"Don't be afraid to tell the truth out loud. Because, whatever, someone's gotta say it, and it might as well be you."

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Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY

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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.

Monday March 26th, 2018
Interviewed by Amber Miller

Biography: Tiffany joined the Health & Medicine team in May 2016 after graduating with her Master of Public Health in Community Health Sciences from the University of Illinois at Chicago. Through policy and advocacy, she works to address the social and structural determinants of health in Illinois, with an ultimate goal of equal opportunities for positive health and well-being for all.

Amber: Can you talk a little bit about who you are and what you do for the Health & Medicine Policy Research Group?

Tiffany: I am Tiffany. I work here as a Senior Policy Analyst for Health Reform and Health Equity – that is my full title. My job here at Health & Medicine is somewhere in between the Health Equity Initiative and Chicago AHEC, which stands for Chicago Area Health Education Center. It is part of this larger federal program that works to get underrepresented people into health careers. So really, where the overlaps is, is the conversation about equity within the workforce and who has access to certain careers and what barriers exists. Especially when we talk about underrepresented people in health careers, we talk about records and things like that. So, we have really been trying to push the conversation among health employers to think critically bout hiring people with records, especially since they're focusing on being anchor institutions and local hiring and all of that. Well it's like, Ok, you want to hire locally, but locally a lot of people have records. How are you going to respond to that?

So that has been a big part of my AHEC work, but outside Health & Medicine, I got my MPH from University of Illinois at Chicago. I am from here, my whole family is from Chicago. I grew up in the south suburbs of Chicago (Homewood). I think where I grew up and how I grew up is what really inspires the work I do now.

Amber: Where did you get your undergrad?

Tiffany: University of Miami

Amber: What did you study?

Tiffany: When I first went to undergrad in Miami, I started off as a biochemistry major – I was pre-med. I thought I always wanted to be physician, but I knew I always need I wanted to work in health. The second semester of my freshman year, my grandmother died. My grandmother had been sick my entire life with all types of diseases – cancer, diabetes, kidney disease – but, she died because she fell and had to go to the hospital and she needed dialysis, that was just a part of her life. She went to the hospital and they did not give her dialysis for like 4 days when she was in the hospital, and she developed sepsis and died from sepsis. I was so angry. I couldn't make sense of that in my head. Of all of the things she could have died from… At that point I was 20-21, and this woman has been sick for over 20 years, and she goes to the hospital and dies from an infection that she gets from the hospital? Are you all serious? I was just so angry. My family didn't have a way to respond or really fully understand what was happening. The hospital didn't communicate and tell them what was going on. They were trained in how to get her through her dialysis, so they could have been her advocate if they would have known the hospital wasn't doing what they should have been doing.

So that was a turning point in my career. After that, I changed my major. We didn't have a public health degree in my school at the time, so I changed my degree to Human and Social Development and I was on the community track. I was studying communities and non-profit organization and things like that. I wanted to go with something in that direction, so I was looking at social work. I actually hadn't heard of public health until my junior year. I was talking to one of my guidance counselors and I said, "I care about people, but I also care about health, and I want to do more than just one thing and one position can do and I want to change things on a bigger scale" and she said, "Oh, that sound like public health". And I was like, "I don't know what that is, but I'm going to do it". I had to look it up, because I didn't know what that means. But after that, I was in public health. That was my transition, but it was a slow transition. Every semester I took a step back from the individual perspective.

I was a bio-chem major, then bio-chem and Pre-med, then I was Pre-med and Human and Social Development, then I was like, "I do not want to be Pre-med anymore. I don't want to be a physician. I want to be able to look at these issue on a bigger level". Ultimately, I was a Human and Social Development and Economics double major and I minored in health sector management and policy. That set me up really well to start my Masters in public health (MPH).

Amber: Did you go right into your MPH after you graduated from the University of Miami?

Tiffany: I did. I graduated in 2014, and that fall I started my MPH at UIC. I came back to Chicago.

Amber: I'm curious, from studying in Miami to then you studying in Chicago, how did those cultures change? Does Miami have similar health inequities and disparities as we do?

Tiffany: Oh my gosh. So, I would say that was the second big thing that changed me. The first was my grandmother passing, the second was getting to Miami and seeing the same issues that I saw in Chicago, were in Miami.

Your young, and you grow up where you grow up, and you just see it as *this is here*. At least for me, I didn't have the national or world concept to understand this is a reoccurring issue for low-income communities and communities of color. I didn't know that until I moved to Miami, I was just like, are ya'll serious? Just how segregated it is down there, how the access to different healthcare needs, and just needs in general. The things we need to be well, whether that be quality public transportation system, access to healthy foods and safe streets, and all of that. That was my second big revelation. And what also helped me to think, I need to not be *individual*. I can be a physician and I can see 30 people a day or something like that, but they will keep coming back, and that was the realization I had. I can't be in all of these places at the same time, trying to be a "culturally competent" physician. That was my thing back then, I was like, "if only we had physicians that really cared about people and really understood communities, then we could really address things". That was what I thought, right? Until, I was like wow, this is wild. This is was bigger than what I ever imagined. And, so yeah, that's how I really got into this work. It was really those two things, being in Miami was major culture shock. There are so many different people in Miami. Being in Chicago, in the community I grew up in, you were Black or White and maybe there were Mexican people, *maybe*, and that was kind of it. Then going to Miami, it's so diverse. I saw people who look just like me, but start speaking to me in Spanish. I was just like, what?! So as a young girl from the south suburbs of Chicago, I just had no idea what was going on. So that was just an amazing experience. I just jumped in and started to go to different events around the city and just really trying to learn about where I was. But I miss Miami, it was so great.

Amber: Yeah, but now you have work to do in Chicago… So, did anyone really influence you in public health? Did you have any mentors that helped you get here?

Tiffany: Oh, definitely. Back then [in undergrad], it was more like, how to out of college. So, I had mentors that were helping me to be an independent person and student- back in Miami. But since I've been here in Chicago, I would say the three people who immediately come to my mind are Dr. Hebert-Beirne at UIC, Dr. Linda Rae Murray, and Dr. Sekile Nzinga-Johnson at Northwestern. I think those three are kind of like my professional mentors. There is a different thing about all of them that I really value in their work. For example, Dr. HB and just her critical analysis from a research perspective. She clearly has her heart in it, but she is also able to think through all these different pieces that operate together and really place a person's voice at the center of the conversation around health equity, and I really appreciate that. Dr. Murray, she challenges everything. She's like, "nope, were going to think about that again, and again, and again". I really appreciate that too because it really makes you sharper, and makes you constantly question, *what's the history behind this? What is the meaning behind this? What is the motivation?* And then I would say for Sekile the way she brings her full self into the work. I think one thing about these conversation about health equity is, you know, sometimes it's easier to act like this is a separate conversation and that it doesn't impact my life. It's easier because you can try to be more objective, you know what I mean? But no, this is actually *my life*. The reason why I am here is because of personal things that happened in my life.

I talked about my grandmother, but there are also other family members who are perpetrators or victims of community violence, who have been incarcerated for most of my life. People who have done drugs or whatever, but it's because of the system that is constantly raining down on them. I just feel like I am here because of my family and my experiences, and to not bring that into the work is not bringing my full self, and I am not serving anyone. So, I think from Sekile, that's the biggest thing in her approach to the work.

Amber: Most people get into community efforts because of their personal experience. I can't really imagine those who haven't been through some of those experiences, such as incarceration of a family member or healthcare issues, just waking up and recognizing those inequities and these issues do exist since they don't see it.

Tiffany: What do they call it? The, *unknown unknowns*? I would say I agree to an extent. I am in policy now, which is kind of different. It's not quite as community based as I would love for policy to be, and because of that, you do get into people that haven't experienced things. So, they are talking about things from a technocratic, legislation perspective, [they say] "this works like this, and this works like that", and I'm like, "except for when it doesn't though, how about that?" Yes, that may be the way it is written, but how does it play out in real life? I think sometimes that perspective is missing and it is very frustrating.

Amber: I agree. Some people in policy may think, "bad things happen to bad people", well bad things also happen to those who generally also follow the rules but just fall on hard times.

Tiffany: Or, sometimes, people become bad people because of bad policy. You set it up in such a way that it was better for me to do the wrong thing, than to do what you wanted me to do. So that's a policy perspective that we really need to think about. What are the externalities of this policy? How are real people going to navigate this to reach the maximum utility in their lives? What really makes sense, not just on paper, but in real life?

Amber: Was there something specific, maybe a certain course or professional experience that prepared you for the job as the senior policy analyst?

Tiffany: The thing that prepared me was life. Conversations with family, experiences, things that I've seen…I just really enjoy talking to people about things. I am like that awkward person that will ask questions that are probably a little too deep for the moment, but I am really just curious. I feel like that has prepared me. The stories that I hold have been my best preparation. Of course, there is like an understanding of how the ACA works, but, whatever. Not to knock that, but you can read about that and know it and be fine. I just feel like I walk into different spaces with my brain cranking and thinking how this is going to play out. *Who are we talking about and who is in the room? How is this going to impact the people who are probably not at this table?* No class taught me that. That was just life experience.

Amber: Was there any initiative or research study that opened your eyes to health inequities in Chicago?

Tiffany: It's honestly hard to answer that, because the real answer in no. As a researcher, I should say yes, but the answer is no. All the reports shown to me just quantify what I already knew to be true. It sounds terrible, [they're] great reports, people are doing get work in Chicago, but I personally don't learn anything new. They are just putting numbers behind what I already knew to be the case. For example, the things that are coming to my mind are the Cost of Segregation report from MPC (Metropolitan Planning Council), Tale of Three Cities from IRRPP. All these reports that are coming out about inequities in Chicago…

Amber: You already know?

Tiffany: Yeah. Even the research we do at Health & Medicine, in general, I'm never shocked by the results. I'm just like, "yeah, it makes sense."

Even for example, the New York Times just came out with article where they wrote about Black boys, and how the presence of Black fathers really changes the course of their lives. It was a very important determinant of long-term success. I'm just like "Ok, yeah". I don't want to make it like it's a cynical thing, but it's frustrating to me.

When I would go to my grandmother's house and tell her about the stuff I was researching in class, she would say, "Oh girl, we've known that for years". I can only really speak for my family – and actually larger than my family because I have talked to other Black folks about this, especially older Black folks- but they're like, "We could have told you all that. You spend all this money on research, we could have told you all that". And there really is this sense of intuition – people notice stuff. We spend all of this money to put numbers behind it. For what? Because we respect numbers more than stories? That's why. If you cared about people's personal stories, you could have saved a lot of money. People could have really told you what's up, and you could have moved forward from that. I think that's one thing that was eye-opening for me when I started to do this work professionally. I have been thinking about these things for a while, but, I've only been doing this professionally for the last 2 years. It's just like, wow, ya'll actually know the problem, and were just researching the mess out of it?

We know the problem, and we know what to do about it. But the thing is, the actual things to do about it are "politically unfeasible". Or someone is going to have to lose out, and they don't want to lose out,

so we don't make the necessary changes. It's sometimes difficult to remain 100% motivated in this work, and not angry.

Amber: What do you think are some of the biggest obstacles to improving community health?

Tiffany: Power imbalances.

Amber: What do you mean by that?

Tiffany: For example, public health and Chicago Department of Public Health (CDPH), if anyone is going to fight for the health of our communities, it should be CDPH. CDPH can't say what CDPH really wants or needs to say about health inequities in the city because a part of the reason for the health inequities in the city is Mayor Rahm Emanuel. So, the biggest entity in our city that is supposed to be here for the health and health equity, can't be honest. I think that is the epitome, but it folds from there. Smaller non-profits who are receiving funding from the city, who because of that, feel like they can't completely be against things that the Mayor is doing or saying.

So, these school closures… that is a health issue. That is a public health problem. There are students who have had their school closed more than a few times in the last few years, constantly having the switch schools. And then, we get down the line 10-15 years later and we look at those student's health outcomes, I guarantee you they're not going to be as good as those students who were able to stay in their schools. And then we are going to act confused, and want to put money behind studying that... What? Are you serious? Duh.

Amber: It's a pattern. They're going to keep switching schools. Maybe since they keep switching, they don't want to go and don't finish school. So, then they don't go to college, and we know people who don't go to college may have lower incomes. Therefore, can result in poorer health outcomes, and whose fault is that?

Tiffany: Then were going to keep looking at the them and say, "How could we change health behaviors?" No! Stop closing peoples' schools! Repave the streets. That's the kind of stuff I mean by when I say I'm not surprised by outcomes, because 20 years down the line, I'm going to read that report and say, "Ok, is anyone shocked?" People really act shocked, "Oh my gosh, these alarming findings…" What? Seriously?

Amber: It's interesting – public health workers can drive down a street and see there's a pothole in the bike line, or this is no bike line, or there are cracked up sidewalk, and we know what that means. We know that's means it's probably a "bad" neighborhood and an unwalkable neighborhood. We can already tell by the smallest things within a neighborhood, what those cracks on the sidewalk really mean and how it impacts the community's health. We're not surprised.

Tiffany: Yeah. And then, so it follows. A "bad" neighborhood and our perception mirrors reality and creates reality, at least that's what I believe. For some people, if I am a business owner looking for a space somewhere, I'm not going to open it in a "bad" neighborhood. For what? *Those* people don't have any money. *Those* people don't want to shop at my place. *Those* people will break in. So, I'm not going to put my new restaurant in a "bad" neighborhood, why would I do that?

Our perception creates reality, you know what I'm saying? It's about perception, and a part of our perception is both interpersonal but also structural racism, neoliberalism, capitalism, and just overall power imbalances. Those are the major determinants of health inequities.

Amber: Are you optimistic about the future of health equity in Chicago? How do you see things going in the next 10 or so years?

Tiffany: Well the good news is, there's nowhere to go but up. I genuinely feel that, and I feel like we're at a place where people are getting fed up – for real. I just feel like the only way to make the change is when you are like, "F it". When you are fed up and not about to deal with this anymore. That's when you make the change. I mean, unfortunately, it had to get this bad. Unfortunately, this many people had to die from health inequities in our city, but if that's what it took to change the course of our direction as a city, then that what takes to re-open mental health clinics and open more affordable housing units and to fix our streets and to build up our quality schools, if that's what it takes, then ok. I think that's where my optimism stems from. That people are sick of Rahm, and are finally calling him out. Trump has talked his stuff about our city, and just in general, is very problematic and people are seeing it. Rauner, is raggedy. People are seeing it, and they are like, "Wow, political things directly impact my life. Like, *directly*, impact my life".

Amber: When I went into undergrad, I thought to only really focus on the overarching policies on the federal or national level. Once I got into my masters, I realized I needed to scale back and see what is happening on a local level, and recognize that the decision that Rahm Emanuel make, or my state representatives make, may affect me far deeper.

Tiffany: Right. And I am thinking back to your question about health inequities, and I know I said power. But I think the issues with power imbalances goes both ways. Over inflated beliefs in the power of political officials – it's over inflated. We think they have so much more power than they actually do. Yes, they have power. But, I think there is a disbelief of the power of communities, and the power of individuals joined together. I think that is how they get us. To convince you that you don't have the power. So, your talk about if you don't like something, you need to do something. But if everyone had that belief that they can do something and that they can go to their official, I think there is a piece of our society that thinks and knows that about themselves and they use that to their advantage. And generally, those are the people who are with higher incomes and better educated that understand the role that they can play in these different systems. But lower-income people who often are really just trying to survive, they don't even know how all that stuff works.

Amber: It's just way over their head?

Tiffany: Yeah. We don't teach it in school, so how are people supposed to know that? Which is why it's so ironic to me because we call this a democracy and we want people to vote and we want people to be politically engaged in our system, so why aren't we teaching them in K-12? We don't. You might learn about the legislative branch and the executive branch, but not about how as an individual to be actively engaged in political systems.

Amber: So many people think their vote doesn't matter.

Tiffany: Also, if we care so much about voting, why aren't people automatically enrolled when they turn 18? So, I think there is a large disconnect in terms of power. Like I said, over inflation of power on one side, but then complete under valuing and not believing it actually exists on the other side.

Amber: We have to hope our representatives are representative, and if a whole community believes in something, we go to them and say this is what we want, we can only hope they will vote in our favor. But people don't even know who their representatives are because sometimes people don't really understand that policies directly impact their life. They don't have time to care about what the policies are, they have a paycheck to make.

Tiffany: That's a part of the capitalism piece too. You keep people spinning on the wheel, they can't focus on bigger things.

Amber: Right. They may not even have the time to sit down and read the newspaper to see what's going on, a lot of what people see is from false information on social media.

Tiffany: Right. And fact-checking takes time.

Amber: Some people don't even know to fact-check. They don't really know how to identify an un-credible source.

Tiffany: True. It's spreading and spreading, this information. It's very...interesting. I was reading this research study about hopelessness in low-income White communities. It was just really making me think on the outcomes of the research, because it was basically saying their idea of hopelessness is much lower than low-income African American communities. It makes me think about the opioid epidemic, it makes me think about the election of Trump. It's just like, wow, people really feel like this country is being taken from them. It also makes me think about the shooting at Parkland. This is what happens when they feel like something has been taken from them.

Amber: People feel violated by something that happens states away. Maybe people don't have kids now, but maybe in 10 years they will and they are trying to figure out a way to keep these kids safe going forward. How can learn about what happened in Florida, and bring it to Chicago? Although, gun violence is not new to Chicago. We've been dealing this for years, and more people die every other day in Chicago, than what we saw in Florida, but that incident got the most media.

Tiffany: There are people who have very strong thoughts on why that got the most media attention. I have thoughts on it. It's who dies in Parkland versus who gets shot every day in Chicago, right? Middle or upper middle class White kids, versus low-income Black kids, or Latino kids. Who has access to the power to speak out about it? Or, who feels they have the power to speak out about it? I mean, I think the kids at Parkland are doing a great thing.

Amber: It's tragic, not to dismiss how awful those families must feel. To not have your kid or family member come home. But hopefully, Chicago we can remain optimistic about our future.

Tiffany: Yes, and first step, stop closing schools.

Amber: Do you have any advice for students who may read this interview and starting their careers?

Tiffany: So, I would say my professional advice is to read a lot. Read old stuff. Read historical stuff. Figure out how people were thinking 10, 20, 30 years ago on similar topics. Read that, and be aware of the history of what you're talking about. Also, think critically about policy decisions, and know just because something wasn't directly in line with what you're talking, it doesn't mean it doesn't impact the conversation. For example, if you're interested in studying schools, you should also be understanding housing policy and how our city became segregated. I guess what I'm saying is how different structures work together and create whatever topic you're looking at. Also, don't be afraid to tell the truth out loud. Because, whatever, someone's gotta say it, and it might as well be you.