FHEO Table Talks Series: Exploring the Inequities in Accessing Healthcare and the Impact It Has on Housing Stability

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Speaker 1: Dr. Tollie Elliott, Chief Medical Officer for The Mary's Center for Maternal and Child Care Incorporated
Speaker 2: Dr. Edward Miller, Division Director of Maternal Fetal Medicine Department of Obstetrics and Gynecology and Chief Diversity Officer for the University of Louisville Health

DeAndra J. Cullen: Hello. Welcome to another episode of the FHEO Table Talk series. I am your host DeAndra J. Cullen. This will be a special health care and housing episode where I am joined by Dr. Tollie Elliott, Chief Medical Officer for the Mary's Center for Maternal and Child Care Incorporated, and Dr. Edward Miller, the Division Director of Maternal Fetal Medicine Department of Obstetrics and Gynecology and Chief Diversity Officer for the University of Louisville Health. In today's discussion, these medical doctors will share their expertise and frontline knowledge on the inequities in accessing health care and the impact it has on housing stability. Dr. Miller and Dr. Elliott, are you both ready for these tough questions?

Dr. Tollie Elliott: Absolutely.

DeAndra J. Cullen: Let's get started. I'm going to start with you, Dr. Elliott. What is the best piece of advice that you have ever given your children?

Dr. Tollie Elliott: I think the most important thing is that nobody can advocate more so for yourself than you. And so I think that as children growing up, especially in this world the way we are right now, they need to be front and center, not shy about themselves, and advocate for themselves in every sense of the word.

DeAndra J. Cullen: Great advice, absolutely. Dr. Miller, I have a question for you. What skill do you think everyone should have?

Dr. Edward Miller: You know, I think the skill that is so important for everyone to have, particularly our youth is the skill and the trait of resilience and the ability to pick yourself back up when things don't go the way that you anticipated or planned and keep on trying especially if you have a because dream.

DeAndra J. Cullen: Absolutely, because you're only limited by your dreams, is that correct?

Dr. Edward Miller: Exactly.

DeAndra J. Cullen: So Dr. Elliott, back to you. As the Chief Medical Officer in the Mary's Center for Maternal and Child Care, do you believe that housing can negatively impact the health of a person?

Dr. Tollie Elliott: Absolutely. You know when you look at housing, and there's many ways you can look at it, Do you actually have a home? Are you homeless? And even if you do have a home, what is the system in the environment and what you're living in? Are you in a food desert? Are you in a health desert? Is the housing you know appropriate in terms of mold? Are there any issues in terms of the housing

environment that you're living in? And as a result, those things can also contribute towards an element of stress. And those things all together outweigh the issues of making sure you go in to see the doctor, outweigh the issues and making sure your kids fail to get their vaccinations, if you're pregnant to go in and see the obstacles gynecologists like Dr. Miller. You may not put that as a priority. So health issues are massive when housing is not appropriate.

DeAndra J. Cullen: So and you're absolutely right. So I'm just going to ask you to just elaborate a little bit more on some of the health issues that someone can experience as a result of their housing conditions. I know you mentioned you know the fact that there could be mold or there could be lead hazards or so forth. Could you expand on anything else, like maybe overcrowding for instance?

Dr. Tollie Elliott: A good example is what happened with Covid 19. We had individuals living in small spaces where you have the spread of the condition and even more so now with the Delta variant it's even more transmissible. So when you're talking about individuals living in cramped spaces, small spaces, they don't have the capacity to space out, housing becomes a massive issue in terms of just transmitting the condition of Covid 19.

DeAndra J. Cullen: And it's very interesting because exactly what you're describing is a concept that we have here at HUD and it's Affirmatively Furthering Fair Housing. And what you're saying is, what that uh that rule is really about, if someone cannot access housing, how are we able to think that they will have access to proper health care. So I think your point is very valid. Dr. Miller, I'm gonna come to you as a maternal fetal physician, how have you seen housing instability impact the health of expectant mothers?

Dr. Edward Miller: In so many ways. So maternal fetal medicine is the field of high risk obstetrics. So you know for the normal patient where they may see the doctor once a month once a patient hits my office my recommendation is going to be that they see me weekly, even more frequently sometimes. And as a result that barrier that it places on them both financially and time wise. Oftentimes they have other children, other jobs, financial responsibilities and the health care system asks them to make a huge commitment. They may be uninsured as many patients are and as a result those with unstable housing and unstable access to housing have to prioritize. Do they choose a roof over their head, or do they choose going to every prenatal visit and doing what the medical system recommends for their families. And it's the spiral. It's a system where when they make that decision, when they make the choice to secure housing for them and their families, it's so much harder to get them back in because the system then doesn't support their reentry.

DeAndra J. Cullen: Absolutely. My next question will be addressed to both of you all so um I will go with you first, uh Dr. Elliott if you don't mind. What do you both see as barriers in achieving health and racial equity in these underserved communities?

Dr. Tollie Elliott: I think that we all need to have an honest discussion with ourselves and our community as to what does health equity look like, what are the causes of health inequity, why is it there, what are the racial constructs that have led to this scenario that we're in, and be truthful about why we are where we are. And I think that once we have that discussion then we can start getting back to the point of looking at people and individuals and look at the humanity of the problem. And so I think that that is one of the biggest barriers right there.

DeAndra J. Cullen: Absolutely. And Dr. Miller what are your thoughts?

Dr. Edward Miller: I couldn't agree more. I think we as a healthcare system have to do better at knowing exactly who our communities are. In Louisville, you can go to West Louisville, a highly urban community, and less than 40 miles away you can go into a much more rural community. Both of them have significant barriers to access, barriers to housing, but the unique barriers that they face are distinct between them. So we need to target communities where they are, and just as Dr. Elliott mentioned, to do that it involves an understanding of history, an understanding of race, an understanding of socioeconomic barriers, and time barriers, and travel barriers that patients face in order to deliver them the care that they not only need but that they deserve.

DeAndra J. Cullen: Absolutely. Dr. Elliott, how has your work with the Mary's Center contributed to the improvement of local communities and to the removal of obstacles to health equity?

Dr. Tollie Elliott: I think it starts at the door. At Mary's Center it's a much more holistic view. We look at the whole person, we don't look at just the disease state, we don't look at diabetes, hypertension, pregnancy. When that person enters the Mary's Center there's a family support worker there to help screen them, to help talk to them about what issues that they may be facing they're going to be interacting with, the patient care navigator they're going to be interacting with, the medical assistant, the nursing, even the providers, everybody is woven into the entire organization to look at how we get that individual to promote advocacy for themselves. Just as I was saying before with my children, nobody can advocate better for you than yourself, but the problem is, is if you don't know the resources that are available to you, it's really hard to know where to start. And so I think that that's one of the things that Mary's Center does very well. Even though we think we could do much better, I definitely think that that is the biggest aspect is to promote advocacy and self-determination.

DeAndra J. Cullen: And you talk about these uh supportive services, um could you give us some examples of those. I know that there's probably food and there's the clothing, but are there some other examples that you can share with the audience?

Dr. Tollie Elliott: Sure. I mean we've had, we have nutritionists who worked with the Capital Area Food Bank to talk about delivering pre-cooked meals for individuals that are diabetic. We also have the same with food and friends to look at pregnant women who are diabetic. We have a ride system where we can actually work with the managed care organizations to bring individuals in for their care. And so just these little things that we plug in -- we call them little -- but collectively they do so much more to help support that individual and then the family and ultimately the community.

DeAndra J. Cullen: Absolutely. Dr. Miller, some families must decide -- and you I think you touched on this earlier -- some families must decide whether they're going to pay their rent or whether they're going to pay for health care. Why does my zip code determine my access to health care and awareness of prenatal services? Could you talk about that for us?

Dr. Edward Miller: It's a great question. And it really does. So you know I always like to say that nothing determines what you can do, what you can be, but your zip code determines a lot. So your zip code doesn't determine how smart you can be, how hard you can study, but it does determine the resources that are available to you. It determines the availability of fresh foods and it turns out it determines the availability of gyms or places to exercise. It determines like Dr. Elliott says your drinking water, uh whether or not there's lead in the paint, and all of those things then contribute to your overall health. So while your zip code doesn't give you diabetes or hypertension, it increases your likelihood of having

those disorders. And as a result if you do develop those disorders it makes your pregnancy more complicated, it makes your pregnancy riskier, and then conversely, and really the hard part, is it then places more onus, more time that you have to spend obtaining the care that we've determined that you need in order to you know care for your pregnancy. So it's almost like your zip code not only gives you limited resources, but then asks more of you on the back end, and as a result a lot of these women that are in these zip codes are really set up to fail. And we have to do better as a healthcare system at recognizing that and figuring out how we can kind of break down those barriers to care and think outside the box just like we learned how to do in Covid.

DeAndra J. Cullen: I want to take that question one step further if you don't mind. How has structural racism and segregation led to inequity in housing and health care in this country?

Dr. Edward Miller: Oh that's a great question, and it's a it's one that is just I think etched in history. You don't have to know about red lining, you don't have to know about racism, all you have to do is, is go to a neighborhood that you've never been before in Louisville, go to the West End, and just see, you can see right in front of you, you can see that five miles away from, you know, housing, these markets that are that are hot right now. You have housing, you have you know houses that are boarded up, you have communities that don't have grocery stores that just have you know fast food restaurants. It's something that from a healthcare perspective we see quite frequently. We see that. We are a trauma center at the University of Louisville, the vast majority of our trauma patients come from literally two miles of zip codes. That's it. They serve 80 percent of our trauma patients. So it's clear that even though it was unintentional, even though we think of segregation as something of the past, that's still taking place today in health care and in many other aspects.

DeAndra J. Cullen: So I want to ask you this one question. I'm you know, I'm a past economist so I do have a big interest in stats. Your practice and in your practice you deal with high-risk pregnancies, that's your specialty, do you have any stats on how many doctors of color, Black doctors for instance, in your field?

Dr. Edward Miller: Well short answer is not enough. And I'm very fortunate that I'm joined with Dr. Elliott who trained me, and I think that that's not a rare thing amongst male physicians of color. Um, I know that you know the training requires college, medical school, four years of residency, and in maternal fetal medicine, three years of fellowship, so we're talking more than 10 years, a decade of training. And across the country -- and this is just a ballpark figure -- you're looking at likely less than two dozen African-American male high-risk obstetricians.

DeAndra J. Cullen: Thank you Dr. Miller. I'm going to now turn my attention to you, Dr. Elliott, if you don't mind. What is the value of supportive housing in closing the health gap and making health care more accessible?

Dr. Tollie Elliott: I think when you look at supportive housing you're looking at the totality of that individual, you're looking at how does that promote equity, how does that promote access to health care, and how does that actually again close the health gap. And so things that you can do for supportive housing is actually co-locate clinics in living communities where these individuals are. We're looking at children where they have data to show how does a child perform at school at the third-grade level. They already know what's the likelihood of that child's outcome later on in life. And so when we look at supportive housing, when we look at health care in these kind of communities, we're looking at giving

people a fighting chance. But it also does something else. It touches upon the topic that we just talked about, briefly, in a sense that these children begin to see individuals that look just like them that are serving in the role as physicians. Myself and Dr. Miller, it is a very small world, it is unfortunate that Dr. Miller and I, that it is such a small world that you have two physicians, one of which trained the other, and so that that if you were to go some other part of the country and go with a different ethnicity, it would not be it would not be so common to see this. And so it's rare. I'm very fortunate I was very happy to see that Dr. Miller went on to became a high risk obstetrician, but the kids need to see this, and the kids in these communities need to see this, and dare I say that both he and I are unicorns because it is not normal to see us out there, and so it has an impact on everyone. And so when we look at supportive housing we're looking at how housing has an impact not just on the health outcomes of individuals, but actually their long-term outcome, and how they contribute to society as a whole.

DeAndra J. Cullen: I like that approach. One piece of advice that I always got as a child was, you can't be what you can't see. And so I think that's what you're absolutely saying is that these young people who are behind us in generation need to be able to see that they can become these high-risk obstetricians and gynecologists and these specialists who really focus on, you know, really improving the community and where we are. I like the fact that in your approach you're looking at everyone as a human, you know not everybody looks at in their field that they're treating and adjusting and addressing human beings. Not only do we need uh access to health care, but we need access to good health care, the health care that you all are describing in this conversation. You know I appreciate that both of you bring very different perspectives to this conversation and they're so necessary and so needed. So I just wanted to take this opportunity to really thank you both for um taking your time to share uh this information with our audience. I have a question for both of you all, if you don't mind, uh what do you believe is the solution to improving health equity through housing? I'm going to start with you, Dr. Miller, and then go to Dr. Elliott.

Dr. Edward Miller: So kind of you know piggybacking off the previous answers is there's not a solution there are solutions. And the solutions are going to rest not only with the healthcare industry, it's going to rest with our community organizers, our community activists, our youth, those that have been in neighborhoods for generations and can tell us and teach us about how neighborhoods have changed from year to year. It's going to take collaboration, it's going to take recognizing that a one-size-fits-all approach is not going to work for every community, particularly communities that historically have been disengaged and disenfranchised because of quite honestly mistreatment by the health care system. So in my role as Chief Diversity Officer at University of Louisville I believe in community engagement. I believe that the best solutions we are going to come up with, and the best impact that we're going to have, is going to be by working together.

DeAndra J. Cullen: I mean, Dr. Elliott, what are your thoughts on this?

Dr. Tollie Elliott: Well I think that, to piggyback on everything that Dr. Miller said, there have been studies that have shown that when they assess communities, communities are different stages of where they are in terms of that path to health equity. And so to take a cookie-cutter mentality would be a tragic mistake. And like Dr. Miller said, go back in the community, understand their needs, identify what is necessary. But also at the same time, incentivize individuals to go into those communities. And so we've had enterprise zones, we should have health enterprise zones where we actually encourage physicians and nurse practitioners and other health providers to go back into these communities to

make sure that we can actually get to the point of being on the ground level and actually making an impact in the health outcomes.

DeAndra J. Cullen: Well again two different perspectives the very important perspectives that we need at this table. Dr. Miller, what do you believe is the key to ensuring that discriminatory policies and other structural barriers do not further health disparities in housing?

Dr. Edward Miller: That's a great question. Um you know I really think that we as we've talked about so far on this talk we've recognized that there's a link between health and housing, it's clear. There's a link between your zip code and your risk of having complications in pregnancy, that's clear. So I think as we think about how to improve health care we have to recognize that there's a lot of things, housing and healthcare that are related, that are linked, so as we talk about how we improve access we need to talk about how we give our patients or how we meet our patients where they are. Covid taught us so much, when we think about how the Covid vaccine rolled out we recognize that we have to go outside the box and think outside the box. We did pop-up clinics, we actually went into the neighborhoods and made the vaccine as available as it could be to everyone. That's exactly how we have to treat medicine, it's exactly the lesson that we need to learn. We need to be into the communities, we need to be making us we need to be making ourselves so visible that they can't help but get the care if they want it.

DeAndra J. Cullen: Absolutely. Thank you for that. I use the term quite often, especially with my team here at HUD, you know those trusted voices. I know and you probably know that the government is not usually the first place underserved communities go to for help or assistance or information for that matter. So our work is really cut out for us, we really have a lot we need to do. We've got to level the playing field and involve the people we serve. We know it is not a sprint and we are preparing for this marathon, and I'm so happy to hear that you all will be joining us. The only way to get to the table is by having a seat at the table, but not just having a seat at the table, but having a voice at the seat at the table. So Dr. Elliott, I'm going to turn to you. What can health care systems do to improve community outreach to those who are struggling with housing instability?

Dr. Tollie Elliott: I think that one of the things that that definitely needs to be done is they need to look beyond just the disease state, and I think that as we collect data for social determinants of health, when we collect that as how these children and how these individuals are living, then you're going to start to see the needle move in terms of how we're going to make a change in terms of those struggling with housing instability. And so it's important that health care systems look beyond the disease state, as stated, and use the actionable data from the collection of information that you retrieve from those communities who you're getting into and you're engaging.

DeAndra J. Cullen: Absolutely, couldn't have said it better myself. I'm gonna switch tunes just a little bit, um audience bear with me on this one. Dr. Miller, you've shared your personal story with us recently. It's a story of triumph over circumstances, a story of hope. Can you share with us as much as you are comfortable with about aging out of the foster care system and how housing instability impacts our young people?

Dr. Edward Miller: Yeah, absolutely. You know it's a story that isn't often told and it's a perspective that we oftentimes overlook. For myself I was in foster care from the moment I was born as a premature baby born in Compton, California, in the '80s at the height of the crack epidemic. I was very fortunate, however, I was placed in a single foster home, and in that foster home I got love, I got support, they

were mom and dad as far as I knew. But when I turned 18, uh despite my parents telling me that I could grow up and be anything that I wanted to, I had social workers that said, you need to get a job, you need to get an apartment, you are turning 18, you're aging out of the system, you're an adult, and I didn't feel like an adult. And I think a lot of us would look back at ourselves at 18 and say that we were not equipped to deal with housing, to deal with jobs, deal with transportation. And when I look at my patients who are in the foster care system, they're not either. There is a fear that turns that comes with turning 18 as a foster child about where am I going to live, where is there going to be a roof over my head. There's a reason why there's an increased risk of homelessness, there's an increased risk of substance uh use, there's a reason why if you are a black male in foster care in California, the odds of you being jobless, homeless, or incarcerated by the time that you're 21 years old is greater than 50 percent. And it's real, it's because of a lot of things, it's housing, it's uncertainty, it's fear, and all of those things come back to resilience, right, there's this lack of ability to dream that is based upon something that you can't control. You can't control that you're in the foster care system just like you can't control your zip code. So it's a population that really really really needs some special attention paid to it because it's a population that is one of the most vulnerable.

DeAndra J. Cullen: Absolutely. How does the lack of safe and affordable housing affect the health and wellness of someone transitioning out of the foster care system?

Dr. Edward Miller: So, you know, you use the example of in pregnancy, so you're 18 years old, you're turning 18 years old, and you find out that you're pregnant. You then not only have to navigate how am I going to find my Ob Gyn doctor, how am I going to go to my prenatal care appointments, but then it's how am I going to get an apartment at 18? What kind of job can you have at 18 that's going to afford an apartment? So oftentimes you have housing instability. You go from apartment to apartment living with friends, those friends may live close together but oftentimes you end up moving quite frequently. It makes getting appropriate care that you deserve so much more difficult, and as a result and it goes back to resilience. Again, there's this feeling of helplessness, of hopelessness, even this feeling that no matter what happens that this is just not meant to you, it's just too hard, and we need to figure out ways and systems from both a government standpoint and a health care standpoint to help transition these young adults -- because they're not adults, they're young adults -- into making sure that they have not only the care that they, you know, deserve but also can dream as big as they need to.

DeAndra J. Cullen: Thank you for sharing that with us, Dr. Miller. I think that it is an underrepresented group that we really need to prepare to serve better, and um hopefully with your help, we can do that. I have one more joint question for you gentlemen. The Covid 19 pandemic has uncovered significant patterns of social and racial injustice with specific regards to our state of public health. Why is advancing racial and health equity more important now than ever? Dr. Elliott?

Dr. Tollie Elliott: What Covid 19 showed that um we were never really relevant until we became relevant. And once that occurred, and once us and minorities as individuals that were essential workers were no longer being able to support the rest of society, it became quite apparent that they were being disregarded for generations. And so what Covid 19 has done is it, what we have shown, is that we need to make sure that we look at everyone. So advancing racial and health equity more, it's extremely important now because we as a nation, as a country, as a community, as a neighborhood, as a block, are not going to get better until we start looking out for our neighbors because all of us matter.

DeAndra J. Cullen: Wow. Dr. Miller, I'm going to let you follow up with your response to that question.

Dr. Edward Miller: I think Dr. Elliott nailed it. And you know Covid has taught me two things, two really big things. One is a leader I need a seat at the table. My voice has to be one of the loudest, my voice has to be one of the most consistent, my voice has to be there. Because what we learned from Covid 19, as Dr. Elliott mentioned, is it doesn't matter if there are disparities, it matters if the people that are sitting at the table, that hold the purse strings, that are the leaders or so-called leaders of the organization, care. And it's our job as leaders to make them care, to recognize why they shouldn't care. Because secondly what we've learned not just from Covid but from Brianna, from George Floyd, is that while things reach public consciousness there's always a period after that things die down and all of a sudden it's not on the front page of the news anymore and people just hit this level of, well, this happened and now things are better. But they're not. So once Covid is gone, Black women are still going to die in labor at disproportionate rates, they're still going to be hypertension, they're still going to be diabetes, so our voices still have to be allowed because those disparities are going to stay and it's our job as leaders and I think as minority physicians to make sure that those in leadership positions recognize that these disparities are here and keep raising our voices until they're ready to fix them.

DeAndra J. Cullen: Perfect responses both of you all. Thank you so much for that. Dr. Miller, ensuring that vulnerable and underserved communities have access to the Covid19 vaccine is one of this administration's core priorities. What do you believe is the most effective method in reaching those hard-to-reach populations to be sure that they get vaccinated?

Dr. Edward Miller: That is a great question and it's uh something that has taken up a large majority of my time here at the University of Louisville. I've been honored to lead our Covid outreach uh vaccination program. I've learned so much. I've learned that all my passion, all my work, all my research into Louisville is great but it pales in comparison to the access that I can get from community trust. So we have partnered with community organizations, we have partnered with churches, we have partnered with the Urban League, the NAACP, all in an effort, as we talked about before, to make this vaccine as present as possible in these communities. And also to start the process of getting doctors, nurses, health care workers, out of the hospitals, which are, you know, really really tough big systems to navigate and systems that oftentimes represent a huge lack of distrust in these communities, and break those barriers down and make health care seem relatable. Go back to the basics. You have your doctor that's next to you at this Covid vaccine or church or in the grocery store, and for the first time you're getting questions not just about the Covid vaccine but about diabetes and hypertension. Covid taught us that we need to get out of the hospital, we need to get out of the clinics, and we need to get into our communities if we really really want to make a change. I'm proud to say that we have vaccinated over 75 percent of the uh Black and Latino population of Louisville thus far, but we have a lot of work to do, now the real work is starting. We're hitting those populations that have the most distrust of the system and it's our job to make sure that the work we're doing doesn't stop here.

DeAndra J. Cullen: Great. Covid doesn't care what my race is, my color, gender, religion, who I love. I believe it touches everyone regardless of their socioeconomic status as you both have mentioned and talked about here. There is a lot of work that we have left to do. Equity and equality are very different issues, and we are all striving for health and racial equity. This is my last question, and it's one for both of you. As public health professionals and advocates for health equity, what advice can you give to HUD to improve our engagement with underserved communities? Dr. Elliott?

Dr. Tollie Elliott: I think outside the box we have different agencies within the federal government, and I think that there's a lot of opportunity for cross-pollination within these agencies. You have HHS, you have HUD, you have many other organizations and entities within the federal government that actually can come together and make sure that we have these supportive communities in the supportive housing environment that we're all seeking. And so I think that that is one of the biggest things. And I touched upon it earlier about having a health economic zone, where you're looking at trying to drive health care providers into those communities to make sure that these health care deserts are no longer an issue of the present and they become an issue of the past.

DeAndra J. Cullen: Well. Dr. Miller what are your thoughts?

Dr. Edward Miller: You know I really agree with what Dr. Elliott mentioned, and I think it goes back to the seats at the table need to be expanded, and they need to be expanded not by the traditional, they need to be expanded by people that haven't traditionally had a seat at the table. They need to be expanded by community organizers, they need to be expanded by individual citizens that have lived in these communities that we're trying to target. By doing that, by increasing access, we'll have increased access to health care and hopefully that will be one way of decreasing the disparities that we're trying to eliminate.

DeAndra J. Cullen: Looks like you both have touched on uh my thought question that I was going to give you, and that was you know, how can we better partner with public health organizations to equitably shape housing solutions? But it looks like you both pretty much covered that so I want to thank you both. Dr. Elliott and Dr. Miller, I want to personally thank you for serving on the front lines, and ensuring that the underserved community receives adequate health care. Housing stability, quality, safety, and affordability all affect health outcomes. That's why we are committed to the mission of HUD to create strong, sustainable, inclusive communities. We thank you for your efforts both personally and professionally. It is inspiring to know we have public health professionals, like you, committed to bringing health care to underserved communities. Do either of you have any final thoughts for the audience? Dr. Elliott, I'll start with you.

Dr. Tollie Elliott: Thank you for having me, um it has definitely been my pleasure. I think that the biggest and most important thing I would like to say is that we need to get health care back into our communities. We need to look at health care deserts again as a thing of the past. Health care deserts should not be something that I should have to hear when talking about a business strategy on how my community health center should go find new markets to work into because there's no health access. And so I think that that should be a primary focus if we're really trying to eradicate the inequities that exist today.

DeAndra J. Cullen: And Dr. Miller I'm going to turn over to you and ask that same question.

Dr. Edward Miller: Well thank you for allowing me to be here uh it's been great to have this discussion and to get to spend time with Dr. Elliott again. I'd like to leave with maybe a message of hope as someone that grew up in one of these zip codes. While there are disparities that are undoubtedly present that we've talked about today, there's also some of the most brilliant, passionate people, individuals, children that reside in these communities. So to anyone listening to this talk that's in those communities that has felt the way or dealt with the barriers that are in place, keep dreaming big

because there are people out here that are hoping and want to help you accomplish everything that you're dreaming of, so keep on dreaming.

DeAndra J. Cullen: Thank you Dr. Elliott, thank you Dr. Miller. Thank you so much for talking with me today. I've learned so much from our discussion, but what has struck me most is that everyone should be treated as humans, you both talked about that. They need, they deserve, to be treated with dignity, with respect, and compassion. Everyone should not only have access to health care but, as I mentioned earlier, they should have access to good health care. Thank you again for all that you do in our communities. Thank you for tuning in to another episode of FHEO Table Talks. Take care everyone bye-bye.