

“I knew that social justice was going to be a part of whatever I did...”

Monica E. Peek, MD MPH MSc
Associate Professor of Medicine, Section of General Internal Medicine
Associate Director, Chicago Center for Diabetes Translation Research
Director of Research, MacLean Center for Clinical Medical Ethics
University of Chicago

Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY



Center for Community Health Equity

The Center for Community Health Equity was founded by DePaul University and Rush University in 2015 with the goal of improving community health outcomes and contributing to the elimination of health inequities in Chicago.

To learn more about the center, please visit us at www.healthequitychicago.org

Voices of Health Equity in Chicago

Our *Voices of Health Equity* project collects the stories of people who have made health equity a central concern in their work. We are interviewing academics, clinicians, public health advocates, community organizers, and others to better understand how different disciplines and professions could work together to eliminate avoidable, unnecessary and unfair health disparities.

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Interview by Fernando De Maio and Jessica Ibrahim Puri

Jessica: Could you describe the work that you do and why it matters for understanding health equity? How did you come to focus on health equity?

Monica: So my dad is, or was actually (he passed away last year, unfortunately), an African-American history professor and was involved in the civil rights movement and was part of the Freedom Riders that would come down. He was born and raised in Cleveland, Ohio. I was exposed at a very young age to civil rights and equity issues, he started the Black Cultural Center at the University of Tennessee which is where I grew up in Knoxville. And so he would go to work on Saturdays and we would be in the basement watching these movies- which are probably not kid appropriate in retrospect. Do you know what I'm saying? Like "*Roll of Thunder, Hear My Cry*", like all of these movies about this trauma and stuff and anyway, it was great, but in retrospect I'm like, maybe we were a little too young for that. Anyway, so there was that with my dad. I just always knew that social justice was going to be a part of whatever I did. I wasn't quite sure of what that was going to be. My mother grew up in a Jim Crow south, so she grew up in Northern Florida, which is just like Alabama, and she went to a segregated high school where she was the valedictorian. As it turns out, her mother worked as a maid to a family where the dad worked at the University of Florida, and was part of, a network of interracial professionals and professors who were trying to integrate some of the schools systems in Florida at the time. And so he asked my mom, basically his housekeeper's daughter if she'd be willing to integrate the University of Florida.

And my mom was the first one to go to college... And she was like, "Ah I don't know"

So she opted against it and went to Bethune-Cookman College, partially for financial reasons, so she got a scholarship there. Obviously money was tight, and the salutatorian was the one who ended up integrating the University of Florida. So I have, just this sort of rich history with both my parents about the importance of education and, particularly for people who have been locked out, where you choose to go to school, just all of that sense of commitment to people who have come before us and have paved the way, and that debt to my ancestors and my community- my larger community people who have made my life possible. ...Growing up, I liked bugs, and science and taking care of people, and I'm a chatty person, and so I figured that I would be a doctor, but I didn't really know what that meant, because no one I knew was a doctor, no one in my family was a doctor, and I didn't really even know the breadth of stuff that comprises health professionals, you know? So that was like shorthand for, "I want to be in health". ...that's what I said, and I just kind of stuck to it. And luckily, it worked out. I didn't have a plan B, but I guess that plan B would've been in public health. So I took a year off between 3rd and 4th year of medical school to get a public health degree.

Going into medicine, I knew that I really liked the idea of taking care of people, caring for people and sort of providing medical care for people, but I also know that I wanted to contribute to the larger forward progress of social justice. And so, I knew I needed some additional skills but I wasn't quite sure what those would be, how I would get them, I didn't even know what I didn't know. So I got a master's in public health.

Fernando: How was that opportunity opened to you as a medical student? Did you see public health as a detour, or was it something you had planned out?

Monica: Yeah, you know I knew when I applied to medical school that I was going to get an MPH, but I just didn't know where. And, because it's a master's degree, you don't have to apply for the dual degree program, and Baltimore was great. So I went to Johns Hopkins and at first I was like, Baltimore is not great, I'm not really feeling this, but DC is great, so I said I'm going to take a year off and go to New York City! You know and go to school there, but by the time I got to my 3rd year, I was like you know Hopkins really does have a good, strong program ...the school, for all of its rigidity around some things, was really flexible about their curriculum.

Jessica: The MPH curriculum?

Monica: Just the fact that you could leave when you wanted and come back, what I didn't realize at the time was that public health school was more expensive per year than medical school, so I actually did it in 9 months instead of 12, so I came back early because it was cheaper. And I took a month off to go to- actually now people know who he is because I'd usually say, "Oh I'm visiting a friend of mine", so Van Jones- he was in San Francisco at the time and we were just like lifelong, really good friends, so I spent a month out in San Francisco just hanging out with him. I was doing a rotation but- or maybe I wasn't. I don't know what I was doing for a month [laughs] but I took a month off, they didn't really care- I think it was my vacation time or something, so Hopkins was actually pretty flexible as long as you got all your requirements in, worked in Kenya- that was the last thing I did as a med student. I just said, "Oh do you guys need a student?" And so in that way it was really cool. So I managed to sort of piece together the kind of extra exposure to the realm of possibilities. So that was when Bill Clinton was in office and Hilary was trying to do a lot of healthcare reform. I was in Baltimore, really close to D.C., was thinking hey, I can go join the good fight in D.C. and I actually thought about not doing a residency program and just going straight into health policy and maybe working for the World Health Organization. Somebody, I can't remember who it is, but I think him or her, maybe you should go do your residency, get skills as a physician so you could practice, to fall back on. [Laughs] Just in case whatever cockamamie schemes you have don't work out.

And so I move to California, because I had such a nice time in San Francisco, I fell in love with the area and went to Stanford for a couple of years. And then, I finished that, worked for a free clinic for 2 years in Ohio... and then I moved to Chicago and worked at Cook County and Rush for about 4 or 5 years. I got an advocacy fellowship, when I was in Ohio that actually started when I moved to Chicago. I worked at the Open Society Institute, and so they paid for half of my time to work on some sort of advocacy work for 2 years. And so I worked for women in public housing to be health educators, community health workers, around breast cancer screening and women's health more broadly. So we actually now have a 501(c)(3) nonprofit. That's my unpaid side job. So it's been 15 years and I decided that I wanted to see if it was working. And remember I had this MPH and went back to look at my notes. If I hadn't recognized my handwriting, I would've sworn I had never seen those words! And I taught the classes for the women who were in that program and they were asking me questions. I was like this is great, you know I'm happy to answer questions but you guys all have physicians, do you ask your own doctors these questions, and they all said no.

"I can't talk to them, maybe I can talk to you". And I said, wait a minute. We're investing a lot of energy for women to be empowered in the community, but they still, and they were community leaders doing

all these great stuff, but still when you get to the doctor, there's an extra level of power dynamic differential that you have to jump over that a lot of people found hard to do. I find that hard to do and these are my peers. You know. I study health equity and patient-provider communication, these are my friends that take care of me and I still get to be a patient, I'm still like, "oh he's busy, I'll just write that down, maybe I'll email him later". So it's something that's really engrained in all of us.

So those two things made me decide that I really want to figure out how to do research better.

The programs that we're doing are working, so that switched my focus from breast cancer screening- which is something you just think about once a year, to diabetes because it's something that people have to think about every day. And have to figure out how to navigate their way amongst their social network, within their communities, they have to interact with physicians and not just a primary care doctor but a whole team of physicians and specialists and you know, it really involves a lot of things that are important to me and thinking about determinants of health disparities or health equity. And so I have been doing that ever since. So that was sort of a long way to sort of get me here, but so yeah... I went back and got a second Masters in Science which gave me sort of the math and research skills to do regression analyses and at least understand when I'm talking to a biostatistician. Before I did this, she [biostatistician] would say, "Do you think we'll be using parametric or non-parametric methods?" and I'd say "It's been 10 years since I did my MPH and I never took that class" [laughs]. So yeah, now it's great. I feel like all the things that I've done, the skills, all the classes, all whatever sort of comes together in my daily job. And it's just super fun. I get to work with great people and people who have similar missions in life which I think is super rewarding.

... One of the things that I feel is such an important gift that my parents gave to me that they didn't really have is the sense that- or maybe they had- but it didn't really occur to me that I couldn't do what I wanted to do. You know?

So many kids have so many limitations that they see in the environment- the internal lies, the messages that are out there for them like, "You can't do this. You're supposed to be in jail. That's for white people", and it's a lot to try and work through that. And I have 8 year old twins now and thinking about how to try and do that and it's tough, you know. My kids are biracial and my son didn't want to be a ninja turtle because ninja turtles don't have curly hair, you know, these things that you know. He's in kindergarten, so to have it be that I didn't really know that all these things –in spite of those horrible movies I was watching, [laughs] oh and they were horrible, you know. The black kids that are on the street and the bus load of white kids driving by in the bus and this rain and they get splashed and they're still struggling to school. Anyway, somehow I was like, "Oh that's bad but that's not my life." [Laughs] You know, it's a huge gift. And so I remember one time when I was in college, and my physics professor was talking to me because it was the first time I had not done well in a class. Well I mean, I got a 'B' [laughs] and the thing was that science classes were, you know, a 40 was a B and I was like, "a 45 is a solid F" so I marched right into his office like are you kidding me? And he was like, "Oh you did great!" And I was like, "Okay see, I don't really understand anything you're saying because how is that a B?" And the whole time, I was like I'm going to quit, I can't take it, he said, "No! You're doing great!"

I'm like, "We're not having the same conversation". So I spent a lot of time in his office and I remember him asking me kind of about role models and how, you know, and I was like, "I didn't know I needed them" you know, my parents said I could do it, and here I am, this is all I need. You know? And, I realize now, in retrospect, what a blessing.

Jessica: If you would like to share more about your background, you're very welcome to, but that's it for the questions about your background. Now we'd like to talk about your work, especially your paper titled [Early Lessons from an Initiative on Chicago's South Side to Reduce Disparities in Diabetes Care and Outcomes.](#)

Monica: I will say that because this is so relevant to, uh, all the stuff that's happening, this feels like such a *deja vu* experience, the Black Lives Matter, all the stuff that is happening, so I went to Vanberbilt as an undergraduate because I saw, when I was a senior in high school, I went from Knoxville to Nashville, so I was about 3 hours away, the black students were protesting. They were wearing these black arm bands and looking as sexy and militant and they had these demands, you know. And I was like, "That's so cool! You can do that? I want to be a part of that!" So I went to visit and interview and all worked out and I just really wanted to be a part of that energy.

And ironically, my senior year, so exactly 4 years later, that's what we were doing. We were having another protest, so, Tiger Woods was on the PGA tour and one of the stops was in Alabama, where they did not have black people. This was '91.

Jessica: '91? That feels so close.

Monica: Yes. Imagine me. It's like it was happening right now. You know, I was like, "That still happens?" So I was this Black Student Alliance president and it was the summer before school started, so I was getting, rolling into the residency, but I was on campus that summer and I remember being awakened by news reporters saying, "Hey! Did you know that Harold Thompson said blah blah blah...?" and I'm like, "I'm still trying to get my sleep on, but what did you say?" And it was on from there. And so it was the year of protests and of just stuff, you know, that made national news, and a lot of my mom's friend were like, well my mom was at that time in fundraising for Michigan State University, and they were like, "What's your daughter doing down there? And "Can you make her stop?" Like, this is bad for everybody, you know...

Like people were getting uncomfortable, who were in the fundraising field and education and like it was rippling out to people, and so one of my best friends at the time, his daughter and his wife- his wife is my sorority sister- uh they had a daughter who is at Baylor and who's been in the news these past couple weeks because there's a student at Baylor who after the election, a white boy, pushed a black girl off the sidewalk, did you hear about that? He knocked her down and she's like, "What?" And one of her friends or somebody came to her rescue and was like, "Dude what you are doing?" and he's like, "I'm trying to make America great again". Really? But who, like, we understand what people mean when they say that, even though there's big denial. [Sarcastically] No, no, no, people are so sensitive. Uh, so her roommate, Gabby, my friend's daughter, she organized some students and the next day like 400 students and faculty walked the student to class. Like, Baylor's better than this, and so she's on Twitter and People magazine.

So anyway those experiences, were also critical to my development and my commitment to social justice. Because it's one thing to sort of know, and one thing to sort of experience the kinds of things I experienced, at the school that I was at where students didn't want to talk to me. This is before I got real black, you know. I showed up on campus, [waves] "Hello, hello, hello!" People acting like they didn't see me! You know, are you kidding me, coz like, I'm right here! So all that to say that having a critical mass of people who have your back, mainly in that case people of color, sometimes not, is the essence of our

community, it's so important for pushing social justice and for my involvement in that, just reaffirms my commitment to all those who went through hell and sometimes died for me, for us.

Jessica: So what was your mom's response to her fundraising colleagues that wanted you to stop?

Monica: You know her, I think probably buffered most of them and didn't you know whatever. She did say, "Have you considered..." [Laughs] at the time I was doing work-study. I had been doing work-study since my freshman year and ironically I was, my senior year, working in the vice chancellor's office, and so I had a key to the administration... that I know they wanted to take back! Because I would sometimes go in on a weekend, so you know, I could go in and had the run of the whole administration building, I had access to files, I had all, you know, as part of my daily job, you know and I'm walking and they look at me like, "can we fire her? Can we say anything?" [Laughs] It's kind of awkward for everybody. You know, and I was also on a scholarship, so she was worried that I would lose my scholarship. Or something. This can't go unchecked, you know. And I was like, I dare them, you know. I'm Phi Beta Kappa, I am not breaking the law, I am showing up at work on time, I dare them to try and do something to me, because we will go to the top. [Laughs] you know. So she was just worried as a mom does, sort of about my safety. And then there are people who, I got letters from the Klan and I was like, "You guys are still in existence. Who knew?"

Jessica: Wow. Direct letters?

Monica: Yeah, it just all full of grammatical mistakes, [laughs] if there would have been social media back then, I mean look at this!

Jessica: You'd just take a picture and put it online...

Monica: Yeah! Are you kidding? But the students had one time had made all these flyers and papered the campus, because we were asking for Hall Thompson to resign from the board. Because the dude from the country club was on Van Der Belt's board of directors. This is how he's familiar to me. We were like come on now, not only is that ridiculous, he's representing our university. Is that what we want in this day and age? Apparently we did. [Laughs] But we fought it all year long and had all these committee and whatever, so they had these flyers made in bright orange saying, "Monica, you resign" you know, being the BSA president, so there was push back, by my peers, you know. So yeah, all that did was make me madder and more committed to, things like the multiplicity and ways in which injustice plays out, including here.

Jessica: So what was your goal in publishing this article? ([*Early Lessons from an Initiative on Chicago's South Side to Reduce Disparities in Diabetes Care and Outcomes*](#))

Monica: Well, to try and not get fired [laughs]. Part of my job, part of our job as academics is that we have to publish our work and get grants to support our work and so that's sort of a tongue-and-cheek answer. It is part of my job to disseminate. But the reason that I, the way that I made peace about the kind of work that I do and get excited about the work that I do and feel like it's important- because at first I thought it wasn't important. And so when I was in Public Health school, I got a degree in Policy. There were a whole bunch of people doing Epidemiology, and all these science and math classes, and I was like, "those eggheads..." you know [laughs] that's not me. Which is why years later, I look at my notes like, and I totally have forgotten it all. I thought that research was more of an academic exercise and I wanted to do hands on stuff and make a real difference in people's lives. And when I then learned

about people like Paul Farmer who is still alive, you know other people, Steffie Woolhandler, people who were real advocates doing real work, but also were publishing and were at Harvard, you know and the people sought them out because they had expertise. So I was like, I can say what I want to be, but they're like, "Thank you Monica. How do you know?" But if I become an expert in this, then people will find me as an expert in the field. I don't have to go chasing people down. So I realized that I could actually be better, more efficient, stronger advocate by becoming a researcher. So for me, the two were intertwined. A lot of people are one or the other, but there are some people who do both, I think people are most effective when they do both. And so that's how I made my peace with it and sort of looped back and got more skills.

Monica: Oh you asked me why I worked on the article. I get on these tangents and have no idea how to get back

Jessica: [laughs]

Monica: Sometimes it's like I don't even know what the question was. [Laughs]

How do you spend so little precious time that we have in a given day, but would in particular- because it's a lesson learned- we don't have any data and space to really like, we have been spending a year trying to make this complicated, you know, go cart in the garage, we're sailing it down the street, unlike my brother who didn't put brakes on but sent his sister down the hill, we're hoping that we have all these safety mechanisms in place for it to be successful, you know, and we want other people to learn from our mistakes, to learn what we're doing and what we're thinking about the contribute to the national conversation, about these things. And so for me, this is a contribution to a community conversation about how we make things better and even though at that point we didn't have any answers, just more questions, like if you're 3 steps behind me, here's somethings you can do and some things you can avoid, you know really trying to, make us all better, faster, smarter, quicker, you know. I sometimes spend time talking to medical students. They're like, "that's a lot of work. At the end of the day are you going to be successful?" I don't know. I don't have to be successful, I just have to put another brick you know, or another step in the pipeline or whatever metaphor, the train tracks, you know like somebody's going to get there, and I just want to be a part of that, you know, whatever and that's how I make peace- and if I never get there, if I never see the journey, that's okay with me. I just am doing my part to sort of make some progress.

Jessica: That also depends on your definition of success though, right?

Monica: Yeah ok so as it turns out, a lot of things we've been doing have been successful, thank God, I can keep my job, but [laughs] and it just makes it more fun when you're winning, but you know, that's a long road from year 1 medical school to today. I'm 47, so it's really like how do you want to spend your life and your time, because there's not guarantee you're going to like your job or when at your job or anything. So you have to make these moral decisions about how do I think I want to spend my time effectively. And that's the bigger thing for me. It's being about to collaborate with other interesting committed people and try and make the world a better place. And if we fail at least we tried. So that paper in particular was like...

Jessica: I really like that you had a whole section on challenges and lessons learned. It's very detailed and I can read this and understand it as an MPH candidate. I can see this happening and it really helps. So it

is clear that this is continuous, but would you say that you have achieved the goal of combining research, policy and advocacy?

Monica: It's great. It's a beautiful thing, because you know, I do spend most of my days in meetings [laughs] so at this point- I was telling the student, I was like I don't actually do anything. Like, I have staff that actually does stuff, you know. And I'm like oh great job, woo hoo! And so, if I had a job where all I did was the kind of work I did but had no impact, I couldn't see, I think that would be very demoralizing, you know. And there are people who just write papers and they write a lot of papers and they're important, but they, you know, it's a different kind of rewarding thing. And so for me to be able to you know, for me I think my job is great because I get to see individual patients, just love patients you know, cry when they die, I had one that died right before Thanksgiving, little old people- my favorite little old patient, only spoke Mandarin. Which I do not speak, in case you were wondering [laughs]. You know, I went to visit him in his house because he was housebound right before Thanksgiving and you know when we saw each other, we were staring meaningfully into each other eyes, you know and I was like this is so beautiful. I get to do that, you know. But I can't save everybody for how long at one time, you know, so it also needs the bigger thing. But when you're also working at the policy level, sometimes it's like am I doing anything? You know, Trump now in office was all those years in vain? So it's a nice balance to have some grounded practical reality as well as some theoretical work.

I get paid to scratch my head and ask interesting questions and see if they work and woo hoo they do! Or oh maybe not, let's go back to the drawing board. And to think, you know with national leaders about where we're going because I've been successful, people are like "hey, do you want to be on the national advisory committee for this? Do you want to do this?" I'm like, "sure!" You know, how did you find me? So yeah it's a wonderful thing, to be able to have so many points of impact and in a way that feels comprehensive and integrated. So I don't have to feel like I need to do some community service to get my soul back. I'm like, that's great, but my day job is community service. I can spend time with my kids and not feel guilty, you know, on Saturday and Sunday.

Jessica: So looking forward, from where you are now, and looking back at where you've been, what would you say are some priorities in your research?

Monica: That's an excellent question and like, so timely, because, the project that we started, we still do, we've written tons of other papers, we're still in the process of writing other papers, still like making new, collaborations and testing them out to bring things to scale, so that's been just remarkably rewarding, but one of the things that I have learned is just the utmost importance of having an intersectoral approach to trying to address health problems in that we just really have to think about health care as one player at the table and probably a smaller player at the table if we want to be honest with ourselves. That housing, and structural inequities and all of these other things they drive disparities and everything.

You know, like how to we get to this, that most of the homeless people are black, you know. How does that happen? My son asked me that. You know, because they observe the world in ways that we're just so used to, we don't even see anymore. You know, well we live on the south side, so you know, there are white homeless people, but you know those are some deeper questions, you know, that they have and wonder and what do you say? [Laughs] "Well, you know, there's this thing called structural inequities..." [Laughs] But you know, okay now I've forgotten the question...

Jessica: Some priorities that you have in your work.

Monica: oh you see all of these things are working together. So we just launched something called *Bridging the Gap* and it's funding from the same foundation that funded our work previously. So we're going to be the national program office. The announcement went live a couple of weeks ago and a call for proposals is currently out, letters of intent are due January 24th and specifically and only for proposals that are trying to bridge healthcare sectors with non-health care sectors to improve chronic disease management, really diabetes, but for me diabetes isn't just diabetes. Like I love the pancreas but really? What I like about diabetes is that I consider it to be a social disease and all the things that go in play for health disparities are related to diabetes. And so if you want to think about any kind of inequity structural, or personal or you know whatever, it's there and so we're only looking at proposals that are trying to think about how we're bringing non-healthcare things to material needs insecurities, food insecurities, you know, safety, all these issues into people's lives and into the health care system. Or bringing health care system out of the health care system so that we can do more work, like the work that I've done has been tremendously rewarding. I'm here in Chicago, other people are trying to do things elsewhere in the city, but can we spend some real dollars on supporting those efforts? Can we have those lessons learned? Can we bring people together to talk about them and write about those? So I'm super excited about that. So what I'm going to be spending the next 5 years doing is, coordinating a national effort to look at this kind of work.

Jessica: Alright for our final section we're going to talk more about health equity. So how would you define community health and what defines a healthy community? I know that's a very broad question.

Monica: Right. You know I'm not even sure what the official WHO definition is. I probably should've like, googled it [laughs] do it on my phone right now. I would say that as a physician, that I still consider health to be to have a broader definition, you know. Not just the absence of disease, but the presence of health and wellbeing that healthy people are ones who are not just physically healthy but mentally and emotionally healthy and we scientists more and more sort of showing us relationships and the interdependence between those clearly, you know like hurt people hurt people. You know, so there's obviously relationships between people who are not emotionally healthy, who have been abused and hurt and how they physically hurt other people, kill other people, maim other people, cause trauma for other people, but also that how other things are co-related, so diabetes and depression. So it makes sense that if you have diabetes, woo that's a downer, I might get depressed if I got told I have diabetes, but if you have depression, you're more likely to have a diagnosis in the future of diabetes. So something about that depressed state alters our brain chemicals and how we do things and something about having depression increases your risk for developing diabetes down the road. You know. And we know that there are brain signals/receptors for brain hormones in our intestines. So the serotonin hormone which regulates our mood- the happy hormone- we have serotonin receptors in our intestinal system. So when we feel nervous then we get the runs, like why is that? There's a reason, you know, and so there's just a lot of connection between our emotional health and our physical health and particularly for people who think about disparities sort of the chronic stress models, uh turning on the autonomic system and cortisol production and what that means for cardiovascular disease and diabetes and why is it that we see all these disparities, you know, it's so many things. But it's also that interrelationship between the trauma and stress of being oppressed, every day that affects our health as well. In addition to living disproportionately and communities where there is more poison and lead and you know, gunfire, I mean, is it any wonder that we see the problems that we see? What's wondrous is that we

don't see problems that are worse- that black people don't act like white people and go around and shoot people who they don't have a beef with. Do you know what I mean?

Jessica: Yeah

Monica: You know that's the fucking- I'm sorry- that's the miracle, you know. It's that we don't see things that are worse, that we have you know some way that communities that have been marginalized, just beat down for hundreds of years just come together and have loving, lives and can treat each other with respect and have a sense of community, despite all of those challenges.

Fernando: Yeah. For me it's amazing that we live in cities with 20 year gaps in life expectancies and that's considered normal, and it's a radical idea that it doesn't need to be that way.

Monica: [laughs] did you know that we could all live the same? What?! That's crazy talk. Yeah, just how we have acclimated. So Marshall Chin, my co-dude he mentioned last week that when he was applying for either residency or fellowship or medical school- some point in his training he was doing an interview and he was saying, you know, I'm really interested in health disparities, but I'm concerned that all the big problems of our society in health will have been solved by the time I finish...

Jessica: [laughs]

Monica: And I was like, "They didn't laugh at you or like slap you in the face or just like, men are you kidding me?" You know somebody held it in and was like, "Very interesting, Marshall, you know I appreciate that positive attitude but I believe the problems will still be there in 2 years" or whatever it is. You know that's so laughable now but it's sad that it's so laughable, you know. Like, he had no idea these problems are here for years. You know. They're pernicious problems, and not for lack of smart people trying to fix them. You know, we make progress and then somebody comes along and kicks over the building and we start from scratch again and you know- maybe not from scratch. The moral arch of the universe bends towards justice, I keep telling myself. The moral arch of the universe bends towards justice. The moral- [laughs] - you know that's my mantra every morning. You know but you're right, we acclimate to things that are horrible. To some degree to sort of survive and not to be in shock every day that we wake up, you know. But it's, we can do better.

Jessica: We can do better.

Monica: So when I think about a healthy community, I think that it's one that you can recognize without even seeing the people. If everybody in the community was on holiday, or someplace, that you would know the community was healthy by the way that it was built. That there would be, you know a lack of the things that we normally associate with urban blight, so you know kids could play without worrying about broken glass and you know, abandoned buildings, there would be, you know, all the place would look healthy and whole, there would be grass, safe places for kids to exercise, there would be schools that looked beautiful and like you would say, what is that amazing building and it's the school. You know, what this fabulous thing is going on over here and its blah blah blah community resource. There'd be bike paths, and it would almost be like you can draw it and then put the people. You know.

Jessica: That's good

Monica: So I can see that. And that- those are all things that make people healthy and great, you would also have this other thing called a hospital for people when all that other stuff failed but this is this sort

of remedial lack situation and it should be at centers for health and wellness that we do more to protect you and prevent issues that we have, you know gyms and facilities on our site. Not just for the employees with the special pass and the back room. You know, it's just you know that everything would look sunny and beautiful, you know but we can do that

Fernando: It's an interesting exercise... I think if you'd do that in a lot of Chicago, the nice buildings are the hospitals, not the schools, right? What if it was the opposite?

Monica: Exactly. My husband's a teacher. You know. What if we paid teachers? I bet our educational system would get a lot better.

You know because the best and the brightest, the smartest, they, you know, go to where the hottest things are. And you know what's really sad is that like the best and the brightest decades ago were, you know the ones who sent us to the moon, you know? And now they're the ones who make these great apps! I'm glad for it, but could we harness that... in a better way?

Jessica: What would you say are some of the biggest obstacles to dealing with community health in Chicago?

Monica: I would say it's the fact that- I mean one of our greatest strengths is one of our greatest weaknesses. And that's that we have, that we're a very segregated city, based on race and class. And so it's a strength only in that there is something to be said for the ability of communities of color to build resilience when they're together. That was more so true [laughs] when it was against the law not to be together, so that we had all aspects of the community- the best and the worst, all in the same place. Now, when you see an all-black community, it's mainly because the people who could have left a lot of times have left.

I'm still here. I mean not that I started here. I chose to live on the south side. But many of us don't, and that's the same problem that developing countries have. There's a brain drain. You know, and so, but there is something to be said for having the peace of mind of people who look like you, in your neighborhood. The down side of that is that nowadays, that segregation tends to fall across lines that, are related to class and resources. So it's really easy to say we're going to shovel these neighborhoods first, to plug a whole bunch of resources into 'X' neighborhood, because it's really easy to find pockets of rich white people, because they're all together. So you can just put all the stuff right there. And not put a whole lot of stuff right here. And so that makes it really challenging, to promote equity. If you had a city where people were all mixed up together, then it would be harder to distribute resources in a way that was inequitable. You know. So it just promotes without sort of conscious effort, it can very easily lend itself to inequitable systems.

Jessica: Are you optimistic about the state of community health equity in Chicago?

Monica: [takes a deep breath] you know, I have to say yes, because uh there's so much riding on it. Like if I said no and just got into bed, [laughs] even if I feel like it's no, it has to be yes. It has to be yes. But, I think it's yes. Luckily for me, I really do think it is yes. You know ask me again in two years, but I think that there's been so much changes in health policy at the institutional level. Every institution now is trying to like hustle to figure out how to- "There's somebody here who's thinking about community health? Bring them to my office!" You know? So it's a priority for all institutions everywhere. Maybe it wasn't before, unless you were a mission driven institution, and so all of that is coming directly from

political changes in the past eight years. Health policy changes, and how it's effected, how health systems operate. And that has a potential to have great good. And has motivated people to be thinking about inequities and equities in ways that they haven't before. And so nationally I think there has been a lot. It's been a good time for me, you know, for me to be positioned, you know, right place, right time. But also locally there's interest in that. And question is whether now all that's going to get squashed like a bug with the new administration. To some degree, all of it can't be rolled back. But will the wind be taken out of the sails of this ship that's moving forward? So right now we're still feeling very positive. And I'm just going to stay that way to the degree that I can.