"Well, maybe research needs to change how it thinks about communities."

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Friday, June 22nd 2018
Interviewed by: Amber Miller

Background: Jen Brown, MPH, is Director and Co-Founder of the Alliance for Research in Chicagoland Communities (www.ARCConline.net) in Northwestern University's Center for Community Health. She is passionate about ARCC's mission to grow equitable research partnerships between Chicago area communities and Northwestern University to improve health and health equity. She has almost twenty years of experience building and supporting community-academic engaged research partnerships at project, institutional, and multi-institutional levels. She is on faculty in Northwestern's Feinberg School of Medicine Department of Preventive Medicine. Jen also serves on the Board of Directors for the international organization Community Campus Partnerships for Health, co-chair of the Chicago Consortium for Community Engagement, co-chair of the Chicago Department of Public Health's Healthy Chicago 2.0 Data & Research Team and Partnership for Healthy Chicago, associate editor of the Progress in Community Health Partnerships journal, member of the Northwestern Lurie Cancer Center Office of Equity & Minority Health Advisory Committee, and Chicago Ideas Co-Op.

Amber: Can you just tell me a little bit about who you are, how you got to be in the position you are now?

Jen: My name is Jen Brown and I am director of the Alliance for Research in Chicagoland Communities, or ARCC, based here at Northwestern University's Center for Community Health inside of our medical school—I'll talk a little bit more about that later—but, I am lucky because this is my favoritist job ever. [laughs]

Amber: Good!

Jen: So, I've been working in public health for a long time. All different parts of public health-environmental justice, youth sexual health, women and children's programs, immunization programs, tobacco cessation. In kind of almost all the parts of public health that you can imagine. And I have worked at community-based organizations, grassroots, non-profit organizations, I've worked at county health departments, city health departments, state health departments, so kind of a range of things.

Amber: Wow, yeah, definitely!

Jen: And public health, I mean I guess one thing I'll say is that in terms of going a little bit back, I think the thing that has drawn me to this work of wanting to improve health equity is travel. Because I grew up with a lot of privilege and I grew up in a certain environment and I think that my parents weren't trying to shelter me, but they were trying to keep me safe, and you know, that's coming from their perspective but when I had a chance to travel—whether that was a different part of the city that I grew up in or when I went away to undergrad or when I traveled later as an adult or in school—seeing difference and seeing different environments, different people, different languages, all of that just blew up and expanded my idea of what the world is and who makes up the world. And you see the beauty of that, but you also realize what a small slice of life you may have interacted with as a child.

Amber: Did any places stick out to you in particular when you traveled? Like any cities or countries or…

Jen: Well that's a whole other interview that we could go into.

Amber: [laughs]

Jen: I mean I think I've always been attracted to traveling to places where I feel like there's something about this place that's not gonna be the same much longer. I went to Cuba before there was as much openness about traveling to Cuba, I went there about a dozen years ago, and even though I've traveled in Southeast Asia and Eastern Europe, Central and South America, that country was the most different of any place I'd been. It was just a different type of communism than other types of communism that I'd seen before. The contrast between how people and the culture and people's opportunities have been limited there with their embrace and joy of life, I mean it's the most beautiful music, most friendly people, sexiest—I mean like, you know, we don't have to include all that—but like [laughs]...

Just seeing that contrast in how people's drive and people's energy and the contrast between the good parts of life and the bad parts of life. I think we really as the U.S. have to get over this idea that we're the best place in the world.

Amber: Right.

Jen: The first step is admitting the problem and we are not number one and we may have more economic resources for some, but that doesn't lead to happiness. There are so many parts of the world that economically have so much less but have so much more in other parts of what I think is most important in life. I think Cuba is just one example of that.

Amber: So, when you went to undergrad, did you study public health, or did you study any health studies in particular or community studies?

Jen: I went to a school that was very social justice oriented, so engagement and advocacy was definitely an orienting part of my time there and I was pre-med for a brief period until organic chemistry just brought me to my knees. [laughs]

Amber: That's happened to so many people, they're like, "Organic chemistry? All this? Nope, bye." [chuckles]

Jen: But that's where I first got involved in the environmental justice movement, which at the time, I don't think I realized was a part of public health, but of course is. The privilege of working in fields where everybody involved has so much passion and energy for that topic. There's a blurring between "this is a job" and "this is something you care about." I think, again, it's a privilege to have this choice, but some people have a job and some people pursue a career. And when you get to work on a topic and with a group or with a population in a type of position where you have the passion for it and other people have a passion for it, that's beautiful to bring those together. So that was my first time of actually doing community participatory research. I had a fellowship as a part of my undergrad where I worked with local community-based organizations on mapping businesses and entities—I went to school in Minnesota so this was in the Twin Cities—learning about the toxic release inventory and mapping pollutant sources and figuring out how to put this information together in a way that the community advocacy organization I was working with could use it or disseminate it. And again, the marrying of what you're learning to do in school, these critical thinking skills, these research skills, with working with people that are really passionate about the goal of improving life.

Amber: That's awesome. So, were you interested in environmental science first? You mentioned all these different places you worked in, you've worked in so many areas of public health. How did you move on from there into pursuing your masters?

Jen: Right, so after working in undergrad and working in environmental justice a little bit longer, I mean I think the reason I came to it partially was I started studying biology but then I have multiple interests, so by choosing an area of study like environmental studies, then you can take classes in economics and geography, psychology, that's all a part of it and I feel like public health is an umbrella like that. After working in that area for a while I was a VISTA- a Volunteer in Service to America—I love to say that with a kind of patriotism because I really believe in the program—on the West Coast and I worked specifically with the county health department, so I had a better understanding of what public health meant. The program I worked to help to develop was all about better integrating services for women and children in public health, so it meant working with different divisions within the health department, but also community organizations, schools, and elected officials. Again, a better introduction to: "What is the public health system?" You know, outside of health departments. And then, as I mentioned, I had those experiences as a young person of working in a lot of different areas in a lot of different topics with a lot of different people, seeing what I liked and what I didn't like. And at some point, I knew I really liked the field, but I felt like, ok, I've been more implementing other people's work, I wanna learn how to develop my own programs, so I was like ok, I'm gonna go back to school, learn the theory, learn the skills, come back to the street, put it into practice, and when I got to graduate school I was shocked. Now this was some years ago, so it's changed now, but I was shocked at the divide between how things were being discussed and what was being presented and what I was learning there at the university with what I felt like we were doing on the ground, or what I felt like we needed on the ground.

Amber: What did you think was the big difference?

Jen: That the theories and the coursework weren't taking into context the diversity of what it looks like to do things in the real world. [laughs] That's where I first met people doing participatory action research and community-based participatory research, doing more community academic partnership. And to me, I was like, "Wow!" I was getting very excited about academia and what research could do, what having the expertise from an academic institution could do, but here was a way, here was some people looking at how that's better when we're doing it in collaborations. So if we take the superpowers of rigorous scientific expertise, methodological expertise and combine it with passion and energy of community activists, lived experience, then we have the possibility of not only learning new things, but learning new things that are more likely to lead to change in people's lives. I remember when I was in grad school and the first time I saw, and this was just as the field was getting started, the definition of community-based participatory research and at least some definitions include the words "social justice." And I was like, "Wow, here's a definition of research that includes the words 'social justice.'" So I got really excited about that. I did my graduate thesis on a community-based participatory research project specifically looking at, and I still don't know why more research projects don't use this, but in addition to having a community advisory board, they had a policy advisory board, recognizing that some of the input or some of the change after the project would need to come on a community level and an individual or grassroots community organization level. But some of the changes would really have implications for policy. So this project was focused on immigrant and refugee communities and their experiences with domestic violence, so on their policy advisory board, they had representatives from the court system, the police department, the public housing authority, really recognizing the diversity of entities. And by engaging them, not only were they ensuring that they were collecting data, collecting information that would be usable for them if they were gonna be able to act on these findings, but because they were at the table and they saw this work as not, "This is something that the University of Washington is conducting or researchers are conducting," they saw this as, "This is our project." Then, they had more buy-in and ownership for moving forward with those findings afterwards. So that was where I got to have my first experience of seeing the power of this work and I was hooked.

Amber: I know, and I didn't get a chance to talk to you, but you were at the Chicago Gun Violence meeting the other day and they brought that up there, how powerful it is for those people to actually be involved and take ownership of what's going on, because you're right, there's not gonna be as much buy-in if they just feel like they're being used and they're just using their information.

Jen: It's been really exciting to see that concept, that approach, be embraced further. Little bit curvy road, I had a really big interest in policy, so I went and worked for a policy institute for a few years, but then was lucky enough to come back to working on community-engaged research. I worked for an organization, it's a national/international organization called Community-Campus Partnerships for Health (CCPH-https://www.ccphealth.org/), and they focus on these issues related to what is the role of community academic partnerships in the health arena leading to social justice, health equity. And that was really great because even though I hadn't actually done that much of this work yet, I was working with the people that were at the forefront of it across the country and getting to see things from a bird's eye perspective. Folks at the University of Michigan and the Detroit Urban Research Center, Barbara Israel and Meredith Minkler from California and Geni Eng from North Carolina and community activists like Ann-Gel Palermo and Ella Greene-Moton and other people that have set the stage for what this approach looks like, what the principles are, and what are the best practices for that. So that was a great way to get grounded and continue to be activated. Then after that, I was excited to see, ok, I've gotten to see it at this level, but I wanna get dirtier, I wanna see what this looks like on a local level. I moved back to the Midwest and worked briefly at the University of Illinois at Chicago with Cee Barnes-Boyd, who unfortunately passed away a couple of years ago, but is a real pioneer in this work also, especially here in Chicago. She founded the UIC's Office of Community Engagement and Neighborhood Partnerships (OCEAN). And then I had the opportunity to come over to Northwestern about ten years ago to start the Alliance for Research in Chicagoland Communities (ARCC), what would become ARCC. That was really exciting to think about, "Ok, if we had the opportunity to build something and develop something from the ground up in partnerships with community organizations what would that look like?" I think I have a little bit of a unique perspective on community engaged research because I'm not doing community-engaged research myself, as a faculty member or as a community partner, but I am directing a program that looks to support those people doing it: How can we support them? What do they need to best be able to engage in that work and have work that leads to social justice and health equity? So really thinking about it at a more structural level about what that looks like.

Amber: So, do you guys help support community organizations that are doing research, or do you have researchers here doing it? How does that work?

Jen: Yeah, so we're open to working with anyone at Northwestern University or any community faith-based public agency, individual organization in the Chicagoland area. And we also do work multi-institutionally with other academic institutions. So, anything that people are interested in, we have a few ways of providing that support. Stop me if I'm going into too much detail.

So, first is participatory governance. In the same way that we feel like all research is improved by engaging both academic and community collaborators, we think that if you're gonna have a program to support that work, that also needs to be done collaboratively. So, from the beginning, our community partners were clear that they didn't want us to have an 'advisory' committee. Because that would mean that we could take their advice or not. The partners wanted to have a decision-making body, so we established a steering committee from the beginning. Ours is made up of thirteen community and faith-based organizations from throughout Chicagoland, Chicago Department of Public Health, Chicago Public Schools, and ten faculty here at Northwestern who use a community-engaged approach to the research that they do.

So, they lead us. We're working in collaboration with them. Participatory governance is really key and in addition to engaging stakeholders in that Steering Committee, because it's a limited number, we're always looking for opportunities: How do we get more voices? How do we get input? How do we get guidance form broader groups? Sometimes we have town halls or conduct surveys or have other ways of listening, bringing people on in different mechanisms. We also do a lot of partnership brokering. So we may have a community organization contact us, like one of our first partnerships that we brokered was with Juana Ballesteros who was at the time executive director of the Greater Humboldt Park Community of Wellness.

Amber: I interviewed her just the other month.

Jen: Ok! She contacted us related to the elevated rates of pediatric asthma in Humboldt Park. So we reached out to a faculty member here at Northwestern and also in Pediatrics at Lurie Children's Hospital named Ruchi Gupta.

Amber: We interviewed her too.

Jen: Ok!

Amber: Not me, someone else did, but she's in our archive.

Jen: Alright, ok! [chuckles] And they did work together that has lead to a lot of interesting things within Chicago Public schools, contributed to the passing of state laws, etc..

Amber: That's really great to make those connections and see how all of these organizations and people can come together to try to fix this issue.

Jen: Right, and I mean Juana was already steeped in community-based participatory research, but I think this experience gave her a different perspective on it and for Ruchi, this was really one of her first experiences of doing community-based participatory research at this level. So I mean I'm not speaking out of turn to say this impacted the course of her career, how she saw the role, you know when you see that power hands-on. And all of the grants that we give, they can include collaborators from other universities, so Molly Martin who was at Rush at the time and is now at UIC, she was involved in that project and some of the work that she went on to do with community health workers, specifically drew on that work. So you can have lots of ripple effects. We gave that grant ten years ago and I'd say things are still happening related to that. Sometimes we also get contacted by academics that are looking for that. For example, Shyam Prabhakaran is a neurologist here at Northwestern who works on stroke and he was noticing a lot of disparities in stroke, specifically among Latino and African American communities on the south side. So we helped him to connect with community and faith and patient advocacy organizations that shared his interest in addressing that issue and they just finished a grant award from the Patient Centered Outcomes Research Institute (PCORI) together. We also do a lot of capacity building.

Amber: What do you mean by that?

Jen: So, sometimes that's very one-on-one, talking with people, but sometimes its workshops or training tools. For community organizations, I think sometimes I feel like now, because this is happening more in Chicago, more community-based organizations know about this, but this is our tenth anniversary year and when we started, a lot of organizations hadn't heard of CBPR and had negative experiences with research. But now organizations more and more are being contacted by faculty who want to work with them or at least recruit from their communities and there may not have been an understanding of,

"What questions do I ask to make sure that this research is going to be conducted in such a way that is respectful to my community or useful for my community to make change? How do I broker a role for our community, what does that look like? What are other organizations who have done that?" And for academics, it's changing a little bit, but most academics have not had any training in doing community engaged research. It's kind of considered a soft skill to collaborate, but it is a skill and it there's a set of concepts that would be helpful for academics whether they're faculty or staff or students that are doing this work to know about. Sometimes you're working with them about, "How do you approach a potential community partner? What should you have reflected on before you do that? Or as a community organization, how do you not only reactively be involved in research that people may approach you about, but how do you proactively think about your organizational research capacity or interest?" Sometimes I meet with community based organizations and we do an assessment into, "What is your organization's research status quo? Does your executive director, your board, your clients, your patients, do they value research? Do you use research in your own programmatic decision-making? If you participate in a research project and there are findings, do you have a process or a way where those findings will then be implemented in the decisions that you make?" I'll give a small plug- we have an online resource directory that was supported through a couple Chicago Community Trust grants called www.ARCCresources.net and so a lot of tools of the things I mentioned like template memorandum of understanding (MOU) questions to ask each other are on that website.

Amber: That's really cool.

Jen: And then the fourth area is fiscal support. So I mentioned we have seed grants. We've just announced the recipients of our eleventh round of seed grant funding.

Amber: I saw that on your website. Can you explain seed grants and what you mean by that?

Jen: Yeah! So a lot of our partners have told us, "What's the best way to learn about this? Community engagement is a messy thing that has to be learned by doing." You can't go to a workshop and really understand how to engage. You gotta do it. So by giving small grants, that gives some fiscal support, some structure, for community and academics that apply together as a partnership. That gives a small amount of money and a small amount of structure to try. We've mostly had two types of grants: partnership development grants that support things like coming together for meetings, buying food, breaking bread together, getting to know each other, figuring out if you have mutual interests, building trust, thinking about how you might be able to combine your areas of expertise, your areas of interest to do something, look at who's at the table, who needs to be at the table, and if you did do something together what would it look like, where would the funding come from? So just space to do that, build that partnership. Develop a steering committee or advisory board if that's what you need, get ready all steps before the research would actually start. And then the second larger grants that we've typically offered are research grants, small pilots. Again, the opportunity to test out working together. It might have been one thing when you were just doing a handshake, but now that you actually have to do the work, collect data, analyze data, maybe get findings back that people weren't expecting or complementary, how do you do all that? To do it on a small scale gives you an opportunity to see all the ways that it works well, that it doesn't work well, and it gives you some data so that when you go for applying for a larger grant, you'll be able to say that we've done this successfully, we have some data, now we're looking to build on it through an RO1 or a PCORI grant or whatever the case might be.

Amber: So I know part of your name is "Chicagoland," do you reach out to the suburbs? Do you do work out in the suburbs as well?

Jen: Yeah, we've supported projects all the way from North Chicago, on the north side, not north part of the city but the community. North Chicago, DuPage county on the west side, we have a steering committee member in Elgin, and then all the way to the southlands. We supported a group called Pastors 4 PCOR, Pastors 4 Patient Centered Outcomes Research, and they are a collection of a dozen churches in the southlands, so all the communities south and southwest of Chicago.

Amber: You brought up a good point when you mentioned community organizations and "do you value research or do you do research on your organization?" This past year for my master's program, we did an evaluation course and part of our course was we helped an organization do an evaluation, or we made an evaluation proposal, we did four different proposals. We actually got to go in and sit down with the people basically running the show and asked them questions like, "What kind of evaluation would you want? What are you looking to evaluate?" So we can try to come up with a couple options for them if they try to use it. And they were like, "Honestly, we haven't really had time to think about it. We would love for you guys to have a proposal for us, but we don't know if we even have enough staff and time to even go through with it." So yeah, I think that was really important because they're like, "We do all these great things, but we don't really know how to evaluate it. We don't know if we have the time or the knowledge to evaluate it."

Jen: Yeah, I think that's a really good point. One is—we can talk more about this—but when you think more broadly about how we support getting work done in the communities it starts to get up to more of a broader structural issue is: How are community organization or public agencies supported? Everybody wants evidence-based programming and outcomes measurement, but are they supported to do that? Usually, organization or agencies are supported to provide x-number widget services or give services to x-number of people, but the evaluation usually gets short shrift. Do they have internal capacities in terms of resources? How many organizations have a staff member focused on research, evaluation with the skills for it? But because funders are at least in some ways, I think this needs to be shift further, but at least in some ways, asking for more related to evaluation and because funding is so competitive I do think a lot of organizations are interested in learning more. And I don't know if this is the best metaphor, but sometimes evaluation is like the gateway drug to research because they can see the power in a very tangible, usable way, of data and gathering information in a structured way which is all that research is, but research can seem scary or they may have had negative experiences with research either as an individual or as an organization in the past. So, when evaluation can concretely contribute to what they are needing to know or do as an organization that can sometimes interest them in getting more deeply involved in that. But I think that gets actually to our last area that we focus on: How do we support community-engaged research partnerships more from a structural or institutional level? Most of the areas that I talked about are really providing resources and services to people who are doing that work now, doing it in the current world that we live in, the environment that we have. But, we recognize there are a lot of aspects about that environment that need to change or it would be easier to do this work if we had a more supportive environment for it. So our last piece is really focusing on that structural, institutional piece. How do we create, within academia, a culture of engagement where we're thinking about it at that level? And then outside of academia, how do we create a culture of taking action based on data and research? Obviously, data and research has to change for that to be there, but how can we start? So those are things that are gonna take decades and lifetimes to do, but we need to start on those at the same time, we can't only be in this space of providing more direct services. I love this other work, but that piece of it I'm excited about and passionate about because there's so much opportunity to change at so many levels.

Amber: Right… When I was reading online , I really liked that when I came across your principles for engagement

(http://www.feinberg.northwestern.edu/sites/cch/docs/CCHPrinciplesofEngagementFinal.pdf), this might be over the entire center, but it is: collaboration, respect, equity, transparency, and impact.

From interviewing many researchers, and you being number twenty four, there are certain topics that keep popping up. These principles around research and community-based participatory research, are all so important. It's amazing that ARCC specifically focuses on this. There are people who engage in research and keep these principles in the back of their mind and try to remind themselves to do this, but I love that this is you core and foundation.

Jen: That's a great point. You have individual faculty or individual community organizations or individual engaged research partnerships doing this work. But if they are not working inside of a system or environment that understands it or supports it, they are ahead of the game, but they're walking a hard road. There's obviously engagement and relationship-building that has to be done every time in every partnership that's specific to that work. But, you can create a more supportive environment that to support that. So for example, if inside academia we valued this work and really encouraged our faculty to do it, if we provided training within academic training, we had coursework on this, we had research assistant positions to support it, we had staff positions that were trained specifically on engagement that could support it. What kind of structures or policies and procedures can you set up that support this work across projects?

I feel really lucky that I think ARCC is an example of that institutional structure. There are some great examples at DePaul, Loyola, UIC, U of C, Rush. We've got good examples where institutions have started to see the value of having a coordinate institutional focus on supporting engagement instead of making each faculty member or each research team do that all on their own, but there's definitely more that we could do. If you think about what it takes to l do this and how we create this culture of where we not only expect it, but we support it. A colleague and friend of mine, Consuelo Wilkins at Meharry-Vanderbilt, she's been thinking about it at this level, too. Actually when I was at Community-Campus Partnerships for Health, we worked on a tool, it was an institutional self-assessment (https://ccph.memberclicks.net/assets/Documents/FocusAreas/self-assessment.pdf), that academic institutions could use to say, "Are supportive of this work?" And so it would be things like, "Do we have a mission or a vision for community engagement? Do we talk about that? Is it stated? Is it on our website?" Because that means something. "Is it valued in our promotion and tenure system? Do we have an award for it?" These myriad of ways that institutions could do it. So I think that more institutions are realizing in a kind of enlightened self-interest that not only is it the right thing to do, but it's good for them. I mean the reason why we have community-engaged research is recognizing we're not going to be able to address health equity unless we are engaging with partners that bring more information that we don't have inside of academia. But I think universities are still learning about, "Ok, if you believe you should be an engaged institution, what does that look like and what do you have to do?" And I think they don't necessarily realize how much it takes, how long it takes. I think there needs to be a real shift from thinking about 'how do communities have to change?' for universities to be able to look at themselves and say, "How do WE have to change? How do we create a culture where we don't just want to change people's perception of research, we need to change how research is done." Actually one of our academic leaders was basically saying something like that, "We need to change how communities think about research," and I said, "Well, maybe research needs to change how it thinks about communities."

Amber: And how we talk to them and engage with them.

Jen: Because if the change happens here, it's going to facilitate the change there. Again my colleague Consuelo said, "We need to move from, 'They don't trust us,' to asking ourselves, 'Are we trustworthy?'"

Again, that's a lot to put on an individual research team, and they will have to carry it out, but there's a level of thinking, a level of reflection, a level of investment in change or transformation that institutions have to do related to that that will support on engagement on both levels- the project level and the institutional level. We get that from community partners all the time, like they may have a good relationship with Ruchi (Gupta) and say, "I'm gonna do it because Ruchi asked me or Fernando (De Maio) asked me," but generally when they're thinking about research, when they're thinking about universities, they're not gonna distinguish between Northwestern, UIC, or Rush, they're just thinking research. Or if they have a bad experience with one researcher, doesn't matter where they are, that's gonna affect how they think about it too. It makes sense to address it at that level. I think some organizations are starting to realize we need to make shifts on those levels, but I think along the lines of changing how research is done and what kind of changes we can make in our institution, there's more steps that we can go even further. So for example, I said for ARCC, we're just one piece of a big university, we believe strongly in participatory governance because we believe having community voices at the table helps to make things better. The voices can't only be at our table having to do with community engagement, we want more voices at more tables throughout the institution, throughout decision-making bodies. If you think about it at this level, as Dr. Wilkins talks about, as transformational engagement, you think about, "What if real grassroots community members were on the university board of trustees?" Or, I was bringing this up to partners the other day, we work really closely with the health department and Healthy Chicago 2.0 (https://www.cityofchicago.org/city/en/depts/cdph/provdrs/healthychicago.html) which lays out priorities for the public health system in Chicago. So what if Northwestern or other academic institutions in Chicago said, "These are the priorities that have been identified by the community, we're going to make sure that if we don't have faculty doing work in this area, we're gonna put resources into developing research projects in this area where we're gonna hire faculty in these areas so we can make sure to be responsive to the local needs." What if community was driving, not just individual research projects, but the resources of a university? I think another piece, the reason that there is such a big divide, is our universities don't look like our communities. Our research teams don't look like the communities they're working with. So what if we changed that? What if our university president, our deans, our faculty, our staff, our students were more representative of diverse communities? Then we wouldn't have as much of this engagement barrier. But that's not just like, "Oh, we wish that were true." What specific structural policy steps could we as institutions take to make that happen or to require that? I remember when the state budget issue was happening and Chicago State was having a lot of problems and I think it was Northeastern Illinois that was having a lot of problems?

Amber: I remember Chicago State and I know there was another one.

Jen: We have close research collaborations with both of them, definitely the University of Chicago has very close relationships with Chicago State, we have multiple multi-institutional grants with Northeastern. For us, we're not gonna solve the budget crisis and supporting those institutions should be public goods. But what if Northwestern had said, "We see the value of the contributions that those predominantly minority-serving institutions provide. We're going to give them some money during this budget crisis."

Amber: Yeah, you think about all the things that we could do to help and we say we want to do these things and give back, but putting some more action behind it, some more momentum behind it.

Jen: Right, or what if we had community involved in developing curricula? So that we're ensuring that any public health practitioners or researchers coming out of our institutions are actually prepared to partner with the type of stakeholders that they will need to partner with in their work. What if community members were brought on as adjunct faculty members?

Amber: And just thinking about their lived experience, to hear about it, and have someone who's not just a researcher going in and seeing it and then giving you what I thought about it. We can learn so much from someone who actually lived there and lived in that space in that environment. Think about everything you could learn and what researchers could learn about that.

Jen: Right! And we have individual faculty members who are teaching courses who do that, but they're usually brought in kind of more of an ad hoc way, where it's like, "Oh, come give a lecture!" Maybe they get parking validated, maybe they get a small honoraria, but they don't get the recognition of the really core contribution they're making to the education of practitioners. And we could do that. So many of these steps, they seem like, "Oh, we have a professor that's doing that." But it's in spite of the institution rather than with the intentional support of the institution. I feel like, again, there's more possibility in this area. These are the places I see we can go.

Amber: What do you think are some barriers to improving community health in Chicago?

Jen: Yeah… This is one I'm sure you've heard before in these conversations, but we're such a segregated city. And I don't just mean segregated in that this community area is 89% African American and this is 60% Latino and this one's 88% White. I mean our institutions are segregated. When you're proximal, when you are in proximity to others, like I was talking about earlier with travel, your experience is different, you gain different things, you learn different things, you think about people differently. When I was involved in a project that started with the Chicago Community Trust on the Table initiative called *Sister Neighborhoods*. We had this idea that like Sister Cities we could be creating more relationships between areas of Chicago as like a sister neighborhood thing. Having more connections between stakeholders and academia, between health departments and the communities they serve, between individuals that have privilege and individuals that have less privilege, it's harder to not see the issues and to not be supportive of the type of political change that we need. I am optimistic because I'm an optimist person by nature and hope is the only way. Love is the only way. I've had great conversations with Kirsten Peachy, she's at Advocate, she's also the co-director of a partnership between Advocate and UIC called The Center for Faith and Community Health Transformation about how love is a public health issue.

Amber: Oh, I agree. [laughs]

Jen: And we kind of put different terms on it- social connectedness, social cohesion - but really we're talking about love. And what if we looked at health equity or policy or decision-making through that lens? So I've had this idea that instead of just having an environmental impact statement or a health impact statement, we should have a love impact statement, like how will this work or this project lead to more love? [chuckles] Or open the possibility for more love.

Amber: And it makes you stop and think about what you're doing and the decision that you're going to make on something, "Ok, if I wanna do x, y, and z, now think about, is this in a loving way? Am I doing this because I love this person or does it have complete good intentions?"

Jen: Right, on an individual level and we can do that on a policy level! Let's stop talking about "livable wages." Nobody should just get a wage that allows them to live, what about "thrivable wages?" If we

wanna create an environment in which people can have the most loving life, then we want people to be able to thrive and to be able to have space in their life and their heart for love. I am optimistic, but it troubles me, it makes me so angry that Chicago could be considered a world-class city when we have the school system and the problems in the school system that we have. When we have the segregation that we have, when we have the inequities in economic opportunities and development that we have. Yes, we can promo x,y,z things, but it should be that without these other things that impact our entire city and everyone that we're not considered "world-class." Part of the definition of a world-class city should be that there's equity.

Amber: When you bring up the CPS, I think about all those schools that are being closed and have been closed and then I can't stop and think about, "We know what's gonna happen to some of these kids. They're gonna have to either travel farther for school, or they're not gonna go to school." And we know what happens when you don't go to school, you obviously don't get an education, don't go to college, and then you start thinking about their health and how it's impacting their health. We think about that because we consider everything, some policy-makers don't. They don't really think beyond what their mission is sometimes or how to save money.

Jen: We have research, we have the knowledge that investments—upstream investments in public health, social services, education—we know these are the things that lead to a thrivable loving community's equity, people that are going to be a part of civic life, we know that these things are true, but we don't invest in them. There was an editorial in the New York Times not that long ago about, "We know it works, why aren't we investing in public health?" (https://www.nytimes.com/2018/05/28/upshot/it-saves-lives-it-can-save-money-so-why-arent-we-spending-more-on-public-health.html) I wish this were different, but the U.S. is not a communitarian society. That's not the lens which we make decisions or think about things. There are a lot of people that hold those values and that's what we have to gather together and do.

Amber: Ok, so let me wrap up and ask you one question. So, our last question here: Do you have any advice for students who may read this? Maybe people like me who are newly graduated going into public health work or have any interest in health equity. Did you have any career advice or professional advice?

Jen: Obviously I have my specific lens, so I think engagement is important, networking, you know. As students, you have such great opportunities to ask for informational interviews or to work on different topics- so do that as much as you can. When I moved to Chicago, I came here without a job and I probably did over fifty informational interviews.

Amber: Wow!

Jen: Because I wasn't even really looking for a job yet, I knew that if I was gonna do something in the engagement space I needed to know who's doing what and the lay of the land. But there is not one week that goes by more than twelve years later that I am not interacting with at least one of the people that I did those informational interviews with. So just getting to know people. And then you know, as you get to know people, you're a student, but then you become employed and then you move up in your position and they move up and all of a sudden you know people that are executive directors or commissioners or whatever the case might be, so networking. I think the other thing is consider working somewhere small- a rural area or a small town or a small organization. You're gonna get a lot of experience because in those situations, everyone has to jump in. If you're one person in a large city or a large organization, you probably have your task and there's somebody else who has a responsibility for

somethng else and there are more levels of hierarchy. So when you're working in a smaller place, you're gonna have the opportunity to see more, do more yourself, so I thought that was really valuable.

Of course travel, we already talked about that, but also think about where you want to be on the change spectrum. We need the whole spectrum to make change. There's not one right or wrong place to be. Some people are really comfortable in part of the change spectrum where they're helping individual people. At the end of the day, they have to feel like, "I put a cast on that child's arm and they're gonna be better." And some people are more comfortable being at a different place on the spectrum- working on policy or working on research where you're not going to see at the end of the day, at the end of the week, at the end of the year even, you may not see the impact of what you've done. But when the impact happens, it's likely to impact a lot of people. So again, there's no right or wrong place, but figure out where you wanna be and what activates you the most. The other piece related to that is, even though I said earlier that we're lucky or privileged that we get to be in jobs that are our passion or kind of blur what you would do even if you weren't paid for it, don't feel like you have to find a job that fits everything you want to do in your life. A job is one part of your life. I really believe in work-life balance and I think that every part of your life is made better when you have multiple parts of your life. So if there's something really passionate, or you work within the system as part of you job, you work in the government, but you find that you have things that you want to do that you're not allowed to because you're a government employee, you have your time outside of work.

Be an activist. Do things in your volunteer time or with your family, the way that you raise your children that are different from what you do at your job. You have this whole self, you don't have to squeeze it all in. Plus, these days, someone's not gonna likely have one job for their entire career, so that might be your next one. Learning about different parts of the spectrum, that change spectrum, will be helpful too. So those are my big ones.