

How do we support the network or the ecology of that family in ways that allow it to be mutually reinforcing, rather than to be in mortal conflict?

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Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY



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.

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Interviewed by Amber Miller

Biography: Dr. Kirk E. Harris is a Co-Founder and Co-Designer of Fathers, Families and Healthy Communities and currently serves as the CEO. Dr. Kirk E. Harris is a faculty member in the Graduate Department of Urban Planning, School of Architecture and Urban Planning at the University of Wisconsin at Milwaukee. Dr. Harris has been working on issues related to families and communities for over 20 years, as a legal services lawyer, a non-profit executive, a community development professional and neighborhood advocate, and as a national keynote speaker.

Kirk: So, I'm a guy who was raised in the sixties. I was 10 years old and experienced an urban unrest similar to the kind that was taking place in many of America's large urban centers at the time. I happened to be living in Newark, New Jersey at the time of these unrests. This was the height of the Civil Rights Movement. There were lots of challenges that the country was facing during the Civil Rights period. As a 10 year old, I was trying to assimilate and understand all that was happening around me. Reflecting back, I realize the unrest that I lived through as a ten year old became a significant part of my formative experience and coming of age. My experience with Newark's social unrest actually shaped the way I think about the world and the emerging challenges that exist in today's urban communities and the nation at large. In large measure that experience has significantly influenced the personal and professional trajectory that I'm on today.

I began like everybody does. You go to college and you try to find yourself. Part of the finding of myself was trying to understand some of the historical and contextual factors that play into the realities of what I know now is America. I explored American history, public policy and the politics of race and class in America. I did a lot of exploration attempting to understand the factors that construct disadvantage in urban communities and I ended up deciding that I wanted to go to law school as a function of that exploration.

Amber: Where did you attend Undergrad?

Kirk: I obtained my BA from Rutgers College. My undergraduate grades weren't good enough for me to go directly into law school. So, I decided that if I was gonna explore this broader set of policy issues that seemed to intrigue me that I needed to get a little bit more grounding in government and public policy. So, I did a master's in public administration and public policy, which opened up my world around governmental functioning and all of that. Then I did in fact go to law school. But what I found out after coming out of law school is that as a legal practitioner I am highly constrained in terms of the options and strategies that I could deploy as a legal advocate. In a real sense the law is set-up to maintain the status quo.

Law advances concepts like *precedent* which says you can't depart too far from what has already been decided, unless there's a "good rationale" for doing so - and I won't cite the plethora of court cases in America's past and more recent history that have reinforced racial, gender and economic inequality in

America. But what has already been decided often benefits those who have historically been in control of law and policy making. And so, we know that the court system is not one of the places to secure immediate remedies for long standing inequalities that we as citizens may experience. A lot of times what happens is the court system is pushed to make new law in response to national, community or social pressure that says you gotta change...what is happening just makes no sense.

When I was working as a legal service lawyer I recognized that the people that were coming in for assistance would come in with one problem, then a month or two later they would come in with another problem. Then somebody else would come in with a problem similar to theirs. Then that person would come in with another problem. I realized that what I was doing was deploying a band-aid approach to addressing problems. All I was doing was treating the issues after it happened. And most of the time, the reason these individuals were in that situation was because they were subject to racial and economic disadvantage that caused them not to be able to resolve the issues that were underlying their life difficulties.

So, early in my career I began to recognize that there had to be a better way to think about the work that I was going to take on as a career. My experience as a legal advocate was a good experience, albeit frustrating. I pondered that there had to be another path that I could pursue that would satisfy my desire to serve while also allowing me to address systemic inequities. I ended up pursuing a PhD in urban planning. The reason I did that is because urban planning is very interdisciplinary and allowed me to explore issues of community development, explore economic issues, and allowed me to think about public policy and how to impact systems that were reproducing racial and economic inequality. Through that lens I began to build an understanding of how government, community and public policy systems function. My legal training and experience definitely helped me think through things. I began to build my own theory of change around the work that I hope to do in the future. Upon completing my dissertation and leaving Cornell, I actually ended up in Chicago. I wouldn't say it was necessarily serendipity, but it was a function of my wife who had also completed her PhD at Cornell getting employed first and her job was located in Chicago.

I was not adverse to the Chicago area because it had all the things that I liked. It had universities and an active and rich history of community organizing and community development. It also had a set of issues that were the ones that concerned me and that I knew if I was going to learn about how to address these issues Chicago would be a good place to do that, right? So that led me to work for a short time at the Legal Assistance Foundation of Chicago. This is all going to lead to the reason why I'm doing the work that I'm doing presently.

The work that I was doing at the Legal Assistance Foundation in Chicago was really about employment discrimination and the role that it played in minimizing opportunities those primarily in the African American community. At the time that I was doing this work, there was a lot of national work going on in housing discrimination because fair housing was (and still is) a huge concern.

What we tried to do is innovate around mitigating employment discrimination on what one might call the demand side. If you don't have income, you can't afford the housing (even if it is available) or anything else for that matter. Right? Both sides of the equation had to be addressed, and as a function of doing that work I did a lot of connecting with community organizations throughout the Chicagoland area. One of the organizations that I came across was an organization called the Paternal Involvement Demonstration Project (PIP). This project was initiated at the inception of Welfare Reform and was active during the nineties under the Clinton Administration.

Under Welfare Reform we were moving from Aid to Families with Dependent Children (AFDC) to Temporary Assistance to Needy Families (TANF). I won't get into the complex dimensions of this change, but suffice it to say that many critics argued that this change in policy was probably the most draconian shift in our welfare reform system that we've ever had in our history as a nation. Largely because it didn't recognize that so many of the issues that people were experiencing were a function of economic inequality, in many instances driven by race, but confounded by the nature of the mal-distribution of resources and opportunities.

And as we can see now, one of the big issues that we have in our country is the fact that we have this large gap in those who are trying to make it every day, and those who are highly affluent. This gap actually has always concerned me and it still does. This gap has an ongoing marginalizing effect on economically and racially vulnerable communities. This gap was exacerbated by the welfare reform strategies. The confluence of the effects of growing economic inequality and welfare reform have had major impacts on low-income African American men. This is important. This gets us to the social determinants of health issue, because the way that low-income African American men interact with their communities, with their families and with the women in their communities in large measure, has a lot to do with the outcomes they themselves are experiencing. As a part of the education I received in my early years in Chicago I was introduced to the practices of family support and family strengthening, and how these practices intersect with the roles that parents and family members play in creating better outcomes for children.

As a function of my involvement in PIP, I began to better appreciate the difficulties low-income men faced in maneuvering through their day to day realities. Helping low-income men improve their self sufficiency skills was the goal of PIP, as well as getting the fathers that PIP served to meet their child support obligations. The added pressure that TANF placed on low-income fathers was increasing while the precarious economic circumstances of the fathers hadn't changed. In fact, in many instances the economic circumstances of those fathers was growing worse due to the limited availability of living wage work and employment more generally, as well as a result of the growing economic wealth gap.

Amber: Was there a particular side of the city that you were focusing on, or were you working throughout the city?

Kirk: The PIP program model was an interesting one, because what we tried to do is look at various social service agencies throughout the city. PIP's central office was housed at the Community Renewal

Society, but the resources were then distributed to various social service agencies throughout the city who had different models for addressing the needs of the low-income fathers. Part of the PIP experiment was to see which models would be most effective in facilitating better outcomes for the fathers. Well, what we found out as a function of that work is that the focus on financial responsibility, that is getting men economically linked to the labor market was something that didn't happen over the short run. It was a long term process. Often what we were looking for is to get folks employment, but if we really wanted to get them meaningful employment, living-wage employment, that was going to be a long term enterprise-that was a reality check? We also realized that we didn't spend much time thinking about the parental roles that these men had in the lives of their children.

Absent the ability to produce income, does that suggest that a low-income father has no parental roles or that the parental role shouldn't be activated? Our thinking began to emerge, and at that very time, I got kind of sucked in to the national fatherhood work. I got involved in a national initiative called the Fragile Families Initiative. A lot of people don't know about this initiative, but it was one of the largest demonstrations in the country that looked at the issues related to low-income African American, Latino men and vulnerable families. Even today, a lot of that research that emerged from that national demonstration - which ran for almost a decade, is still housed at Columbia and Princeton, and folks are still mining that data.

But the importance of all of this is that I ended up actually getting hooked into a national organization and began to work on public policy issues related to low-income fathers, and how various public policies have impact on this population. I worked on issues related to employment, child support - which was one of the big ones, and legal sanctions that emerged from the inability of low-income fathers to be self-sufficient. Many of the issues I worked on had major implication for low-income father and sought to also address the long standing practices and policies that undermined the effective parental roles of low-income African-American fathers.

I actively worked to mitigate practice and policies level issues that were often undermining the work we were trying to do with low-income fathers in terms of their engagement and financial responsibility. That led me to work on organizing some of the leading fatherhood organizations in the country, and we ultimately organized ourselves around practice and policy issues. I worked a bit with the Obama administration, and some of the administration's domestic policy staff around fatherhood issues. The problem working at the national level was that the work is diffuse, and you don't always see the results because the work is so diffused. And often it's also politicized. After working at the national level for a while and doing that White House work, I decided to actually come back home - so to speak. I came back to Chicago and looked around to see where any of that work that I had previously done with PIP existed. And I couldn't find any remnants of it. It just had kind of gone away. It was almost like that work never happened. And that's what actually caused myself and my colleague to start the organization called, Fathers, Families and Healthy Communities (FFHC), which is the organization that I am now leading as CEO. We essentially took those lessons after two decades of doing the work and tried to embed them into FFHC.

FFHC endeavors to function at three levels. These three levels constitute the three elements of our theory of change. At the first level, we work to create mutual peer groups amongst the fathers themselves, because often these men are very isolated. Low-income men who are fathers often don't have a chance to talk with one another about their parenting experiences and the other challenges and triumphs that they may have. So, an important piece of the work is building a community amongst the fathers. But in so doing, we also create opportunities for referrals to services based on what the men say they need. Often when you're approaching men, you don't say, "How can we help you? What do you need?" That's not how it works. Support for these men has to emerge out of an organic engagement of trust and mutual respect.

There are a lot of guys who will say we don't need anything, or say what they need is a job. But really there is a hell of a lot of other stuff that's going on that needs to be addressed. What the peer group allows us to do is explore the scope of needs the fathers may have in a non-clinical way through a group-oriented approach that is more conversational.

We also look at the practices of organizations that are serving moms and kids, because what we've learned after two decades in this work is that part of the reason why the work around fatherhood isn't embedded and scaled is because the organizations that are primarily funded to support families - which has historically meant serving women and children - have not embraced the role of men in their service delivery framework. This disjuncture has major consequences and constraints positive outcomes for women and children and potentially frustrates outcomes which the organizations are seeking to produce for women and children. We recognized that one of the ways that we're going to bring scale and sustainability to the work, is to ensure that those organizations change their practices and have a much more father involved father engaged approach. A lot of times, that doesn't cost anything except inviting the father in. That invitation can have major positive effects and emerging research supports this approach. Of course, we recognize there are circumstances where inviting the father in may not be a good idea, but in those circumstances where there are no barriers, no issues with safety with the mother or child, there is no reason why the father shouldn't be invited in to support the mother and the child, which will reinforce the outcomes associated with the services delivered to mother and child. Again, research supports these claims.

The other level on which we work is the level of public policy. We look at issues that are having negative impacts on fathers and their families. For example, one of the things that we have done through legislation, is to ensure that more of the child support that father's paying into the system actually get to their families. People don't know this, but all that fathers may pay into the child support system doesn't actually get to the family. A small portion of what fathers pay into the system goes directly to the family, a larger portions goes to reimburse the state for the governmental assistance that it provides to the mother and child, presumably as a loan to the father who should be providing that support pursuant to existing policy. The reality is that many of the fathers are as economically marginalized as the mothers receiving support. The expectation that these fathers are going to be able to meet 100% of their child support order, which in too many instances is set too high based on the father's economic circumstance, is an unrealistic expectation in the first place. To add insult to injury all that the father pays into the

child support system doesn't get to the family. Fathers know this is happening and the family knows it doesn't go to them. So *why should they be paying into the child support system?* We think that we must have common sense public policies around issues like this. So what we did is created a bill SB-2340 which allowed more of the money that the father paid into the child support system to go directly to the family as opposed to the state. Of course, this is only a down payment (pun intended) for all the other work that needs to get done related to child support and other issues. But at least we are moving in the right direction.

My work with Fathers, Families, and Healthy Communities actually put me in contact with the Department of Public Health here in Illinois. Dr Brenda Jones was the Director of the Division for Women's Health and Family Services at the time I was commissioned to do a pilot study for the Department of Public Health.

Amber: Ironically, that's where I did my practicum site, I worked under Andrea Palmer and the Collaborative Innovation Improvement Network (COIN) on a project around infant mortality.

Kirk: When Dr. Jones was there, she was very concerned about infant mortality. As you may know, Illinois ranks amongst the states with one of the highest levels of infant mortality. And one of the things that I didn't know before I even got more deeply into it, is that the rate of infant mortality amongst Black women, irrespective of their economic status, was higher than white women of lower economic status. So one must ask the question, "What the hell is going on there?" Right? And so, Dr. Jones came to me and said, "Hey, we heard you looked at some of this research and saw that this research is saying the father involvement and father engagement can be a mitigating factor on infant mortality." I said, "Yes, that's true." And she said, "We would like to think about that in the context of the work that we're doing here in the Division. What do you think about that? What do you think we should do?" I said, "Well, what do you know about father engagement practices statewide at this point?" Then she looked at me with a blank stare.

That's what precipitated the pilot study that I did that looked at statewide father engagement and involvement practices. I'm surprised Mrs. Palmer didn't show you my study. The idea behind this was, "Let's see if we get a snapshot of what practices look like statewide. If we can get a better understanding of existing practices we can then see what if any practices father engagement and involvement practices are being deployed and figure out what we can do to support father involvement and engagement practices, advance those practices, and create a better environment for their deployment.

Amber: I'd be very interested in looking at that. My graduate thesis was looking at a lack of child care as a potential risk factor. So comparing that to your study with fathers, a reason why women can't find child care could be because they don't have a partner, or the father is not in the picture.

Kirk: Exactly. If you think about this in terms of the health outcomes, one of the bigger issues around health outcomes is stress. Stress on the mom, stress on the fetus, the stress on the child, and the failure to recognize the holistic opportunities for intervening whether people are married or unmarried. We must figure out *how do we support the network or the ecology of that family in ways that allow it to be mutually reinforcing, rather than to be in mortal conflict?* We're going to create better outcomes, we're going to create lower stress, and we're going to create better outcomes for mothers and children. That is why I think public health is such a beautiful place in which to talk about these questions of fatherhood. The social determinants of health are the very things that are having impact on the fathers, as well as mothers. To the extent that we can understand the points of integration and where fathers can play a role in supporting outcomes for moms and kids, we will produce better outcomes for moms and kids.

Again, public health is a strategic point of entry because one of the things that public health is not afraid to contemplate is the complex ecology that controls the outcomes that we ultimately want to achieve. Often we want to look at one thing and say this is the one thing that we're gonna try to get this outcome, right? That's how we conceive a lot of programs. They work on one or two things and say they are going to change the world. The reality is that we have to look at the whole ecology. It's a complex engagement, and the problems we are facing are multi-faceted. We have to be multidimensional in our approach, so for me the social determinants of health are the multidimensional issues that allow us to take on a layered approach that also embraces systems thinking and public policy.

Public health framing for the work around fatherhood is so important and it's also a way to mitigate what I would argue to be a kind of nascent competition between moms and dads that lives within vulnerable communities. Public policy and the welfare system that primarily target mothers and children have actually created tension between low-income mothers and fathers. Moms have to report fathers to the child support system even if fathers are doing the right thing to the best of their ability in supporting their child. That pulls low-income parents into a system that they may not be able to navigate. That creates tension and is destructive to the family dynamic. The systems discourages low-income moms and dads from work cooperatively with one another. Low-income mothers and fathers are often bombarded by various state system pressures that often malform their co-parenting relationship.

Amber: I hear there are big punishments in our state for not paying child support.

Kirk: Oh, huge. Huge, huge, huge. You can be put in jail. So, these are tensions, right? I would argue that we must closely consider how how to more effectively support low-income fathers so that we improve their capacity to fully activate their nurturing and financial responsibilities as a parent. The public health arena offers a beautiful way to talk about father capacity building and the promotion of healthy fathers. Healthy fathers are physically health, emotionally healthy, and mentally healthy. We have to transform the narrative. People must appreciate that low-income mothers and father experience similar difficulties emerging from their low-income status. That said, low-income fathers are typically viewed far

less favorably than are low-income moms and social service systems are not constructed to embrace low-income fathers. The prevailing sentiment is that we need to *get those damn no good fathers to pay their child support*. It's much more complex than that. How I got into the work of connecting fatherhood and public health is through understanding health disparities and the social determinants of public health. My growing appreciation of the systems that are acting on vulnerable communities challenges me to appreciate that if I am going to be an effective advocate I must take a systems approach. I think that epidemiological and ecological thinking is essential to advancing the work of family strengthening and father engagement.

Amber: What have you seen are some of the biggest barriers to improving the parent interaction or just improving community health in Chicago?

Kirk: I think one is that of effective co-parenting. Let me respond to the issue of co-parenting. I think that there has to be a recognition, particularly for vulnerable communities and low-income fathers and mothers that the prime objective should be to reinforce and strengthening their relationships. Even if they're not married. Even if they're not romantically involved, figuring out how to create a level of partnership and cooperation that allows them to work with one another effectively to support outcomes for their children and to support outcomes for one another is crucial. For example, I'm doing some work at the state level with the Child Support Advisory Committee and we're working in one of those areas that is very tough on fathers. Due to their financial instability and inability to meet their child support orders, low-income fathers often accumulate enormous amounts of child support debt, what is called, *child support arrearage*.

By the way, there is a nine percent rate of interest on that debt that compounds. In some cases the interest charged is more than the original debt the father owed. That notwithstanding, this debt is huge and it weighs on low-income fathers. It destroys their credit, makes them an unattractive employee, result in the loss of their driver's license or professional license, and the ultimate penalty for not addressing child support arrearage debt can be incarceration. So all of these things muddy the relational dynamics between moms and fathers. I argued that one way to think about this is in terms of producing better outcomes at the community level. By creating more harmonious familial engagement we create a framework for more harmonious communities. I can tell you as a lawyer that part of the problem with our family court system where a great many low-income fathers and mothers show up, is that it's built on an adversarial approach. This system is destructive to harmonious family relationships.

Amber: What do you mean by an "adversarial system"?

Kirk: What I mean is the system is premised on the idea of *winner takes all*. So in other words, you go into the court, you want custody. It could be that the mother gets 100 percent custody, father gets nothing. It could be that the father ends up paying a much higher level of child support, then he's actually able to pay. Often low-income fathers go into court unrepresented. Whereas the mom gets represented by the state. Remember, the state is collecting that money to reimburse itself, so you typically have a really lopsided outcomes in these kinds of circumstances. Generally speaking, even if the

father's doing the right thing and honoring their responsibility to pay child support, that doesn't mean that they will have an opportunity to get visitation or custody, because custody and visitation is handled as a completely separate matter from that of child support. So a father could be diligently meeting their child support obligation and have no opportunity or right to visitation or custody of their kids.

So these are the complexities that we have to resolve. I'm arguing that we have to revolutionize these systems so they recognize that their prime objective should be creating harmonious, familiar relationships. Why? Because when you create harmonious relationships and expect that to be the case, then the system supports that. The mom recognizes that, okay, this is really about us maximizing the way we work to produce outcomes for the child, the father realizes that they get support for being cooperative. The child ends up a hell of a lot better off than when the mom and the dad are fighting each other all the time as a function of priorities and pressures established by the system itself as opposed to priorities being set by the low-income parents. For sure you're going to get those situations where moms and dads just don't like each other....that's going to happen. But when the system adds on top of that pressures that exacerbate their relationship that's a problem.

So, one of the things that I think we need to do to produce better physical, emotional and mental well-being for low-income families is to create systems that supports harmonious domestic engagement as a prime objective. I would argue that is how we produce better health outcomes for low-income families and their communities. From a community vantage point, we must acknowledge that there are systems beyond the family system that are acting on vulnerable communities. We know Chicago's one of the most segregated places in the country, and with segregation comes economic isolation, a lack of opportunity, lack of decent affordable housing, lack of connection to employment. The list goes on. When individuals are in that set of circumstances health outcomes are going to be bad. You don't even have a grocery store to go to get fresh fruit, assuming you can afford to in fact go to the store.

When we think about this in public health terms we see the various elements that come together to potentially subordinate individuals in terms of their health outcomes. So we're not only thinking about whether children are getting vaccines, we should also be thinking about whether children *are living in a racially segregated community? Are children living near environmental hazards?* What we find for example is that there are a disproportionate amount of environmental challenges that exist in low-income communities. So these highly segregated communities are not only challenged by the economic circumstances they find themselves in, they're also challenged by environmental circumstances which are put upon them as a function of being vulnerable, low-income, and racially segregated.

So again, taking on a comprehensive public health perspective and saying, "Okay, what do we know?" We know a great deal about what's impacting low-income communities of color. There's so much research. It's not like we need any more damn research to tell us what's impacting these communities. We need to do something or have someone tell us why we don't have the political will to make the change, We need to know why influential public and private stakeholders don't prioritize efforts to mitigate racial inequalities. There must be a recognition that America's long history of racially discriminatory policies and practice have created this problem? Recognizing that history and

understanding that history is fundamental, but a great many people don't want to face that history. I teach a class called, Race, Class and the Just City. I began that class with a recounting of America's slavery history. If you don't understand slavery as an institution force, then you won't understand how we got here today. I argue that as painful and uncomfortable our history is, that history needs to be explored and exposed in order to propell America forward. Slavery itself is the wound and America's racially motivated institutional policies and practices have never let the wound heal. The legacy of that are the public policies that created segregation and intentional discrimination that existed in the south in the form of de jure discrimination far into the 1960's. It was only 60 years ago. That wasn't that long ago. We believed things have changed. We had a black president and that's all good, but he was presiding over a set of system that essentially haven't changed very much. One of the things that I would also argue is that we've got to stand firm for the promise of democracy in America. America is a work in progress and the struggle for racial, economic and gender justice is an everyday struggle. I tell my students that "democracy is not a spectator sport. You've got to be in it to win it."

There must be a recognition of the paradoxical nature of America. American democracy is aspirational. We now have to actualize that daily struggle and understanding that daily struggle in a very complex way allows us to also appreciate how our struggle has impacts on health comes, educational outcomes, economic outcomes and etc. The fact that we still live in a nation that is pretty highly segregated suggests our struggle is real and ongoing.

Amber: Do you think that we're on the right track to improving community health outcomes and health equity in Chicago? Are you optimistic pessimistic about the future?

Kirk: I'm always optimistic. I'm always optimistic because we have young folks like you who are asking the right questions and collecting information in order to advanced the discourse and the struggle, that's promising. After they put me in a hole and throw dirt on me, you'll still be out there promoting the cause. You have another 40 years to be talking about this or to be working on this. So I'm very optimistic. I do think that we've gained some ground relative to building an action based practice that is supported by a social determinants of health framework. How we bring those social determinant of health in the crucible of solution building will be the critical phase of the work. Again, the social determinants of health framing allows us to enter into a health related portal that somehow is a little bit more comfortable for people to talk about than racism, even though that's what's behind the disparities that the social determinants of health seek to speak to. So I'm encouraged because I think the discourse is being advanced.

Innovative initiatives that I am involved in also give me hope. My organization is helping to lead an initiative called the *Power of Fathers*. The Power of Fathers is a collaboration between Metropolitan Family Service, Children's Home and Aid, Family Focus and Fathers, Families and Healthy Communities. The three levels of the work that I indicated that Fathers, Families and Healthy Communities is promoting is an approach that we have lent to the Power of Fathers collaboration. Fathers, Families and Healthy Communities is helping to advance our model in the context of the Power of Fathers collaborative. As a result of that, the City of Chicago's Department of Public Health has asked us to join

their Health Equity 2.0. We have share the comprehensive nature of our work with the the department of public health.

So, I am encouraged. That said, we have to figure out where the points of leverage are so that those who are doing the work aren't completely frustrated and worn out by the failure of systems to change. So, being encouraged and optimistic is one thing, but figuring out where the points of pressure are to get systems to be more responsive and to more fairly distributed resources is the prime objective if we are to improve social, emotional, mental and physical health outcomes in vulnerable communities of color.

Amber: So would you have any advice for students like me who are going on in starting their career in health equity or health disparities?

Kirk: I would you say you should study your history and public policy making. Study American's history related to racial, economic and gender inequality. Insights gained there will allow you to more easily make the connections between the health disparities that we are seeing and their relationship to American public policy making that has been replete with policies that exacerbate racial, gender and economic inequality. Also, such a study would position individuals better to construct strategies and approaches that build toward comprehensive solutions. So that would be one thing that I would suggest. The next thing I would say is to focus on building up a coalition of individuals and organizations who are fully committed as political and social equity advocacy block. Often what happens is that we're working on these very complex issues in our silos as individuals or even as organizations, but we're not organizing ourselves to be the pressure. We need to leverage a collective pressure so that we know that we're not alone, and can be confident that when we call the question on something we know we are going to be backed up by a network of individuals and organizations who are also going to pounce on the issue. It is this kind of pressure and support that creates the change. You can't feel like you're out there alone. It's exhausting. It can be frustrating and you need some place for respite and comfort knowing that somebody has your back and that you're not out there just pushing the boulder up the hill by yourself. So organize. I say organize yourselves and make sure you have a collection of voices on these issues and can put those collective voices to work.

Finally, I am convinced that we need more young folks in the struggle. I think we need more women, and we need more people of color in those spaces of struggle. But not to just represent women or people of color, we must have those in place that have a complex set of understandings about what it takes to make change. It's not just about the face in the space, it's about solution building and strategic action that is necessary to force resources to flow and opportunities to be created. Optimism is reinforced by the collective will and voices that are organized around it.