanish that were very difficult.

16:26:27 I remember in one of our group meetings we did bring this up, and we were able to put that into our own words, in words that are not hard to understand and not intimidating.

16:26:39 Once you get rid of all of the words that are intimidating to other people and simplify it, people are more likely to speak with us.

16:26:48 >> That's a perfect segue my next question.

16:26:54 It is important for the material to promote accessibility.

16:26:59 So that definitely is a theme you just identified.

16:27:29 So my next question in addition to that theme of the importance of the accessibility of language, can you describe and list some of the themes you have noticed how Covid-19 has impacted the communities you have served? For example, what has your perception been about? What do they need, challenges to reach people.

16:27:35 And what are challenges for people in quarentine and isolation.

16:27:36 >> Of course.

16:27:42 One of the most common resource people do ask for is help locating a food pantry.

16:27:44 Hat is a big one.

16:27:50 Another one is being able to find health to pay their internet.

16:27:53 With classes going online, it is hard for them.

16:28:01 They need to decide whether I'm going to pay for food, whether I'm going to pay the rent or whether I'm going to pay the internet.

16:28:17 That's something that when the pandemic started, it was something that I didn't really thinking about, paying for the internet, but it is a necessity now, and that was one of the most common resources people are asking there.

16:28:24 Another one is, like b mentioned, it is food.

16:28:32 Many of us don't have in our bank account to pay for two weeks woth of food.

16:28:37 That is something very big, that's something they stress that they need help with that.

16:28:45 Not only have Covid affected our community physically and financially, but mentally.

16:28:51 They are showing a grand mother calling their grandchild.

16:28:53 That is not the case in our community.

16:28:57 If we are honest, they know little to nothing about technology.

16:29:05 They don't have a smart phone, much less a computer.

16:29:11 I was teaching ESL adults, sake economic background as myself.

16:29:20 When classes went remote, we lost most of these participants.

16:29:25 They did not know how to use their smart phone.

16:29:27 They could not go into zoom.

16:29:29 They didn't have an e-mail.

16:29:30 It was very difficult.

16:29:34 When we ask people to quarentine.

16:29:36 I know the already.

16:29:42 I can't stay home because I won't get paid if I stay home.

16:29:49 If we think about it, the majority of our communities, they are essential workers.

16:29:59 So going back to something, a quote that I said from one of my participants when they call at it rich man's virus, that is not true.

16:30:02 They are essential workers.

16:30:07 They were there at the grocery stores, they were temporary.

16:30:09 So they were not able to work remotely.

16:30:17 When we call these cases, most of them are not able to just stay home for the 14 days.

16:30:22 >> Thank you so much.

16:30:45 You also touched on this, but can you help shed some light on what the are some of the differences you see and how the pandemic is presented in the media or in public agency versus how it is being experienced.

16:30:52 >> Yes, they see it is an inconvenience.

16:30:54 They can't provide for their family.

16:31:00 In the media we see people staying home, finding activities not to be board.

16:31:03 Our communities don't have that.

16:31:04 They have to go to work.

16:31:13 It is work and risk myself or stay home and not have enough money to pay.

16:31:15 >> Thank you.

16:31:39 So that, again, is another wonderful segue into my next question which is situated on, you know, what have been the structures and barriers that you noticed during your time as a contact tracer that has disproportionally effected the community in which you serve.

16:31:40 >> Yes.

16:31:47 So when it comes to that one, our basic necessities are not prioritized.

16:32:08 When it first began there was so much going on that there's so much going on that our basic needs were not -- were pushed aside because there were other things that people considered to be more important.

16:32:13 Also, I did mention quarentine, loss of income.

16:32:16 There was that language barrier.

16:32:23 Spanish is used as not complex enough for our people to understand.

16:32:25 There is that misinformation.

16:32:26 There's that fear.

16:32:28 There are those myths.

16:32:45 I saw on Facebook that we're going to cure you instantly from the virus which led people not to seek medical attention because many don't have health insurance.

16:32:48 There were many assumptions made.

16:32:48 Yeah.

16:32:51 >> Thank you.

16:33:31 So with that, given the fact that we've -- Covid has been an everyday occurrence for the past 13, almost 14 months, have you seen any -- seen or heard any changes from your community members about how they experienced Covid-19 in terms of is there an understanding what it means now that it is no longer a rich person's illness or that it is -- there are some serious affects of having Covid-19.

16:33:32 >> I have seen a difference.

16:33:38 I think that community outreach is essential.

16:33:45 Go right there where the most affected are and listening to them and understanding their reasons and needs.

16:33:48 I have seen a big difference.

16:33:54 At first when we would call people, we would struggle to get them to answer the phone.

16:34:04 I did see a lot of (foreign speaking) when are the Spanish channels.

16:34:10 I did see new ads talking about what we would do and what to expect when they get a call.

16:34:15 After those segments aired, I did notice a big difference.

16:34:24 People were actually answering the phone when they saw it was the City of Chicago and the health department.

16:34:27 They were answering the phone.

16:34:31 We have been just offering discussions.

16:34:37 We have been offering presentations where we speak about Covid and about the vaccine.

16:34:44 That has made a very big difference, and, yeah, we will continue to do that.

16:34:45 >> Thank you.

16:35:11 So it sounds as though listening has been interesting helpful in helping community members to understand that Covid-19 affects people regardless of their socio economic.

16:35:31 Do you have any other recommendations for public health practitioners and policy people to help break down some of the barriers that have led to misinformation of Covid-19, but also in how different populations experience Covid-19?

16:35:35 >> Yes, besides listening, talk to us.

16:35:37 Go into the community.

16:35:39 Speak to us.

16:35:45 Speak to them like you understand them.

16:35:52 Make this information -- display it in flyers.

16:35:55 Make it in words that are simple.

16:35:59 >> Thank you.

16:36:21 I would like to circle back to the concept of intersectionality because I know in our discussion right now there's so many instances of intersectionality.

16:36:34 As a contact tracer -- how do you think it has impacted Covid-19 in the spread and impact on communities?

16:36:38 >> Okay.

16:36:48 So when it comes to intersectionality, it has been --

16:36:53 Sorry, I got a little sidetracked there.

16:37:08 When it comes to intersectionality -- I'm sorry, it has been a very -- it has been -- I don't know how to put it into words.

16:37:11 >> That's okay.

16:37:15 >> Yeah, sorry, I got a little sidetracked there.

16:37:16 >> That's okay.

16:37:38 So we focused on a lot of the barriers, right, that has unfortunately created a lot more risk and exposure, and a lot of barriers to understanding why certain communities are impacted disproportionally to Covid-19.

16:38:04 What are some tools to use intersectionality as a tool, understanding, yes, there are so many different social factors that impact a lived experience and their exposure to Covid-19, but how can we use it as a tool with having this knowledge that our lives aren't a one size fits all type of experience.

16:38:06 How do we use that as a tool?

16:38:14 >> Yeah, so hire different people, hire people they can relate to.

16:38:20 Find media that is related.

16:38:24 Community outreach.

16:38:30 We started working on a new initiative.

16:38:32 (Foreign name).

16:38:34 We do a lot of public outreach.

16:38:39 We work for people where they are located, the ones in the affected areas.

16:38:49 We inform them, we help them register to get vaccine and help connect them to the resources in the street.

16:38:51 We actually go and find those meme.

16:38:56 They could use -- those people.

16:39:01 They could use us to do that.

16:39:21 >> My last question throughout this sell mar and our sell mar last week we talked about the importance of health equity and how important it is to capture that might still be missing ways to this.

16:39:28 As well as lots of other public health issues.

16:39:49 What else about the topic of health equity that we might have missed when using health he can itty to come pat Covid-19 or other social issues.

16:39:53 >> Have people who look like us.

16:39:55 Have some people share their experiences.

16:39:59 It will make a big difference.

16:40:00 Yeah.

16:40:06 >> Thank you so much.

16:40:08 >> Thank you so much.

16:40:26 I'm sure you really unpacked a lot things and give us a lot of think about what the experiences have been at the immediate and personal level.

16:40:32 I want to remind you you can type your question in Q and A.

16:40:33 You can start now.

16:40:37 You probably had some come to mind.

16:40:39 You can raise your hand.

16:40:43 Remember this is being recorded and we will publicly post it.

16:40:50 If you don't necessarily want your name or to be seen, use some of these other methods.

16:41:08 As you start sharing questions, I will go to each of our panelist and invite you to provide a reflection and response based on what you heard from Ms. Rojas but I will start with Dr. Kim.

16:41:11 You can reflect on what you have heard and learned.

16:41:31 First of all, just mentioned, we have the opportunity from Dr. Kim, but I want to mention she shared with us, she sees herself as a teacher and mother and she says slacker.

16:41:35 I think that's not true.

16:41:39 It was just to give me a third one quick.

16:41:41 I will turn it to you.

16:42:02 >> One thing that was loud and clear was that we need to go into the community, work with the people from the community, and our contact tracers and thinking about vaccine, too, you know, vaccine hesitancy is a problem.

16:42:10 How do we actually deliver information and listen to the issues in the community that people talk about.

16:42:28 I think the main thing that I heard was, and I think it is really important for all the work that we do, it is really engage in community and grounded.

16:42:33 And I think this made me think about this.

16:42:39 My main daily work is basically crunching numbers.

16:43:06 But we just started a population health center, you know, to compile local data, but we quickly learned that the main theme of the center should be gathering the data and go hyper local.

16:43:37 So what the we just heard from Jessica, you know, sort of speaks to that approach in a different direction, but, you know, I'm coming from data, but the same idea, the lesson we learn from Covid-19 pandemic was, you know, being hyper local, engaging, those are, like, definitely the most important sort of lessons that we learned from the pandemic.

16:43:41 >> That's really important.

16:43:42 I think we see that in law.

16:43:49 We think about national law, whatever, but we see so much is happening locally.

16:43:55 How can we think about policies that are hyper local.

16:43:56 Thank you.

16:44:01 You have your full bios.

16:44:04 She is a doctor and a La teen nah.

16:44:13 -- Latina.

16:44:15 >> Thank you for sharing your experience.

16:44:29 What I was hearing was a lot of the points -- those who do the social justice work say from the beginning, you really need to be grounded in the community.

16:44:42 You have to be aware that one size does not fit all, whether it means for testing, contact tracing and now vaccination.

16:44:50 I actually bring up a concern that I have as we open vaccine availability to the rest of the population.

16:45:06 What does that mean for folks who are still now trying to get vaccines that have technological gaps and may not be able to sign up for a vaccine or most of the websites are in English only.

16:45:12 So we're leaving out a lot of people that don't speak English.

16:45:29 Or the fact that the mass vaccination sites are away from readily available transportation and there are a lot of people in our community that don't have cars and can't get to where vaccines are available.

16:45:48 As we plan for solutions related to the Covid pandemic, vaccine availability being one of them, I wish and hope we are looking for more long term investment as opposed to the pop up clinics that are band aides.

16:46:03 If we have learned what Dr. Kim and Jessica told us about the ground, the affect of the pandemic is rooted in causes that predate the pandemic.

16:46:10 It has exposed problems already there and we need to really think about long term solutions.

16:46:12 >> Absolutely.

16:46:13 Thank you.

16:46:17 I think that's why we are inviting your input and the audience as well.

16:46:25 We want to come one actions we can take and how can we transform structures to not let this happen again.

16:46:28 We know where the inequity exists.

16:46:30 Why aren't we addressing them.

16:46:31 Thank you so much.

16:46:42 I during to Dr. Evelyn Figueroa who is a UIC physician.

16:46:48 She is an activist and educator.

16:47:00 >> It is also humbling to hear folks put light on what we have all been going through for the past years and for many years leading up to this.

16:47:13 I do -- I try to straddle my work between UI and being a physician.

16:47:26 Doing things to apply things we know when we take care of folks is really important and not to aim for perfection, bought equity and progress.

16:47:51 The work we do at the food pantry, our pantry supported over a thousand families a month and started other programs to help folks to help problems related to poverty, but to get merit medical access, food and clothing, etc..

16:48:09 We try to provide services at the point that our clients are at and recognizing that we need to be culturally humble and sensitive and recognize their vulnerabilities.

16:48:16 >> Thank you so much for all you are doing as well in the community and with UI health.

16:48:18 Thanks for those reflections.

16:48:21 We have a few more.

16:48:23 Questions are rolling in.

16:48:27 I invite the audience to ask your questions in the Q and A.

16:48:38 I will turn to Mr. Marcus Betts who describes himself as an activist and father.

16:48:42 I am glad you can join us.

16:48:45 Please share your expertise and thoughts.

16:48:49 >> Thanks, Amy, it is a pleasure to be here.

16:48:59 I actually got chill bumps listening to Jessica's story and her experience as a contact tracer.

16:49:23 You know, I think it is easy to think about contact tracer as entry level types of positions, but the reality of these, these are tremendous opportunities to be a gateway for many people that have not thought about careers or contributions in public health and health care in general.

16:49:43 So as I listen to Jessica go down and talk about the challenges, the unique challenges that Covid presented for our country, for our society, for our city, you know, it really opened our eyes and really highlighted.

16:49:47 It showed us that there's a lot more work to do, for example.

16:49:55 I think one of the big things that came up in this process was diversity and clinical trials.

16:50:02 This was something that, you know, wasn't really wasn't on most peoples radar.

16:50:13 But when we think about long term about moving or pivoting beyond Covid, diversity and clinical trials is a piece that has to be addressed.

16:50:19 But for Covid we would not have that opportunity to address it.

16:50:24 We -- I want to go -- take a step back.

16:51:05 I know we want to get to some of the discussion here, but I think is important for our viewers and listeners to know that in the city of Chicago, when you hear contact tracing, the unique role that UI health and UIC has formed in formulating this conversation, framing the conversation, the 56 million dollar bid that went out was really a team that was put together.

16:51:22 On a Saturday, we got together and we talked about what is a team would look like, the best team looked like to go after this contact tracing bid, but more importantly, what values were important to instill in that process.

16:51:38 When you see contract tracers out working, we have been talking about what that last leg looks like in terms of hiring people for long term careers.

16:51:50 It has presented a tremendous amounts of challenges, and Jessica -- I mean, I couldn't do a better job of capturing that.

16:51:55 But it has also presented many many opportunities.

16:52:01 I will close with Jessica said -- bring folks that look like us.

16:52:05 At the end of the day, really that's what it is about.

16:52:08 We throw the word community around.

16:52:22 Community is less of a soup, and it is more after an salade.

16:52:27 It gives us a nice healthy meal.

16:52:31 >> It sounds like you are ready for dinner it sounds like.

16:52:32 Yeah.

16:52:43 So I want to turn -- thank you for that and for that history and that sort of ungrounding of some of the words within UIC and UI health.

16:52:49 I want to turn to Ms. Dave dis.

16:52:52 We needed -- Davis.

16:53:01 She is a lawyer and advocate and passionate and determined and Chicago is lucky to have her, and we are lucky to have you share your thoughts today.

16:53:02 >> Thank you so much.

16:53:04 It is a pleasure to be here.

16:53:13 And to hear from the other panelist and some of the experiences Jessica has had as a contact tracer.

16:53:24 One thing I want to name and point out, it is a little different from what folks are saying before the pandemic showed us these disparities that exist.

16:53:36 I push back against that, those that work in the field of public health or working with marginalized communities, this isn't a new narrative.

16:53:46 There are a lot of folks that have been talking about health disparities for years, decades, centuries actually.

16:53:49 They are not new or unique.

16:53:55 We have a new disease to a tribute it to.

16:54:02 The fact that we are combatting a new disease that we have not experienced before.

16:54:35 The other thing in terms of intersectionality and the way we talk about not only how we address the Covid pandemic and other things, intersectionality is a theory when Kim coined it in 89 and talking about the ways, especially Black women are failed by the systems that exist in this country, it is a theory that we can apply across the board.

16:54:40 It is not new or unique in terms of how we are applying it now.

16:54:56 Back in the 70s there were black lesbians having conversations about how they were not being seen because of gender or sexuality.

16:54:59 There is this move to popularize the term.

16:55:03 It almost waters it down sometimes when we talk about it.

16:55:13 There is a situation where we are using double jeopardy.

16:55:20 I as a queer black women, I have queer, a black and women added together.

16:55:30 Intersectionality is as a queer black women I experience uniquely that no one in those groups experience.

16:55:43 When we talk about the ways, we have to be sure to think about those very specific inner sections and axis and how we get to those.

16:55:52 A lot of times people in movements improve centralizes the most marginalize people.

16:56:05 You are seeing the most -- the smallest, most minute intersection, the smallest group because they live at that.

16:56:24 When we are hearing about things Jessica is talking about language, access, age, digital divide, investment and community, all of those different things matter for those of those theory, intersectionality and double jeopardy.

16:56:34 I have to echo, we need to result in long term investment and the resourcing in communities under resources.

16:56:43 Fight against these narrative that these communities are responsible for what is happening.

16:56:46 That is backwards.

16:56:50 It doesn't make us less healthy than anyone else.

16:56:54 It is a system that has been there.

16:56:57 It has led to the health disparity.

16:57:06 If you look at the numbers and you see most recently (indiscernible) are more likely to con extract Covid.

16:57:12 The dropping people have hit Latin X people.

16:57:19 When we are talking about those things, it is not because of anything those people are doing that is more dangerous or more harmful.

16:57:27 There is nothing biologically that is making them more susceptible.

16:57:37 It is because of structural racism and this purposeful under resources of communities that are communities of color across the country.

16:57:55 So I think that going forward, if there is anything you all take from what I am saying, there needs to be significant and ongoing investments in communities, and that investment includes getting the money to the community to do it they feel.

16:58:01 If I were to go into another neighborhood -- I'm not from Chicago, I'm from D.C..

16:58:13 If I were to go into Englewood and say I grew up in D.C., and I grew up in Virginia, New York and Seattle.

16:58:20 They would like at me like I'm foolish.

16:58:26 Tell me what it is I need to do and I'll bring the resources to me.

16:58:33 Let them tell you what they need and bring it and let go and let them do it.

16:58:39 >> Thank you so much for the comments clarifying around the terms is really critical.

16:58:46 I love saying it is not the communities that are responsible, right, the structures and systems are.

16:58:53 Let's empower the communities to come up with the answers and solutions that fit the community.

16:58:59 Last but not least, we have Dr. Pringl Miller.

16:59:06 I had the pleasure of being on a panel with her last week.

16:59:12 She is a surgeon and advocate.

16:59:16 She will share her thoughts.

16:59:21 We will come to your questions right after this.

16:59:29 >> Thank you so much, Amy, and I really appreciate that the panelists have said up until now.

16:59:48 I'm coming from my comments -- my comments are coming from the perspective of being someone who getting more and more attuned to population health and how justice impacts population health.

17:00:17 And I think, you know, one of the major reflections that I'm having is how the system in the age of Covid and to Dr. Davis' point that these are not new health care disparities and major populations have not had the access and same sort of care as other populations.

17:00:27 We have not as a population been nimble in reassessing risk as it relates to Covid.

17:00:41 We heard statistics from Dr. Kim about the 30% and above percentages of infection and deaths.

17:00:46 We know 80% of the health care workers are women.

17:00:58 They are knoll minority of populations, not people who can work from home through zoom, they are essential workers from a nonhealth care variety.

17:01:23 And we are not see in our risk assessment that we are prioritizing those populations not only on the front lines, not just physicians, but other essential workers that are at risk by exposure and the people getting infected and dies.

17:01:30 We need to be nimble in our systems to be able to respond effectively to who is at risk.

17:01:35 And I'm not sure that, you know, we're doing that very capably.

17:01:55 I did I have aquestion for Jessica related to the resurrection program and to be educated about whether there is an extension of vaccine access that is apart of that project.

17:02:07 >> Yes, so once we started -- once the vaccine started to roll out, what we started to do was we started to educate the community about the vaccine.

17:02:10 We were having different vaccine presentations.

17:02:18 We targeted community centers, we targeted mentors.

17:02:27 We spoke to them about the vaccine and tried to motivate them to get the vaccine and debunk the myths.

17:02:29 It is not a tracking device.

17:02:33 It is not going to cause infertility.

17:02:41 We also started to (indiscernible) to get people vaccinated.

17:02:53 We called people from certain zip codes and we were able to register them because they did not have a computer, or even a smart phone.

17:02:56 They were unable to do it themselves.

17:03:02 We gave them a call and were able to register them.

17:03:08 We went to different pop up registration events.

17:03:14 We were part of the Chicago (indiscernible) I fish active.

17:03:20 I benefitted from this because I do live in one of those communities that was hardest hit.

17:03:38 We have been doing a lot of outreach, personally I have distributed flyers, I gone to schools, food pantries.

17:03:40 So we have been taking action.

17:03:50 We have been going into the streets and trying to help people register, where ever they are and where ever they need.

17:03:51 And helping them.

17:03:56 Someone did mention in order to register, the websites are in English.

17:03:57 So there's that.

17:04:08 So we have been trying as best as we can to help those people and give them -- help them register so they can get their appointments.

17:04:12 >> Can I step in.

17:04:26 This is an important conversation, and I want to dig a little deeper, Jessica, and I would like to pull in the lawyer.

17:04:31 Isn't it a civil violation to not have the information in Spanish.

17:04:41 I know there's a lot of concern for not having information for death and hard of hearing for public information about Covid.

17:04:56 Where are we in terms of using existing tool to hold people accountable for considering all populations?

17:05:01 >> I'm happy to jump in as an attorney if you all want.

17:05:19 I will say that from my understanding because the United States does not have an initial language, there aren't requirements about what language we have to share -- different levels they have to share information in.

17:05:41 I think there are at the federal level, I think demographic levels that once a community reaches them, there is offer in that language, but since we have no official language, I don't think there is a civil rights action that can be used.

17:05:50 In terms of bringing a case -- I guess if you wanted to count discrimination, this is me being creative.

17:06:12 If you wanted to say there was a de facto case of discrimination because people can't access of information, there would have to be a collection of people for a class action and go for it that way, but I think that -- it would be an uphill battle.

17:06:14 It will be very difficult.

17:06:23 Some information is available in Spanish versus no information in Spanish would work against that.

17:06:25 >> I'm going to come back to this.

17:06:31 I want to call in Bob Peterson who has his hand up first.

17:06:33 Bob, would you like to speak?

17:06:47 >>

17:07:17 There should be a way to make sure people have access to computers so that they can participate (indiscernible).

17:07:49 They don't need to -- the it will be hard to -- what they need to do to register to get their shot.

17:08:03 She is right.

17:08:09 The one that help that you (indiscernible).

17:08:18 That would be interesting to know I didn't know it was hard at first.

17:08:37 So I want to know how do people like you -- (indiscernible) to get the shot.

17:08:45 >> So if I'm understanding Mr. Peterson, you are asking again about basic access.

17:08:59 If people don't have computers, they don't have ways to find out where the vaccines are, they are not in their community, and these just seem like really big questions.

17:09:02 And Marcus, I see you have your hand up.

17:09:07 Did you want to respond to that?

17:09:08 >> Thanks.

17:09:13 Actually, I was responding to the more general discussion.

17:09:14 >> Okay.

17:09:16 >> I'll be brief.

17:09:17 I'm not an attorney.

17:09:32 I'm not sure about the laws in terms civil rights violations, but I do know that we do have laws that sort of call for elections every so often.

17:09:36 We have laws that protect freedom of speech.

17:09:40 Those tasked with representing us, we have opportunities to advocate.

17:09:55 And I have seen that happen right here at the City of Chicago, specifically to the language being distributed in Spanish and different languages.

17:10:22 One of the things we had to do was figure out how to communicate to some of most vulnerable communities at the height of Covid.

17:10:34 As we followed the data, as the numbers evolved, we had folks from our Latin X communities saying this is what we need.

17:10:35 These are our needs.

17:10:52 It was that -- I won't say that pressure, but it was that being made aware of those challenges from grass root organizations allowed us to go back to the table and help inform some of the communications pieces that actually went out.

17:10:53 So --

17:10:55 >> That's really --

17:10:56 >> Speak up.

17:10:57 >> That's helpful.

17:11:24 I'm going to thank Eric who brought this to my attention because those who are the lawyer, the civil rights act of 1964 requires them to take reasonable steps to make the program services and activities accessible by eligible persons with limited English proficiency.

17:11:40 Maybe there is a little hook there, but I think we could all acknowledge there is a moral reason, right, to think about who lives in Chicago, who are our communities, who are our neighbors.

17:11:43 Are we thinking of them as we are planning.

17:11:52 Marcus this is for you Jrojas.

17:11:53 You are in the field.

17:12:05 You see what the services are, do you take that back to public health.

17:12:09 This is what we need to do, this is what we need to do to fix it.

17:12:11 >> This is Ann.

17:12:19 It could be posed to Dr. Figueroa as well.

17:12:27 I'll jump in first.

17:12:28 That is a tricky question.

17:12:40 I like to think folks listen to me, but if you ask my 14-year-old daughter, I don't know, I don't know who listens to me to be honest.

17:12:51 I think the better way to look at this is to acknowledge that there is no silver bullet and no expert that can cover all issues.

17:13:05 Those of us who have access for a period of time or an ear for a moment, there is a moral and ethical obligation to voice these concerns.

17:13:11 So the answer is, you know, it is not so much an individual, but it is the people, it is the critical mass.

17:13:23 I think we have seen examples of that around the country, when the people speak, people tend to listen.

17:13:24 >> Thank you.

17:13:30 Would you add to anything?

17:13:34 >> I agree.

17:13:38 It is difficult for one person's voice to be heard.

17:13:47 Something that probably should be happening is that it should be covered in the media, get mass attention so this issue can be addressed.

17:14:03 If I had not gone into the website and helped people apply, I probably would not have noticed because since I do speak English, I would not have looked for the Spanish issue.

17:14:11 These issues have been addressed, but there are only so many people that will listen to us.

17:14:14 >> Don't you have powers in numbers.

17:14:22 How many of you have been tasked with rapid response team or contact tracer.

17:14:28 Do you get together to share your perception and themes? Is there an opportunity --

17:14:33 >> Can I jump in and make a comment.

17:14:39 I think she is hesitating what I think she wants to say.

17:14:43 I don't want to put words in her mouth.

17:14:45 We have fallen short.

17:15:01 A lot of the communities brought up to the city and the language that we need more language services, better addressing of technology gaps, better addressing of issues like distance to vaccination sites.

17:15:05 I think the protect Chicago plus is a good start.

17:15:21 But when you have sites only open from 7-4 on weekdays and you are relying on websites when they are in English, we are still falling very much short.

17:15:29 To your point in terms of power in numbers, we need numbers at decision making tables.

17:15:36 Yes, I think the work of the (speaking Spanish).

17:15:43 The people on the ground is important, but we also need people at the decision making table.

17:16:09 When you consider that there's not a lot of us, not a lot of black and brown people in areas of the department of public health or in areas that the Covid equity response, when epidemiologists are adding up numbers that are not linked to the community, then, yes, we will be falling short.

17:16:22 And I think that's one piece that we need to continue pushing for. We need more people that are from the community, people like Jessica at the decision making table .

17:16:35 We want them to be apart of that conversation.

17:16:36 >> Can I jump in.

17:16:44 I see Evelyn is unmuted, and I don't want to talk over you if you want to jump in and talk to this point.

17:16:54 >> I just wanted to mention when we think about contact tracers that all of the postings I saw were low paying job.

17:16:59 They were minimum waning.

17:17:05 Whether we talk about contact tracers being organized and communicating together.

17:17:12 I don't think they are funding times for administrative meetings.

17:17:14 >> Thank you for that point.

17:17:31 I want to add this should not be on this.

17:17:34 It should be a government.

17:17:44 They got 75 nil union that is supposed to go from CDC to vaccine roll out.

17:17:53 I believe City of Chicago got 73 and -- I think it might have been more.

17:17:59 75% of that is supposed to go to this issue because the numbers are there, the data is there.

17:18:03 At every single level of government, we see the data points and information.

17:18:11 If you look at the websites, racial equity is plastered everywhere.

17:18:16 It is not about us making noise because we have been forever.

17:18:26 It is the people who have the authority that are sitting in the table, them using the data they have at their fingertips and applying it.

17:18:51 We have been giving them the blueprint, the framework, the steps to operationalization it and the request that comes back to us, what should we do, these questions have been answered so many times and asked of us so many times that it is almost -- it is not an exercise -- it is almost insulting to get questions like that.

17:19:13 If you are not creating a Spanish website for the City of Chicago, you are ignoring the facts already exist and ignoring the fact that people fought and are still fighting to make sure these communities are adequately and purposefully and intentionally represented.

17:19:18 You can't call people to the table after things were decided.

17:19:36 If you got the money, you can't spend 23 point million whatever and then hand off 1.million to the community to figure out what to do.

17:19:39 That's why you see low paying opportunities.

17:19:49 The money, funding and resources needs to go to these communities and in a way we already had the data to back up and display how it should be happening.

17:19:52 Gaby, you had your hand up.

17:19:54 What would you like to add to this conversation.

17:20:04 >> So I just want to just take a moment and just lend some appreciation for a lot of the points being talked about.

17:20:39 So to the last point about the importance of resources, and I also have to add robust and sustainable resourcing is absolutely crucial, and to the point of making sure when we are collaborating with community partners, we are doing it in a way that is equitable but making them apart of that process of developing that application for the grant and also having that shared decision making power is absolutely pivotal.

17:21:04 I also want to add through my work with UIC partnership, we also have to be willing to transform ourselves and be reflective at how we function and help to perpetuate certain inequities and disparities.

17:21:33 I just want to add if we are willing to say that we really want to make a difference, we also have to be introspective and being willing to transform our ways and the mechanisms we have historically funded different projects, and the types of grants, and the types of partnerships, too, so we can really move the dial forward.

17:21:39 If not, it is not going to be good enough and it will be bandaid solutions.

17:21:58 I just want to under score that we have to be transformation and willing to accept responsibility for ways.

17:22:03 >> I want to ask a question, Eric is responding to one in Q and A.

17:22:21 We talked about how unique our communities are and how, to Jessica's point, we need people who look like us, understand our experience and cultural context when we deal with these sensitive issues, but sometimes that's not possible.

17:22:28 Sometimes we don't have people who look like us coming to our doors and asking or offering assistance.

17:23:03 One of the things I really want to not leave their conversation is without each of you or whomever would like to just make some suggestions as to how someone who doesn't like you who doesn't share your culture, but who has a heart of service, and wants to make a difference in the community, should we not come? Should we say we are only service people that look like us and have our experiences.

17:23:11 I don't want to leave the conversation, I want those who wleefb and need that we have purpose and potential.

17:23:26 Can you give one pearl how we can see the commonality, the humanity in each of us so we can all work together no matter what communities we're in to change this narrative.

17:23:31 And I'll Jessica first perhaps.

17:23:35 >> Can I come to your community and make a difference?

17:23:38 >> Yes, of course, you can.

17:23:40 Of course.

17:23:47 It is probably as a manner of how you speak to our community.

17:24:21 Just having that cultural sensory, real understanding where we come from, speaking to us in a -- just letting us know you understand and not judging us based on what we believe and just validating, but also not just accepting whatever we say yes, this is what it is, but also in an understanding what we are saying, but also telling us your beliefs and what you believe.

17:24:21 >> Uh-huh.

17:24:25 Uh-huh.

17:24:33 Anyone else? Any other thoughts? I see you smiling, I want to know when the you are thinking.

17:24:36 I want to know what you guys thinking.

17:24:38 I want to hear it.

17:24:40 >> Yeah, absolutely.

17:24:43 I think absolutely anyone -- not anyone.

17:24:45 I take that back.

17:24:58 I think that people who are dedicated to getting the work done and go into community they are not represented in and do excellent work without causing harm.

17:25:07 I think it takes humility, it takes ongoing dedication.

17:25:13 One of the ways we cause harm is having a single touch point with them and then disappearing.

17:25:26 When you hear about people going to build a school somewhere, and not figure out how to staff and maintain it or dig a well somewhere, but not how to create the infrastructure to maintain.

17:25:37 It is the necessary dedication that is ongoing to creating, building and maintaining bridges within those communities you are trying to do.

17:25:41 That is to get the work done without doing damage a.

17:25:43 Come in the communities.

17:25:47 You can't embody all of the peoples' identity.

17:26:02 Go into the community and be willing is to listen and learn, give others grace, and remember you are not expert in any one else es experience except your own.

17:26:05 >> I would echo what she just said.

17:26:23 This is where the difference between outreach and engagement comes in, right, outreach is the helicopter intervention as mentioned, bringing in a school or well, and letting people figure out how to make it work.

17:26:26 We do that in academia all the time.

17:26:36 We go into communities and recruit people to participate in research.

17:26:41 We bring them in and then when we are done we leave them hanging.

17:26:49 It is many of the reasons why they don't trust us and if we don't look like the community we serve.

17:26:55 There are ways of doing work in a meaningful, engaging way.

17:27:03 To the point, it is listening, being humble and understanding that there's a lot that we can learn.

17:27:18 I also would offer we should do a little bit of homework and read and understand, you know, there's a lot of great books that talk about, you know, structural racism.

17:27:23 There is great books about Chicago.

17:27:52 West side development, do a little bit on of homework and don't expect the community to tell you what to do, but also be willing to listen and engage and ask meaningful questions and being humble and really trying to recognize that we are not the experts that -- there's a lot we can learn from people on the ground and living this experience on a daily basis.

17:27:59 >> With that -- were you going to say something? You are muted.

17:28:00 >> Yeah.

17:28:03 >> Michael had asked a question.

17:28:05 It was building what she was saying.

17:28:11 We do a lot of research.

17:28:30 We have public of department health, UIC talking about community, how do we feel that they're prepared? How do the panelist, UIC,.

17:28:36 Could we offer some concrete ideas or suggestions how to do it better.

17:28:38 >> We are at time.

17:28:42 In a minute.

17:28:45 >> You know, I'll jump in there.

17:28:56 In my previous role I was corporate relations for the institution prior to moving to west campus in my current role.

17:29:08 Listen, the short is are we prepared? It depends on the context and it depends on what area.

17:29:12 As my mother would say, it got good bones.

17:29:14 We have good bones.

17:29:16 The infrastructure is there.

17:29:26 If you have any experience with any institution, you run across people who have hearts of absolute gold.

17:29:29 That's encouraging.

17:29:34 We didn't get here over night and we won't get out of here over night.

17:29:42 So I would say, you know, we have to double down and put our money where our mouths are.

17:29:57 Resources are important, but it is not just resources and injecting them into community, it is how we approach community and have agency to uplift their communities.

17:29:58 I'll stop there.

17:30:00 I know we are at a minute.

17:30:03 More people may want to jump in.

17:30:09 >> Yeah, I just also want to mention, I know Gaby mentioned this up front, we have so much.

17:30:15 We are just tipping at the top of the questions.

17:30:29 Please keep contributing to JamBoard and questions that we saw that you raised that weren't answered, which we are collecting them so they can be reflected in the final report.

17:30:32 We invite your participation beyond this.

17:30:39 I want to make sure that you remember that today was recorded, and so we will be posting this on the websites.

17:30:41 You will be able to access this.

17:30:45 You will be receiving a follow-up survey.

17:30:47 We invite your participation.

17:30:53 If there are things that worked or things that can be better, we do look at these.

17:30:59 Each week we are trying to improve and take some of the lessons we learn.

17:31:06 We hope you join us next week about disability and bias and health care.

17:31:07 We hope you will join us.

17:31:10 I thank all of our speakers today.

17:31:13 I think we got a lot of input.

17:31:23 As a lawyer, I resonants with building new structures.

17:31:31 I thank everyone for sharing and for our panelist and those who make this happen.

17:31:34 We look forward to seeing you next week.