

“We have really tried to give community a voice and partner with them around the questions we ask”

Maryann Mason, PhD
Research Assistant Professor of Pediatrics and Preventive Medicine,
Northwestern Feinberg School of Medicine
Community and Evaluation Research Director,
Consortium to Lower Obesity in Chicago Children

Voices of Health Equity in Chicago
Interview No. 6
July 19th, 2017

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.

Wednesday July 19th, 2017

Interview by Sarah Wozniak and Celie Joblin

Background: Maryann Mason is a Research Assistant Professor of Pediatrics (Smith Child Health Research) and Preventive Medicine at the Northwestern Feinberg School of Medicine. She also serves as the Community and Evaluation Research Director at Consortium to Lower Obesity in Chicago Children (CLOCC). She is interested in child and adolescent well-being as fostered by community conditions. As a sociologist she works to understand environmental, cultural, institutional and social influences on child and adolescent well being in low resourced and minority communities. She also has experience and interest in community engaged scholarship. Maryann is also a part of the Alliance for Research in Chicagoland Communities (ARCC).

Sarah Wozniak: Would you tell us about who you are and a little bit about what you do?

Maryann Mason: Sure! So I'm a little bit of a fish out of water but not completely out of water in that I'm a sociologist working in public health. I have a PhD in sociology from Loyola Chicago, and my focus was community development, actually in housing. So I've come to public health kind of in a circuitous way, but in a way that makes complete sense for how I see the world and how my discipline sees the world, which is understanding the structural factors that shape who we are and the opportunities we have or don't have and how we function in groups to work together to create society. So, that is the route I came here.

I initially started working in public housing looking at attempts to create mixed income public housing and trying to understand the community that developed or didn't in those settings. From there, I went to work at the Heartland Alliance as their Director of Research, looking at social programs and policies that really serve the most disadvantaged persons: public housing residents that were being relocated, women victims of domestic violence, dually diagnosed substance abusers who happen to have mental health issues, homeless persons, that sort of thing. From there, I came into child health mostly because I could see how the seeds of the struggles of adults were laid out in childhood and having a sort of prevention mindset, I wanted to be in the earlier side of intervention and prevention. So that's how I came to child health.

Sarah: When you were younger did you always know you were interested in sociology and public housing or how did that come about? When you started college, were you like "this is what I want to do" or were there opportunities along the way where you realized this is what I want to go into?

Maryann: You know, I was just thinking about this the other day. It's funny. I have this very clear memory of being in 5th grade and being in the school library and finding this book for children on prejudice. Racial prejudice. I remember reading it and having it really resonate with me, like I remember it to this day how it just struck a chord with me. But actually when I was in high school then, I either wanted to be in the foreign service or a dentist... (laughs) ...which are a little crazy different.

But then I went to college and I took Intro to Sociology, and we really talked about structural inequality, and that again resonated with the book I read in 5th grade in elementary school. It just built up an interest of wanting to have a further understanding of really how does that develop, how do you intervene in that, what are the tools we have as a society to intervene and to right those wrongs, and then I went on a study program in Chicago where we were exposed to policy and community efforts to address inequities like housing and lack of economic development in certain communities, lack of infrastructure, lack of city services, and really got to see how things sort of played out in a real life environment. So that's kind of how I got to this route.

Celie: Are you from Chicago?

Maryann: No, I'm from Wisconsin. You know, it's really interesting. I have never until recently put my lens of this into understanding Wisconsin, but I have learned more especially with recent election results. I really want to understand what that tension is about. It's interesting how to think about where I grew up and how in where things are today.

Sarah: So why do you think health equity is a concern?

Maryann: Well, I think health equity, like all forms of equity, is fundamental to our function as a society. You know if one group of people are sick and have chronic disease, we all suffer. It's not just the people who are having the symptoms or the disease. Every one of us suffer. When you think about things like tuberculosis, or MRSA, or you know, any number of infectious diseases. When people are so disadvantaged that they're disproportionately affected by those things, we all pay a price, whether it is economic or physical illness or lost years of life or any of those things. It's something that we as a society as we function together have to be able to function at all levels and inequity really rips into that fabric. I think that it's super super important.

Sarah: Now through your research and work, did you ever experience institutional or professional barriers in pursuing health equity research?

Maryann: I guess it's interesting. I don't necessarily always call what I do in the name of health equity, health equity research. Mostly, I think about it in terms of building community capacity to promote and protect the health of people. So I've encountered many barriers to that mission. You know, from things as simple as a lack of infrastructure in a community, school overcrowding, teacher staffing. You know, working with CPS and its constant budget woes. All of those can be barriers to sort of addressing health equity among Chicago's youngest citizens. So, I would say yes. Not academically. I have to say one thing about working here and that is they are very supportive of community engagement to address health equity. It's always been encouraged here. I know some people in their academic settings are, you know, not encouraged to work in and with community, but that's not the case here.

Celie: Do you have any mentors that have nurtured your interest in health, adolescent health, or just general health?

Maryann: Yeah. I mean there's been a whole string of people who help me understand health better and speak the language of health. I think my first and longest mentor in this area is Kathy Christoffel. I don't know if other people have mentioned her. She's retired now. She was a pediatrician who understood the promise of public health for youth. She actually began a lot of the work around youth health, around violence prevention and in particular, firearm issues, and really helped me to see how different populations are affected differently but that we all pay the price for violence. And then she went on later to found CLOCC (Consortium to Lower Obesity in Chicago Children). What I think is interesting about her too as a mentor is she worked clinically and took what she saw in her one on one clinical conversations and visits and brought it into public health. She began to see more and more children with health problems related to obesity and then began to see that you know, sort of treating one child at a time wasn't going to make a dent in the problems so began to look at policy, systems, and environmental change, kind of before her time I guess, or ahead of the game. She really helped me especially through that obesity work, understand the power that policies, systems, and environmental change can have to address health but also to lift the equity of the people experience around health. She's definitely one.

I think the City of Chicago, the current Commissioner Julie Morita has a really strong vision for health equity in Chicago. Well she hasn't personally mentored me, I look at the work she's done to engage Chicago around health equity and the acknowledgement of inequity in how together communities and the city and other players can address that. I think that's a really important development in my own looking at the issue of health equity.

I think the final one would be Jen Brown. She leads ARCC, Alliance for Research in Chicagoland Communities. There they're really talking about we need to engage communities in solutions to health inequity to lift everybody up, and that the way forward is to engage communities in identifying problems, researching problems, developing solutions, and disseminating the work in order to really address health equity.

And then the final person would be Adam Becker who's the Director of CLOCC who really helped me understand that policy isn't enough. That some communities are more equipped to take up new policies and enforce them and monitor them, and the communities who probably need the policy the most, have the least resources for that. So there have to be efforts to help communities utilize policies that can help them and really that extra push in coordination has to be there when policies are passed so they don't exacerbate health inequality, which is a great lesson I have learned through the years, but I think he's articulated it very well.

Sarah: In our previous communication you mentioned the work of the late Steve Whitman, as being foundational to your interests in equity. Would you be able to expand on this and how he has influenced your work?

Maryann: So I've been in this position for about 15 years and the first week I came here I went to see a talk he was giving at a conference sponsored by the Caucus for Adolescent Health. He gave a talk on health equity and infant mortality. He really talked about if controlling for all the things we know impact infant health that there is still very large disparities and they divide along racial and geographic lines in Chicago. This sort of, until we can address those issues we can't address the health of children in a way that moves everybody ahead. And so, that really burned, really made an impression on me in terms of, this is so fundamental to protecting and promoting the health of children addressing the equity issue that we aren't going to move forward unless we bring everybody forward. So that was really foundational. I would say maybe 12 years ago, he spearheaded this [study of six community areas](#). I bet you've used this in your public health class.

Sarah: Yeah.

Maryann: Six community areas, and it was a study of health and health experiences. That really became a lot of the foundational work around how we understand health disparity in Chicago, and it was a great study. Door to door data collection. It included diverse communities from communities on the Northwest side to the Southeast side. It really illuminated in many health areas the disparities in Chicago. It became a tool, that data became a tool for people to identify

where these inequities were present and start addressing them. I think his vision in that created a whole lot of potential for work around health equity. He left a legacy.

They [Sinai Urban Health Institute] just released a new study a couple months ago. They went back and redid that study, I think 10 years later. Now we have more data to understand where to go forward. In a very distressing note, there's been a growing inequity in Chicago. I think without that work, we wouldn't really understand the level we are at, so it gives us the potential to zone in and address the areas that are most in need of assistance. I think his legacy is bringing that whole discussion forward and then thinking about what are solutions to that.

The fundamentals are going to be income inequality which is highly tied to these things. Housing, equality of the housing, and the resources in your community like education, and recreational structure for youth. All of those are the structural inequalities that develop and lead to health inequality. Which gets back to my sociological roots, right? I think more and more are coming into the discourse, but a great way to address health inequality is actually to look at housing quality. Right? There's tons of environmental hazards in poor quality housing. Anything from poor sleep due to overcrowding to mold which relates to asthma and other chronic respiratory health issues. Tracing things back to those fundamental layers is an issue. Actually, I just had an article on my desk, a new article by Shiriki Kumanyika, here it is, [Getting to Equity in Obesity Prevention: A new framework](#). She has this great model about how in public health around obesity, we can get to these structural issues and identify how it intersects with obesity reduction and prevention. Because it's really hard for many of us to imagine, you know, oh housing is poor, how do you intervene in that from a public health/obesity related point of view.

...I think in the last couple of years we've been at a point in thinking "We're public health, how do we address housing? How do we address wage inequality?" Those sorts of things. So I think this is beginning that conversation.

Sarah: Definitely. I also feel that with public health, there's so many health issues in all different kinds of fields. Sometimes people don't realize that. I had a conversation once with some of my friends and I mentioned gun violence. They were like, "Well, that's not really a public health issue." And I was like...

Maryann: Oh man.

...The other half of what I do is actually in violence prevention, so we often talk about contagion violence and violence as a public health issue. There are just so many levels at which that

happens, you know? What's normative in terms of violence and behaviors, what's available to you resource wise around conflict resolution and what's available for your mental health support, all of those things.

One of the areas that I'm also very interested in now is the intersection between injury and mental health. I know it's been overplayed in violence. You know, not everyone who commits violence is mentally ill, and not everyone who's mentally ill commits violence. There are certain factors like even witnessing violence impacts your long term mental health and your ability to function, understanding the intersection between what do we as a society need to do around helping communities that are traumatized by violence, so those sorts of things.

...I'm the PI for the Illinois Violent Death Reporting System, and we put out a lot of data briefs on violent death in Illinois. One of the things I always try to do is look at what is the smallest area we can analyze to be able to compare community experiences across things so that we can better understand where the inequities lie and where we need to put our resources.

Celie: Your favorite research that you've done?

Maryann: It's kind of interesting, I end up doing a lot of policy systems and environmental change research around obesity prevention. That's by far the biggest time commitment of my research and most complex. It's interesting, but I think in terms of research where I've had the largest impact would be probably around establishing the first data around childhood obesity in Chicago. We were the first to publish information on kids entering kindergarten in Chicago and looking at where we were as a city around that, and that's had a tremendous impact in just helping us look at where resources should be going. Also the legacy of that is, we worked really hard with the Chicago Department of Public Health and CPS to share that data so it becomes a public health reporting function. It's sort of the legacy of that research that we now have more resources for understanding health equity around childhood obesity. Now the City of Chicago, or the Department of Public Health in Chicago, can publish community area level obesity data based on the work we started in 2002. I feel like that's a huge legacy.

And then, I think the other legacy would be the community engagement aspect to everything we've done where we have really tried to give community a voice and partner with them around the questions we ask, so that we know they are important questions for the community. That influences the data we have, and the solutions we've identified and all that. I have a number of studies that are community engaged. I think those are really important to me, both as a model for how you engage communities around research, or with research, but also just in terms of the topics that are important to people. We have a [publication](#) on sugar-

sweetened beverage intake among preschoolers and Hispanic preschoolers in Chicago. That came about through, actually it's founded on data from Steve Whitman's first community area study where we identified a problem. In Humboldt Park, the kids were reported to have much higher rates of sugar-sweetened beverage intake. So then we went into the community to talk to them about what is it about sugar-sweetened beverages, how does that happen in the community, how are kids exposed, etcetera. We came away with a publication that helped people think about if you were going to promote reducing sugar-sweetened beverages in this population, what are some of the important things to community that you have to address?

Sarah: Is there an overarching theme with your work?

Maryann: I think that the overall question I'm trying to address is how can we build structures in our community to promote and protect the health of children. So almost everything I do is related to that question. And then the way I do it is overarching too, is that it is community engaged. I think those are my two big themes.

Sarah: What are you currently researching?

Maryann: So violent death is a big one and looking at the circumstances surrounding violent deaths, particularly around community violence is something I'm very interested in. I'm working on a paper right now on legal intervention deaths and what those look like in Illinois. It's a qualitative paper, so trying to get a sense of the sort of typology of incidents that end up in legal intervention deaths, and from that understanding how can we, what can we learn from that.

I think the big thing I'm really excited about now is I've just got funding to do a community engaged research project with a group in Humboldt Park called ALSO. Have you heard of them? They're a violence prevention organization and they work with young men who aren't in school and aren't working. So they're what they call "in-risk." Most of them have had run-ins with the justice system and they have a high exposure to violence. We're working with them to create and implement a rigorous evaluation of their intervention program which is called 10-10-10. The program offers violence prevention training to the men, also job training, and kind of peer mentoring and social supports, and then opportunities for positive community advocacy. So we're going to do a randomized control trial looking at violence outcomes for the youth who make it through that program against youth who aren't in the program. I'm really excited about that because there aren't a lot of good programs for youth who especially are not in school.

Sarah: Ok, so now moving onto the third section of the interview, what do you think are the biggest obstacles when dealing with community health in Chicago?

Maryann: ...there's infrastructure issues. Obviously not all communities have the same resources available to them. There's structural issues just in terms of housing, jobs, education, kind of all the pillars that hold us up. Those are huge contributors. You know, for every community health problem you can name, you can think about how poor education systems might impact that, how low-wage jobs might impact that, how lack of resources in your community infrastructure may impact that. I think those are huge barriers. I do think Chicago's doing better than ever in trying to address equity. But these are long standing systems at a time where resources are at a pretty low point, right? There's not a lot of new infrastructure going in. Our minimum wage fights are crazy ridiculous when you look at the history of minimum wage and what people were able to afford and now can afford. You look at health care reform as a potential impacter. You look at the state budget...

Sarah: Yeah, a lot of different factors.

Maryann: And even though we now have a budget, it's not a great budget. The state debt, the economic insecurity, and then you know I'll be honest, the system of the lack of transparency in decision makings in the past. I think it's gotten better, but I think it has led to long-term disinterest and hopelessness in people about how they might impact their own communities. So there are many. Many, many, many, many.

Sarah: Do you see Chicago changing in the next 15, 20 years in regards to community health equity?

Maryann: I am optimistic. I'm optimistic that the City of Chicago is beginning to embrace health in all areas. I'm optimistic about that. I'm optimistic about the Mayor's commitment to making Chicago a leader in some public health systems and policies. I'm optimistic about the energy communities have about improving their health and addressing barriers. I'm particularly optimistic about Healthy Chicago 2.0 as a way to address that. I think there is a new day in youth leadership coming where there's a pipeline of people who've been exposed to these issues, who are willing to do the hard work.

Sarah: Lastly, do you have any advice for students interested in health equity or someone thinking about going into public health, sociology, any field related to these issues?

Maryann: I think I would say spend time to understand the systems aspect behind all of this because I think that's where best and creative solutions are going to come from where people really understand how what happens in the seemingly unrelated system impacts things over here. So spend some time to really get the big picture.