Music

Introduction

Aisaiah (00:08)

Welcome to episode five of the ConnectEd: Tech for All podcast co-sponsored by the Community Data Clinic, your guide to unlocking resources and opportunities in East Central Illinois. I'm Aisaiah and alongside me is Harshi, your host on this journey. We're diving into three key aspects that could change the game for you and your community. First off, we'll show you some cool things happening in our community. Think of it as a bunch of resources, programs, and projects that can make a real difference in your life.

Then we've got some amazing stories to share, real people just like you, who've had their lives changed by these programs we're talking about. And don't worry, we're not going to leave you hanging. We'll also give you some tips on how you can get in on these opportunities and make them work for you.

In this episode, we are joined by Zaheeda Darvesh. Zaheeda is a skilled data analyst with a background in urban planning and project management. She holds a master's degree in urban and regional planning from the University of Illinois and her certificate in IT project management.

Currently, she works as an affirmative action data analyst at the Office for Access and Equity, where she helps you create tools to support diversity and inclusion efforts. Zaheeda has also worked in various roles at the University of Illinois and local organizations such as the Champaign-Urbana Public Health District, using data to improve processes and decision-making. She enjoys finding new ways to turn complex information into meaningful insights that can help drive positive change.

Aisaiah (1:34)

Good morning. We are so grateful to have you here. It seems like you have a lot of experience in civic technology, and we just want to open it up to you to share who you are with our listeners.

Zaheeda (1:47)

Sure. Thank you for having me on this podcast. I'm really excited to be sharing information with both of you. My name is Zaheeda Darvesh. I'm the affirmative action data analyst within the Office for Access and Equity.

I also work as a consultant on a need-be basis for the Champaign-Urbana Public Health District. And as far as my educational background is concerned, it's kind of unique and interdisciplinary. I got my bachelor's in architecture from Mumbai, India, which is where I come from. And after I came to the U.S., I worked as an assistant architect for almost eight years before delving into public health. So I worked with the maternal and child health division of the Champaign-Urbana Public Health District before trying to…no, before pursuing to get a master's in urban and regional planning, I decided to pursue my further studies in urban and regional planning because it was going to be an extension of my knowledge and skill set from architecture. What is

interesting is initially it was meant to be a dual degree in urban planning and public health, but due to fiscal reasons I had to settle with just urban planning.

But since then, I've been working with the University of Illinois in different roles and within different colleges and units across campus. And my most recent is the affirmative action data analyst.

Aisaiah (3:07)

Great. Thank you. So I just want to also ask our first question, which is, in what ways has your work with organizations like the Champaign-Urbana Public Health District and the University of Illinois positively impacted the local community?

Zaheeda (3:23)

Sure. So I've worked in some form or the other with the Champaign-Urbana Public Health District for a very long time. And one of the biggest projects that I can think of as far as the health district is concerned was during COVID times. So this was very early on. My primary job is still with the University of Illinois, but as a consultant, I'm involved in CUPHD projects.

And so I was looking at a few snapshots of what the early data dissemination piece for the health district would look like as far as COVID-19 cases was concerned. And they were the static bar charts, pie charts, all kinds of like cool information, but no interactivity whatsoever. Because dashboarding comes very naturally and organically to me, I put forward a sample project of what information in the form of a data visualization would look like on the public health website.

In doing so, the users, whoever the audience was going to be: the general public, researchers, you know, epidemiologists, et cetera, whoever is accessing that information would be able to curate the information based on how they see fit. I remember vividly at that time, there were not a lot of agencies that were producing information in the form of dashboards. Right? This was very early on. Information research on the disease was also very native. You know, there was not a lot of good pieces of information available, right? And so to be able to have this product, you know, in the form of a dashboard, that again, provides a lot of community-driven data, right? For users across the board, it was very instrumental.

And so what started as few, you know, schemes and visits on a dashboard, as the data grew in size, you know, kind of culminated into a very complex dashboard as well. So we started with the COVID-19 dashboard. We moved on to the vaccination dashboard, but there was so much good information which was available. And the fact that this data was published on a regular basis, so it was not real time, real time, per se, because there was a lot of back end cleaning, extraction, loading that was being counted out. But then to have this product for an agency like the Champaign-Urbana Public Health District was very pivotal. And we could see the massive volume of people coming to our website and accessing that information for guidance for how they would plan their activities for all of the, you know, all of the recommendations that were being passed on to us as a health agency was really instrumental and inspiring as well. So I would think in terms of community impact that by far was the best project to be involved with.

Aisaiah (6:05)

Wow. So essentially what you're describing is that, like, the dashboard that you created for the users, like any information that they wanted would be curated…like they would have the opportunity to curate it.

Zaheeda (6:16)

Yes, yes. We had the system of filtering. We—so initially we didn't have all of those feasibilities, right? But with time, we added on the race, ethnicity, the gender, the zip code tabulation, which was more like…like geospatial analysis, right?

And so, for instance, if there was any clustering of sort, like we could see by zip code, where there was high prevalence of COVID-19 cases. And so it came out to be a really good product, especially at the time when not a lot of people were doing it. So fast forward two and a half, three years down the line, everybody is doing dashboards. That's like the preferred modality for dissemination of information, right? Um, but I was fortunate to be part of this project, when we were the first few ones who actually tried that method.

Aisaiah (7:01)

Wow. I mean, it goes without saying. The work that you do is quite amazing. And I guess for our next question, I would like to ask, are there any particular moments in your career that you are especially proud of, or moments, you know, while you're doing this work that have positively impacted you as a person?

Zaheeda (7:20)

So when you think about scale, I think this kind of, again, given the volume of, you know…you know, masses of people coming and absorbing that information on a daily basis. So you see that uniformity across the board, right? Oftentimes when we have data on specific indicators, right, for instance, let's say educational attainment, population, there are only a few selected people who would come and absorb that information, right? But this was everybody unified in their approach to be able to know, what does the CDC guidance look like? You know, what does the local health agency, what are they prescribing at this time? So I think in terms of skill, no other project matches that. I have done a lot of other projects, but it would not be fair to kind of put that in line with this.

Aisaiah (8:04)

I think you said it quite well. You know, scale is certainly a factor that needs to be considered when you're thinking about this work and when you're dealing with a huge and diverse population. So I guess I'll table my next question for you, which is: what opportunities do you see for leveraging data analytics to further improve equity and access within the Champaign-Urbana community or East Central Illinois in general?

Zaheeda (8:28)

Sure. I think I very strongly feel like data analytics plays a very important role in creating equitable and accessible communities. In public health, there is a saying that the zip code determines the health of an individual, right? So if I live in an area where I do not have access to fresh fruits and vegetables, grocery stores, you know, sidewalks, or a better mode of transportation that will have a direct impact on my health, right? And so there are some factors which would be more linked genetically for the decline of my health, but there are others which are more environmental factors, right? And so when we are growing data with that mindset to be able to say, we want to look at this information collectively as a whole and then identify areas. So when we're looking at zip codes, it can be any geography, right?

Where there is an unequal distribution of resources, you know. Having this information then allows us to, number one, have an implementation plan. It also allows us to create those partnerships and collaborations with other partners who are also unified in that same approach, right? And so I think data is an amazing tool to be able to use that for creating those accessible communities.

Aisaiah (9:50)

So, given the diverse population of Urbana-Champaign, how would you assess the varying levels of health support required? In your opinion, how many individuals, based on your background, access health resources relevant to their specific needs?

Zaheeda (10:05)

Sure.

Aisaiah (10:06)

So, it's a loaded question. Yeah. So, break it down or engineer the question in any way that you want.

Zaheeda (10:11)

So, the Champaign-Urbana Public Health District, being a local agency, is supposed to conduct a community health needs assessment plan, also called as the I-Plan, and we do that once every five years. And this plan is conducted so that you can identify the health concerns of the general population. In doing so, you identify priority areas that, for which you would have goals, objectives, and an implementation cycle, right?

And um, we've currently carried out, you know, a kind of partly done the new I-Plan, but I don't have the results of that yet. We're still in the process of analyzing those results. But I can kind of, you know, talk about the last I-Plan. And there were top three priority areas, and those were obesity, violence, and behavioral health. And what that means is once you've identified these key priority areas, you then set up these goals and objectives, right? And you map your successes and challenges thereof, right? You know, goals, you know, like...priority areas like these, there's such huge undertakings, right? And so it's not going to be like in a span of three years or five years,

you're going to drastically be able to make all of these changes, right? So these changes are very small, very incremental. And you can see them over a very long period of time, but not potentially from one cycle to the other. But that also provides the local health agency to collaborate with other partners.

So hospitals do a community health improvement plan as well. They have to do that once every three years. And our new guidance is once every five years. But that's one way for us to be able to assess what the needs of the community, the health needs of the community are. I recently worked on a senior needs assessment project for the health district. And oftentimes, like how does it come to your attention that the needs of the senior population is gathering momentum in a certain period of time. So what initially starts with a couple of instances, like in the case of the senior citizens, it was the shutdown of a skilled nursing facility. There was like downsizing of another, and then some kind of conversations around that to be able to say, like, “Hey, you know what? This is a pressing need for our senior folks. What do we do about that?” And what started as initial conversation then led us to do a survey and a primary and secondary data analysis.

And we realized that, yes, you know, the senior population in Champaign County is growing at an alarming rate, right? And then we know that the services and the infrastructure which are designed for them are not gonna be able to match up with that population, right, so in order for us to be more proactive, we need to have certain mechanisms in place, if that means having new facilities or working with other partners and alleviating you know, some of their health disparities, then that needs to be done. So a lot of the times, I think the priority areas through the I-Plan or through other surveys allow us to identify what these health, you know, what these health concerns of the population are. And thereafter, do you then have these resources which are geared towards those populations?

Aisaiah (13:30)

Okay, thank you. Wow, I mean, that was a very methodical, um…So what I can imagine is that there's this sort of ecosystem between you and the local partners. So you're all doing your own research.

Zaheeda (13:41)

Yes.

Aisaiah

And you continue to inform each other.

Zaheeda (13:46)

Yes, yes. Oftentimes, in the past, I would think that rather than thinking of agencies as being in silos, a lot of the shift even in public health discourse has been about collaborating. Julie, who, who's my mentor, and I have great respect for her. You know, she oftentimes talks about public health 3.0, which is more about, you know, kind of avoiding duplication, you know, consolidating the services. Because sometimes, you know, like there could be duplication of

services across the, you know, across a certain area. And how do we then, you know, use our resources to the best that we can? How are we efficient about that, right?

And so when we are forming these solid partnerships, which we realized during COVID-19, we had a good network of partnerships. The university was a partner, the hospitals were a partner, the park district, the health, sorry, the school district, these were all partners, right? And there was a time when everybody needed to come together and kind of, you know, give a unified front, right? Put together a unified front. And so I think having a process where when you are, number one, tapping into your partners and finding out where the commonality exists and where we can kind of be actual partners on that. And then also kind of then efficiently using your resources is a great mindset, right? And I think Public Health 3.0 alludes to that as well.

Music

Harshi (15:16)

So far, we've been exploring the technical side of health data with Zaheeda, how it's collected, analyzed, and used to shape public health decisions. But data is just one piece of the puzzle. To understand its full impact, we're turning to Julie Pryde, administrator of the Champaign Urbana Public Health District, to talk about how CUPHD transforms data into action and connects with the community that it serves.

Hi, Julie. Thank you so much for being here with us today. Today, we want to build on the conversation that we're having with Zaheeda by exploring the broader community-centered impact of CUPHD's work. Beyond the data, how does CUPHD engage with the people that it serves? So many of our guests on this podcast have highlighted CUPHD as an incredible resource. Can you share more about CUPHD's mission and the heart behind your work in the community?

Julie (16:11)

We're concerned about...the bigger picture, trying to get out ahead of things. And that's what the data helps us with. We need to look at what is causing people to be unsafe or unhealthy. And it's just not as simple as saying, you know, do this, do that. You have to get out in front of things and look at what are the root causes. And we know a lot of the root causes that we see have to deal with, you know, systemic racism, have to do with, um, barriers that have been put up for…generations, whether it's towards accessing education or health care or housing. So we try to look at that and then the data helps us to kind of map it out over time. Not only can we look at it and say, these are the problems that we're seeing, but as interventions start happening, then we can see, is it making any, you know, difference at all?

And our community has been working on stuff through the Community Coalition for years and years. So we are starting to see that. The problem is people want like an immediate type of solution and you're just not going to see that. You have to look at the data over time to see impacts. I like to always say that around here we believe in what Will Foege, who used to run the CDC, believed in, which is that epidemiology may be our scientific background, but our philosophical background is social justice. Because if we do not have social justice, none of

these problems will be fixed in any meaningful way. And that's everything from tuberculosis to STDs to gun violence to heart disease to infant and child mortality. Everything has, at the base, issues related to social justice, and the profession of public health grew up at the same time as the profession of social work, labor movements, sanitation movements. There's a reason why, you know, they all kind of grew up together and it's important that they stay together and they often don't but they need to stay together in order to do well.

Harshi (18:29)

Something that we also talked to Zaheeda about was during COVID, like when I would look at some of and narrow it down to even like my county or my neighborhood. Like you're able to identify yourself in the map and it doesn't just look like an array of numbers.

Julie (18:47)

Exactly. And if you're able to manipulate it even more and say in Champaign County, for example, did we have more people of color die from COVID than the rest of us? Because that was a nationwide problem. And we were able to look at ours and say, “We did not. We did not follow that same trend.”

We could also look at it by every kind of thing. We could look at neighborhoods to see, is this neighborhood as vaccinated as this neighborhood? During H1N1, we were putting the data in real time as we were doing the clinics and looking at it to see, you know, what does our county look like? ‘Cause we're responsible for the whole county, right? So one of the things we noticed was just a couple of blocks over from us. On the map, it was very obvious that this little triangle had zero vaccinations in it. And we're like, what the heck? We looked at it and it happened to be Shadowwood mobile home community, which had a lot of Spanish speaking. So within, so that was like, okay, well, here's an issue. So we were able to get the mobile unit together, get interpreters, get information out and go and vaccinate like 70 people that evening. So, you know, we need to look at stuff when we're in the middle of a crisis to adjust what we're doing.

And to get that data in quickly, we were actually entering it all into our own little database, just so we could look at it, map it, and see if we were missing places. Because it's hard to see, you know, as you're doing these, you can't tell. You know what I mean? If you're just giving shots all day long, and no one's back there on the back end looking at the data, which was our job, is to put it in and look at it in a way that we could see stuff. If you're just looking at you know thousands of sheets coming through with people's name and address and stuff on it, it's not helpful.

But by putting it on a map and making it visual, like that we could see. With COVID, what we benefited a ton from were the U of I modelers. I mean they were modeling, taking all that data and modeling things out and that was all…that was amazing. That was like being able to, you know, see the future and help us make plans based on that. Not just us, but the university, you know, whether it was them opening, whether it was bars who—we actually had some bars who voluntarily closed because of the modelers were able to show them, if you remain open, this is how many students are going to get infected and this is what's going to happen.

Harshi (20:14)

Just to wrap things up here, one last question is, what do you see the CUPHD doing going forward? And do you have any goals for the future? Anything that you haven't accomplished yet that you want to?

Julie (21:27)

One of the things that we've done, you know, I think, well, is to get the data out there, but we need to do way more of that. We're in a whole new world, right? Things are just so much faster and we have artificial intelligence. We need to know how that's being used and how we can use it to better things. And there's something called Public Health 3.0 that we need to move into. For example, why do we need to do STDs here? There used to be a reason because doctors didn't like to do them and they were very bad at testing for STDs and certainly they were very bad at talking to clients about sex. So, public health departments had to do it and there was that extra layer of like confidentiality because you don't have to go look your doctor in the eye and tell them, you know, you were bad or whatever people thought. HIV, family planning, STDs, all of the stuff that we do—that needs to be wrapped into primary care. And not only does it need to be wrapped into it, then we need to make sure that it's being done right. It's being culturally competent. It's being done medically accurate because you would be surprised how much non-medically accurate information related to specifically sexually transmitted anything.

You'd be surprised at the information that comes out. So it's a matter of us doing our job of assurance, making sure that they're doing things the right way, but us not needing to do them. So, you know, that's one of the places that we're gonna move away from. So our focus will be more and more on the data and the data analysis and the community partnerships and the being what's called a chief health strategist. So being the one in the community who brings together the coalitions and say, “We need to address housing. How are we gonna do that?” And then, you know, use the same model we use in COVID and other things, but for more entrenched, more difficult issues than like an emergency issue.

When there's an emergency, people are focused. When there's not an emergency, you know, it's more of a slog, you have to get people to say, I know this is hard, but you need to look at it 20 years down the line, because it's not something we're going to fix right now. But we have to start putting the things in place, or we're never going to fix it.

Harshi (23:50)

Remember? Public health isn't just about numbers. It's about people, policies, and the partnerships that bring change to life. A big thank you to Julie Pryde for sharing her insights. Now, let's get back to our conversation with Zaheeda.

I was curious to learn a bit more about your role at the Office for Access and Equity. Could you tell us a bit more about what you do there?

Zaheeda (24:12)

Sure. So I am the affirmative action data analyst within the Office for Access and Equity. And…the university is a federal contractor because we get these grants from the government, right? And so we are mandated to create, execute, and implement an affirmative action plan. And this is from the employee lens, right? This affirmative action plan from the employee lens. And what that means is in all aspects of our employment activity, so be it applications, recruitment, retention, hiring, promotion, termination, we want to make sure that the processes are such that an individual is not discriminated on the basis of protected class. So race, ethnicity, gender, sex, sexual orientation, a person's status as a veteran, a person's status as a person of disability. All of these, you know, protected class categories do not create an environment where the person is felt discriminated, right? And so we make sure that that plan is in place.

And in addition to that, what me and—my coworker and I, we are tasked with, is also monitoring and evaluating the results, right? And so that's where the database comes in. But then we make sure that we have all of these components and then we check for pay parity, we check for hiring information, promotion information, termination information, and a bunch of other things that happen thereof, right? To be able to see whether your workplace is diverse, inclusive, and equitable to all.

And the reason we do that is because we know the benefits of having an equitable place, a diverse workplace, right? We're able to recruit and retain diverse talent, and it also reduces the risk of discrimination at the workplace. You're able to kind of work collectively and collaboratively as a unit. You have diverse ideas that come to the workplace, and you're able to thrive in that environment and feel a sense of belonging as well, right?

And so my task within the Office for Access and Equity, within the Analytics and Planning Division, is primarily with the affirmative action plan for the employees.

Harshi (26:23)

Okay, perfect. And I think that also sort of answered that first question there. Could you also talk a bit more about how specifically technology is used to facilitate these initiatives that you were just talking about?

Zaheeda (26:37)

Sure, sure. So I mentioned that data management, maintenance, and curation is a core component of what we do, right? It allows us to evaluate the results. It allows us to see what those results look like. So I look back traditionally at 10 years of data, the employee data for the campus. And then we're able to see how much has the campus grown over time in terms of sheer employees, the absolute number. And then you kind of parse that information by race, ethnicity, by gender, by a person, so the protected class, individuals with a disability, individuals with a veteran status. And you're able to see how has that number shifted over time.

There are some benchmarks as well, which we would like to kind of match our data with and see whether we've kind of had successes in a particular year or not. And primarily just to see, as a

university landscape, how are we? And Champaign-Urbana campus community is very diverse that way. So in the last 10 years, we've seen a significant rise in the number of employees. And within that has, you know, their diversity has also changed, right? What I do for technology is, I must have mentioned previously that dashboarding comes very organically and naturally to me. And so we take all of this data again in a visualization, and then you're able to parse this out by college, by race, ethnicity, by gender, by all of these other filters. And then you can actually see, you know, these small nuances which you might not have otherwise seen, right? So that gives us the capability to go back and talk to our unit leaders, the administration, and let them know that there are these real successes. Some of them would be, again, very, very minuscule, but a success is a success, and it needs to be celebrated. And it takes a long time to make those changes as well. Sometimes you cannot see them year over year, right, because those changes can be very small, but then in a 10-year timeframe or a 15-year timeframe, those are more evident.

Harshi (28:41)

Referring back to what we were talking about before in potential limitations in data or data analysis in general, what can you sort of comment on in terms of what you personally see in your work as being obstacles or hindrances?

Zaheeda (28:58)

I think the biggest thing in mind is about the fact that whether there is data available for that or not, right? I think for me, it starts with, again, you know, what is available, right? If not, then I have to rely on conducting that research or that analysis using whatever limited resources or resources we have, right? And then that is almost not gonna be more like the decennial census results, right? That's for the entire population versus a sample population, right? And so it has to be, it has to be like a, how do I say, a specific—it cannot be a broad category, then it has to be a very specific question, like a scientific question that we are trying to get answers to. So I think the scope of the kind of shifts to being a very niche, you know, then being very broad and widely applicable. Does that make sense?

Harshi (29:51)

Yeah, that makes sense. And as a follow up question to that, I mean, I'm just speaking from like my little experience and like coursework, but I know that we talk a lot about how some of these samples of data that we're collecting, how do you then sort of apply that to the community as a whole, because it can't be representative of everything, right?

Zaheeda (30:15)

So again, it boils down to the process then. So if there is a data set which is available, which directly applies to your subject matter, use that. If there isn't one and something which is loosely connected, then caveats help us with that, right? I mean...because it's not possible to conduct your own primary research all the time, right? And so with that in mind, if you do not have the resources, the manpower, and XYZ skills to be able to do that, then you tap into something else which might loosely be connected, but with the understanding that this is a loose connection, it might help us get to our conclusion, but you know, so that the users are more informed that way,

right? And if like I said, if you have the resources, conduct your own primary study to be able to do that. A sample population is a sample population, right?

So for our senior citizens in Champaign County, we looked at a lot of our secondary data sources. We looked at census, we looked at CDC's information, a bunch of these other reputable data sources. But when it came to figuring out what the needs and the health concerns of the aging population in our county were, we kind of created our own survey. And we kind of passed that along to the elderly population and the individuals who were caregivers to this population. And so we had our own sample data set, right? A good enough data set, which was the best representation that you could get, right? It's for the Champaign County senior residents and they're talking about this. But within that also there are layers of, like you said, representation, right?

Are they coming from a specific zip code only? Are they coming from a certain race and ethnicity? There are these other factors that play over here as well. So I would say after your intent, it boils down to the process, and then you kind of have those as your limitations and your caveats. So the user can then absorb that information based on the fact that he or she has read those limitations.

Harshi (32:19)

Yeah, I think that's a perfect answer. And I think, yeah, it was very well articulated and said. Okay, and pivoting off of that, what would you say are the potential limitations specifically in using technology for community outreach?

Zaheeda (32:33)

So I think technology allows us to get these awesome results, but then, you know, think of like a path, right? So you have a path towards an outcome and that's like the midpoint. So the technology, allowing you to get the results, you know, mapping the process, you know, being able to get the objectives, that's more like the midpoint in that path, right? And for me, being able to humanize those results and be able to communicate them to your stakeholder, to your audiences is an equally important skill set, and not everybody comes equipped with that as well, right? The humanization piece of it is then taking all of the results that you derive from the use of technology and your data to be able to disseminate to the larger audience and how you do that across stakeholders is also very important, right? So one size does not fit all.

How do you customize that so that people are as passionate about your study and your results as you are, right? Sometimes there's a gap over there as well, right? It also is an important tool. You know, me communicating about these results is also about...you know, bringing other stakeholders on board as well. So how do you convince them about that? That's an art that oftentimes gets ignored, right? And so I think the communication, the marketing piece of that is an equally important piece as well, which, you know, as analysts, we need to focus on as well. Our work doesn't stop at the, you know, at the physical report, but then there is more that happens afterwards, right? Which is why I kind of, I rely on a lot of these tools.

So sometimes it could be a visualization, but sometimes it could be like a Canva report, right? So something which is not as banal as a PowerPoint presentation for sure. But then other times it could be like a pamphlet, right? So you get to the crux of the information without having to read the 150 page report, right? And so you have to kind of customize those modalities, those platforms based on who your user is.

Harshi (34:39)

What would you define as low-hanging fruit in the Champaign-Urbana area? In other words, what easy-to-access resources could have an immediate impact?

Zaheeda (34:49)

So for me, I think being able to... When I think of resources, we have a plethora of resources available in our community as far as health is concerned, right? So we've got the local health agency, the Champaign-Urbana Public Health District. I would recommend people go on the website, figure out what these services are.

A lot of them are more suited to certain populations based on their socioeconomic status, so you would wanna see if that applies to you or not, right? Likewise, we have got federally qualified health centers in our town as well. So if being uninsured or underinsured is a challenge for individuals, they offer those services as well. We also have social work agencies that provide assistance with case management and case management support. You would want to look at that as well.

When I think of the resources with the biggest impact, what comes to my mind is being able to have an approach as far as your health is concerned about being preventative of certain things, right? So being able to get your vaccinations, your yearly checkups, managing your chronic diseases if they are. So being more proactive rather than reactive I think is one thing that I feel very strongly about, because you don't have to wait for things to get worse. There's this infrastructure of services in our community, be it the hospitals, be it the clinics, um, you know, case management, that assistance is available. It's just a matter of figuring out where and what service applies to you.

Like I said, for Medicare and Medicaid, for individuals who are on Medicare and Medicaid, a lot of these services would be available to them. So it's just about tapping the right resources. I would say start with our website and figure out what services apply to you, and then that can, that can, you can zoom out from there for other services which are not part of that infrastructure.

Harshi (36:49)

Zaheeda, thank you so much for being with us today. I think this was definitely one of the most informative episodes and I think that our listeners are going to benefit so much from the resources that you shared and also the insight you have into community health resources and just how health data can be used in general. So thank you so much for being here and we hope you had a good time.

Zaheeda (37:13)

I did and thank you for having me here.

Aisaiah (37:15)

And that's a wrap for today's episode of the Connected Podcast, co-sponsored by the Community Data Clinic. We want to extend our deepest gratitude to all of those who have made this episode possible.

We sincerely appreciate the invaluable support received from the State of Illinois Broadband Ready Program, led by the Illinois Department of Commerce and Economic Opportunity, the Chancellor's Call to Action Research Program to address racism and social injustice from the University of Illinois Urbana-Champaign, the National Center for Supercomputing Applications, Technology Services, and the School of Information Sciences at the University of Illinois Urbana-Champaign.

We also want to express our heartfelt thanks to our community partners, including the Community Data Clinic, Cunningham Township Supervisor's Office, Champaign-Urbana Public Health District, Project Success, and the Housing Authority of Champaign County. Your collaboration has enriched our discussions and initiatives in profound ways. Let's take a moment to applaud our outstanding students and contributors. Among them are the director of the Community Data Clinic Dr. Anita Say Chan, Program Manager Julian Chin, and Master's Researcher Evan Allgood.

We also want to recognize the great work of our undergraduates, Aisaiah Pellecer, Lily Rybka, Harshitha Vetrivel, and Renee Zhao. Special thanks also goes to our graduate researchers, Kainen Bell, Jorge Rojas, and everyone we had the opportunity to interview during our sessions. Your contributions have added depth and richness to our efforts. As always, we appreciate our listeners for tuning in.

Be sure to subscribe for future episodes and feel free to reach out with your feedback and suggestions. As we mentioned in the middle of the midroll, all of the resources that we share throughout this podcast will be in the description below. So if that is of interest to you, please take a moment to pause and check that out. Until next time, take care and stay tuned for more engaging discussions on the ConnectEd Podcast.