

# HEALTHVIEWS

FALL 2021 VOLUME 19

## UIC PARTNERSHIPS FOR ANTI-RACIST CAMPUS TRANSFORMATION



### **INSIDE THIS ISSUE**

Leading Efforts  
to Vaccinate  
Vulnerable  
Populations

Fueling Campus  
Safety Through  
Contact Tracing

Research  
Examines Policing  
Through Injury Data



UNIVERSITY OF  
**ILLINOIS CHICAGO**

School of Public Health



The University of Illinois Chicago has set a record for the largest enrollment in its history for the 7th consecutive year and the School of Public Health showed the largest enrollment gains on campus this year. This fall, 988 undergraduate and graduate students enrolled at UIC SPH, an increase of 131 students or 15.2% from last year.

# HEALTHVIEWS

## IN THIS ISSUE

- 1 Dean's Desk
- 2 Pulse of Public Health
- 3 SPHere: Celebrating Achievements
- 5 Neighborhood Commitment
- 8 Research
- 17 National Scope/Global Impact
- 20 Community Partnerships
- 24 Advancing Health
- 28 Class Acts

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Please send questions or comments to [SPHAdvancement@uic.edu](mailto:SPHAdvancement@uic.edu).

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The past two years have been a challenge for everyone, as we faced the most deadly pandemic in more than a century. Those of us in the field of public health have worked so hard to confront the reality of this crisis, which has not only taken the lives of millions of people worldwide, but has had devastating impacts on physical and mental well-being. While we are seeing millions get vaccinated, virus variants continue to threaten the public's safety. Here at the UIC School of Public Health, we are still very much involved in research and community engagement around the pandemic, learning as much as we can about vaccine hesitancy, health disparities and a path forward.



Wayne H. Giles

In this issue of *Healthviews*, our goal is to provide you with a sampling of the incredible work of the UIC SPH community. The cover story displays the ingenuity, flexibility and determination of UIC's faculty, staff and students who are leading the UIC Partnerships for Anti-Racist Campus Transformation (PACT). UIC PACT is working to combat COVID-19 in our communities, aligning with and supporting community partnerships and igniting a renewed commitment to racial equity within the university.

I am thrilled to announce that UIC SPH is now home to the Chicago Health Atlas, a free community health data resource that anyone can use to easily search, analyze and download neighborhood-level health data. Policies that impact public health are only as good as data that informs them, and the Chicago Health Atlas is among our greatest assets in Chicago for understanding the needs of our communities. To learn more about this, please see the Community Partnerships section.

I hope you'll take a moment to check out the Advancing Health section to learn about how private philanthropy is driving innovation and discovery at UIC. A new grant from the MacArthur Foundation is helping us extend our work building public health capacity at the neighborhood level in Chicago, in the wake of health inequities exacerbated by the COVID-19 pandemic. Also, learn about an alum whose career as a statistician has inspired a new scholarship fund.

Lastly, you'll find updates on the accomplishments of alumni, faculty, students and staff in the Class Acts section. Announcements about our new Delta Omega inductees, faculty retirements and information about the new UIC Connected networking platform are also included.

While we hoped we might be on the other side of the pandemic by now, we know that public health professionals continue to be called upon to lead our country through these challenging times. We remain committed to working with you to see progress in 2022 and beyond.

In good health,

Wayne H. Giles, MD, MS  
Dean

The global pandemic has had a profound impact on our lives.

**How do you think we will be better prepared the next time we face a crisis like this?**

Members of the UIC SPH community weigh in...

Anticipating the next public health crisis includes community-level preparations. Local public health departments need to be fully staffed and trained along with a cadre of community volunteers such as the Medical Reserve Corp consisting of licensed health care professionals that can step in to help in emergencies.

**WILLIAM N. WERNER, MD, (MPH '96)**  
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The coronavirus really brought to the forefront how woefully unprepared our country was in dealing with the broad range of threats caused by the pandemic. Our public health institutions did not have adequate resources to run a pandemic response. We need to build toward a future where investments are being made in public health to mount an effective and sustained response to battle the next pandemic.

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Leading public health institutions have a responsibility to think about and strategically plan for the transitions that come during a global pandemic, just as much as any future mechanisms that will be employed to prevent future global pandemics. For example, a major shift to nearly everything virtual (e.g., work, learning) during this recent pandemic significantly impacted the physical health of many people via staring at screens for elongated periods of time. Proper ergonomics is key during this type of transition and this is a preventative measure that UIC SPH must be a leader within during any similar, future crisis.

**HANNAH BONECUTTER, (MPH '21)**  
**EDUCATOR, FILMMAKER, ADMINISTRATOR**



If we want to be better prepared the next time a global pandemic hits, we have to make critical investments into our public health and social care infrastructures at the national, regional and local levels. What made the COVID-19 pandemic so devastating was the lack of national coordination, the failure to distribute resources to the need and the pre-existing social fault lines - structural racism, poverty, occupational and community exposures - that disproportionately placed people and communities of color in harm's way. If we make the correct national investments into community wealth and health building now, particularly but not exclusively in communities of color, we will be better prepared for the next global pandemic.

**DAVID A. ANSELL, MD, (MPH '91)**  
**SENIOR VICE PRESIDENT FOR COMMUNITY HEALTH EQUITY, RUSH UNIVERSITY MEDICAL CENTER**  
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Being better prepared for the next public health crisis means improving workplace preparedness. We need to recognize that keeping up with the rapidly evolving science and information resources means applying our existing health and safety approaches and practices more quickly and creatively. COVID-19 raised awareness about how infectious diseases are spread from co-workers, unlike typical workplace health hazards, so applying control measures to reduce or eliminate exposures at their source means using what we know differently. We need to build on what we've learned, which will require different disciplines to communicate and coordinate better.

**BARB EPSTIEN (MPH '78), CIH, AIIA FELLOW (FAIHA)**  
**INDUSTRIAL HYGIENIST, ASSOCIATED GENERAL CONTRACTORS OREGON-COLUMBIA CHAPTER**



We are not able to predict how soon the next pandemic will occur, but UIC SPH responses should be robust and include special efforts (not sporadic) in reaching minority and racial entities for professional credentialing and the inclusion of the tenets of public health in the fifth through 12th grade curriculum; the development of public health vulnerability index to include the impact of conspiracy theories, and address discriminatory practices; and public health messaging with particular focus on hard to reach populations.

**SHAFFDEEN A. AMUWO, PHD, (MPH '76)**  
**PROFESSOR EMERITUS**



## New project examines policing, public health through injury data

The deaths of George Floyd and Breonna Taylor in encounters with police galvanized the nation's conscience in 2020. But for every high-profile case, there are many more civilian injuries and fatalities that fail to generate media attention.

To best characterize the health impacts of law enforcement interventions, SPH researchers are studying interactions between civilians and law enforcement agents. This is an effort to collect and analyze data on injuries sustained by both parties and provide policymakers with a reliable source of information for decision making.

"We know that injuries resulting from interactions between law enforcement personnel and citizens happen and that they can be deadly, but currently, there is no consistent, unbiased, reliable source of information on the prevalence of injuries, the people who are injured, or characterizations of those injuries," said Lee Friedman, PhD, associate professor of environmental and occupational health sciences. "This lack of information is a problem, especially in a politically polarized society."



Lee Friedman

That's why Friedman and Alfreda Holloway-Beth (PhD '14, MS '07), research assistant professor of environmental and occupational health sciences, launched the Law Enforcement Epidemiology Project. They want to build a comprehensive surveillance system to better characterize the magnitude of civilian and law enforcement injuries that occur each year in the U.S. and to guide policy reform that addresses police use of force tactics and strategies to build community trust in the police.

In the third report from the project, Friedman and Holloway-Beth call attention to this problem.



George Floyd memorial

"Incidents of law-enforcement-related injury are frequently dismissed, in part, because they are anecdotal," Holloway-Beth said. "The lack of comprehensive surveillance data permits a narrative to persist that the problem does not exist, is exaggerated, or simply being used as a political tool by 'anti-police' constituents. Before we can define policy on reporting requirements, accountability and training, we need to define the problem. This can only be done through a comprehensive surveillance program."

The report, published in January, summarizes civilian injuries treated in Illinois hospitals between January 2016 and September 2020. Key insights from the report include:

- Civilian injuries impact citizens of all races and in all geographic areas in Illinois, but prevalence of fatal and non-fatal injuries is highest and most significant among Black civilians. Rates among Black individuals are 5-12 times higher compared with white non-Hispanic individuals, depending on region of residence.
- Civilian injuries are most likely among males age 15 to 44, individuals living outside of Chicago and Cook County, individuals with low incomes, and individuals with mental health challenges like addiction or neurological and psychiatric conditions.
- For every death there were approximately 60-80 non-fatal injuries that required treatment in a hospital, with 13% of the civilians

having suffered traumatic brain injuries, which have potential long-term severe outcomes.

- The injuries suffered by civilians were consistent with known control tactics used by law enforcement that target the head and upper extremities, with the most common serious injuries being fractures and open wounds.

Their previous report, from 2017 described a framework for a comprehensive surveillance system based on existing public health data sources that can be implemented immediately to augment police reports and Bureau of Justice Statistics data. Additional reports from the project are planned annually and will likely look at topics such as injury reports among corrections officers, cost to taxpayers and continued reporting on surveillance data. ●

### SNAPSHOT:

the last 20 years of law enforcement activities in the United States.

1,500,000

Civilians have been injured during contact with law enforcement.

8,678

At least 8,678 civilians have been killed by law enforcement officers.

300,000

Law enforcement officers have been injured after experiencing an assault on the job.

## SPH welcomes inaugural MHA executive in residence

The School of Public Health welcomed Karen C. Teitelbaum, president and CEO of Sinai Health System, as the inaugural Executive in Residence with its Master of Healthcare Administration (MHA) program in the division of health policy and administration. The MHA program, which began in 2005, was developed with an educational philosophy that students need to learn not only healthcare management theories and concepts but to develop the skill set to apply them in a real-world healthcare environment.

“Healthcare practitioners have played an integral role within the program and have been instrumental in this approach by serving as faculty instructors and preceptors in the program’s 12-month preceptorship program,” said Larry Wrobel, PhD, the director of the MHA program. “The new Executive in Residence position is an extension of this concept where a seasoned healthcare executive can mentor students, provide career advancement advice and represent the MHA program to other healthcare organizations in the Chicago market to create an awareness of how the UIC program can lead to a fulfilling career as a leader in the healthcare industry,” he said.

The Executive in Residence is a senior healthcare leader with a distinguished career of leading transformational change in the healthcare industry. They are uniquely positioned within the healthcare administration program to foster professional relationships with key external stakeholders, serve as a practitioner resource to faculty in their healthcare research efforts, and contribute to students’ career development. This role is also designed to ensure that the MHA course curriculum addresses relevant trends and issues



Karen C. Teitelbaum

and prepares students to enter the healthcare industry as future leaders.

“I’ve been privileged to serve as a preceptor at Sinai Chicago for UIC MHA student interns, and I am consistently impressed by the caliber of the students coming out of the UIC MHA program,” Teitelbaum said. “We have hired a number of them as interns, and they are superstars.”

An experienced executive, Teitelbaum has spent her career in leadership positions with some of the most industry-challenged healthcare delivery organizations. Experienced in business development, strategy, turnaround, and advocacy, she is a nationally recognized leader focused on ensuring corporate viability and growth in the health services arena.

Teitelbaum is an influential participant in state and national legislative policy-making agendas. She has formed strategic relationships with non-

healthcare partners, including a major academic institution and a real estate development firm, in order to train the next generation of professionals and create assets in urban areas. She serves on civic, state and national boards, including serving as the Board Chair for the Illinois Health and Hospital Association and the Chicago-Cook County Innovation Workforce development board as a mayoral appointee.

“What I find most exciting about UIC’s MHA program is its innovative thinking and vision, a real focus around what we in the healthcare industry need to be imparting to students in order to have the next generation of excellence in healthcare administration and health delivery,” Teitelbaum said. “This program is a pace setter for ensuring our future healthcare professionals are exquisitely prepared for the challenges and opportunities of our field.” ●

## Grant project examines health effects of hypersurveillance

In early 2017, the U.S. Department of Justice concluded a yearlong civil rights investigation of the Chicago Police Department. Its findings included the conclusion that officers were more likely to use unreasonable force against Chicago’s Black and Latino residents. Although the Trump administration declined to pursue a recommended consent decree mandating broad police reforms, Illinois Attorney General Lisa Madigan and the City of Chicago negotiated an agreement for reform that went into effect on January 31, 2019.



Sage Kim

With funding from the Robert Wood Johnson Foundation Interdisciplinary Research Leaders Program, new research from Sage Kim, PhD, associate professor

of health policy and administration, will gauge progress of the consent decree by examining how hyper-surveillance, known as predictive policing, of minority communities affects everyday life among justice-involved families and chart the health consequences of living in highly policed neighborhoods.

“The key idea we are putting forward is that due to constant surveillance

and police encounters, arrests and incarcerations, large proportions of working-age people are constantly moving in and out of community and jail,” Kim said. “This, what’s called “coercive mobility,” affects not only individuals but damages community stability and has economic and social effects.”

Through content analysis and ethnographic case study, this research will explore how individuals living in highly policed neighborhoods may change or adapt their social interactions with family and friends due to constant and ambient surveillance



and the threat of incarceration. From a health and well-being perspective, the study will identify how ambient surveillance contributes to stress, trauma and post-traumatic stress disorder, with effects on mental and physical health.

Kim notes previous studies have documented that minority men with a history of contact with the criminal justice system tend to avoid encounters with formal institutions due to fear of police encounter. Justice-involved individuals are tracked across multiple agencies including educational, social service and health programs. Kim says this linkage of data and services, known as “data doubles,” profoundly changes how individuals perceive and engage with social institutions. The net result may be that justice-involved individuals and families are less likely to seek social services and healthcare, even when desperately needed.

Neighborhood stability is also at risk due to constant exposure to the criminal justice system. Excessive incarceration, a form of coercive mobility, disrupts neighborhood ties and support systems, which decreases the capacity to address collective challenges. Racialized criminal justice practices interact with existing residential segregation, creating concentrated disadvantage in urban minority communities.

“After [the start of] the COVID-19 pandemic, everyone has become well aware of structural inequality,” Kim said. “This study is very timely, but structural violence is something that has long existed.”

Kim hopes to work with the consent decree’s external evaluators to compare results of this study with the existing survey work as part of the consent decree process. ●

“The key idea we are putting forward is that due to constant surveillance and police encounters, arrests and incarcerations, large proportions of working-age people are constantly moving in and out of community and jail.”

—Sage Kim

# Alumna leading UIC's efforts to vaccinate vulnerable populations



“Just like COVID took us by storm, so has the movement to get as many people vaccinated who need it most.”

–Janet Lin

Englewood resident Phyllis Curry, 60, said a neighbor told her about the vaccination clinic. She called and got an appointment for the same morning. The mother of two school-age children, she had no hesitations about getting the vaccine. “In order to get this pandemic under control, it’s worth taking the chance. I don’t want to get sick. I have to take care of my kids,” she said.

Lorraine Brown, 52, of Englewood, said she was a little more hesitant. She said she’d heard negative things about the vaccine. After she missed two vaccine appointments, the clinic called her. She changed her mind. “I want to be part of the overall effort to stop COVID,” she said. “Let’s save some lives.”

For Sania White, 22, getting vaccinated at the Englewood clinic was a family matter. Her mother had COVID, and since her family is risk-prone, she chose to get the vaccine. “I come from a family of faith. My parents always said, ‘Don’t operate out of fear, operate out of caution,’” she said.

More than 200 people a day were vaccinated at the clinic, said Dale Benton, a nurse practitioner and the medical director for the Mile Square Health Center Englewood. Benton, who was helping patients to take post-vaccination photos, told them to celebrate this moment.

“Remember where you were a year ago, and how afraid you were?” Benton said. “Now you have a viable option.” ●



The University of Illinois Chicago, along with Protect Chicago Plus, partnered to provide 1,000 COVID-19 vaccines to residents in the Englewood neighborhood, with plans to expand to other city areas with vulnerable populations. Janet Lin, MD, (MPH '04) and affiliate associate professor of community health sciences, was UIC's operational lead for the community vaccination effort.

The temporary vaccine clinic at UI Health's Mile Square Health Center Englewood, opened March 1, 2021 and delivered free vaccines to Englewood and Englewood West residents 18 and older. Protect Chicago Plus has provided the vaccines to the clinic, and more than 30 community-based organizations, ward offices and faith institutions worked

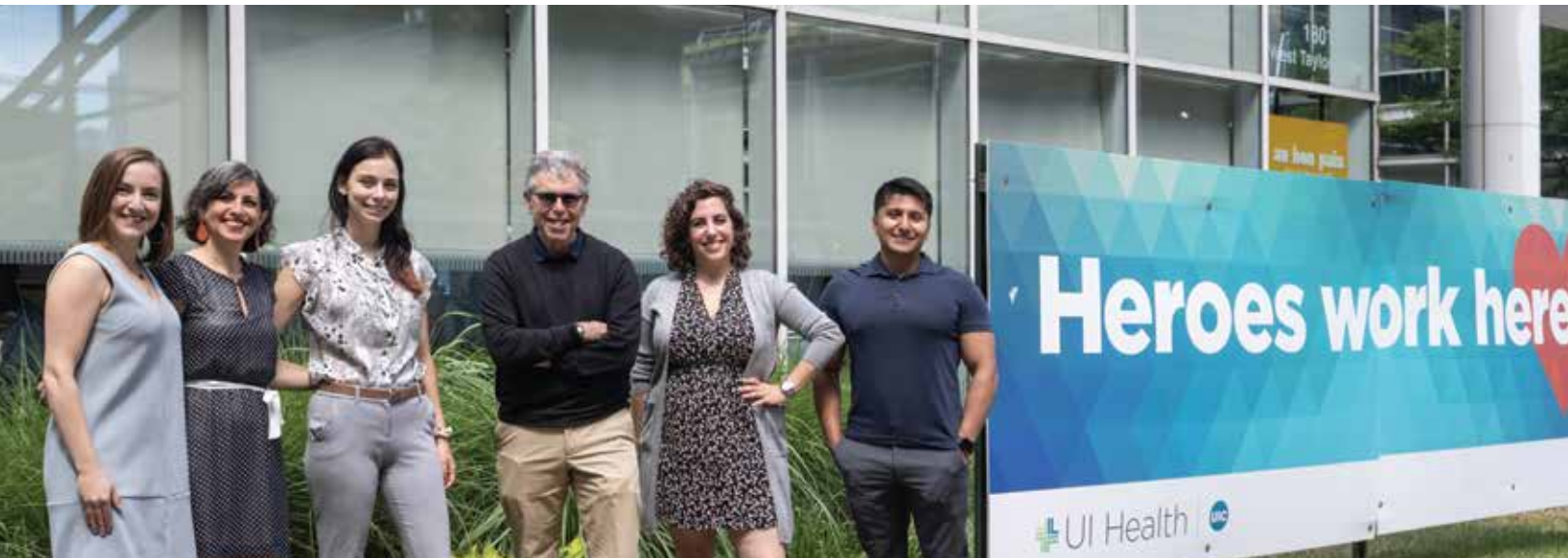
together to share information and connect neighborhood residents with appointment registrations – including One Health Englewood, Teamwork Englewood, Antioch Community Social Service Agency, Englewood Community Action Council, Resident Association of Greater Englewood (RAGE), among many others.

For Lin, partnering with community organizations is critical to ramping up vaccination efforts across the city. “Just like COVID took us by storm, so has the movement to get as many people vaccinated who need it most,” she said. “Beyond setting up a community vaccine clinic in under a week, we needed to mobilize the community quickly.”



Janet Lin

Lorraine Brown



## The home-grown public health program that fueled campus safety at UIC

*Amid the greatest public health challenge of modern times, UIC's COVID-19 Contact Tracing and Epidemiology Program played a critical role in helping campus communities navigate anxious times*

As the novel coronavirus continued infiltrating the American landscape in the spring of 2020, University of Illinois Chicago (UIC) Chancellor Michael Amiridis convened a group of campus leaders to devise a plan for the safe reopening of the UIC campus in the fall.

That group, which included UIC School of Public Health (SPH) faculty member Ronald Hershov, MD, a renowned expert on epidemiologic research of infectious diseases, developed a plan pairing a saliva-based testing program with contact tracing. While UIC's pathology lab was positioned to handle the testing piece, the group debated the best approach to contact tracing.

Leaning on the Chicago Department of Public Health – a plan that would mimic that of many other universities across the country which relied on local public health departments for contact tracing – represented a ready-made solution, but Hershov suggested an ambitious alternative: creating a homegrown program in which students would perform the case investigation and contact tracing.

An indigenous program, Hershov reasoned, would provide valuable controls. It could be tailored to UIC-specific needs, quickly adjusted to reflect new guidance and enable full ownership of the data to drive decision making. Yet more, students – “Inherently smart, tech savvy and adaptable,” Hershov said – would naturally understand the unique

stresses of students and others across the campus trying to navigate a global health pandemic fueling anxiety, angst and uncertainty.

And with that, Hershov, professor and director of the Division of Epidemiology and Biostatistics, suddenly had a sizable and time-sensitive task on his plate.

After crafting the program's general blueprint, including the necessary data channels as well as the communications systems for contact tracing, Hershov then recruited two former students – Ellen Stein (MS '19) and Jocelyn Vaughn (MS '19) – to operationalize the program, moving it from his broad outline into a comprehensive contact tracing initiative that could be rolled out in the fall of 2020.

With an earnest spirit and swift action, Stein and Vaughn embraced the challenge. They created a contact tracing script, arranged a phone system, developed a secure, HIPAA-compliant database and hired and trained their first seven contact tracers – the so-called “Magnificent 7” – from a collection of some 100 student applicants from SPH and other UIC colleges.

“What they did was no small task,” Hershov said of Stein and Vaughn. “Within a few months, we had a well-developed system, built our team and set up escalation steps to drive COVID-19 mitigation activities and cooperation.”

Housed within and driven by SPH, UIC's COVID-19 Contact Tracing and Epidemiology Program (CCTEP) debuted on August 31 with a clear two-pronged mission: first, to perform case investigation and contact tracing for employees and students infected with or exposed to COVID-19; and second, to monitor COVID-19 epidemiology on the UIC campus to create the safest possible environment for UIC students, faculty and staff as well as visitors to campus and the city at large.

“The expertise we have within the School of Public Health made this feasible,” Hershov said. “We not only understand contact tracing, but we also have great capacity to work with data and make it usable for decision making.”

### CONTACT TRACING STEMS TRANSMISSION OF COVID-19

Collaborating with the likes of UIC's Environmental Health and Safety Office, University Health Service, Student Health Services, Athletics, Performing Arts and Campus Housing, Stein, Vaughn and the CCTEP's contact tracers – a number that would swell from seven to 41 – pursued a single-minded mission amid a relentless viral enemy: to isolate positive COVID-19 cases as soon as possible and identify and quarantine contacts to slow the virus' transmission.

“This gave me an opportunity to help out and do something of benefit to the UIC community at a time when so many people needed information and guidance,” said Daniel Antonio (BA '21), who joined the CCTEP team as a contact tracer in October. Antonio was just one of several contact tracers who were either a graduate or a current student of SPH's prestigious and growing undergraduate program.



UIC Student Center East testing

Whenever a member of the campus community tested positive using the COVID-19 saliva test, via diagnostic testing completed at UI Health or self-reported a positive case, the contact tracers called the individual and often established dialogue within 2-4 hours of receiving lab results.

Over a 30–60-minute conversation, the contact tracers reviewed demographic information, discussed test results and symptoms, evaluated possible sources of exposure and reviewed campus interactions to pinpoint potential exposures. Contact tracers also provided isolation and quarantine instructions, discussed any barriers to self-isolation and shared applicable resources before scheduling a follow-up call.

A similar process then occurred with those identified as close contacts. On average, CCTEP was interacting with close contacts within 14 hours of discovering who they were.

“We were able to get people into isolation and prevent high-level spread at UIC because we had a sound process for getting in touch with people quickly,” Stein said, adding that CCTEP operated up to 80 hours a week and evolved its operations by hiring supervisors and installing lead contact tracer positions to propel even greater efficiencies and effectiveness. “We essentially became a mini-public health department within the university.”

As other campuses across the country closed due to outbreaks or uncontrollable transmission, UIC was intercepting the chain of transmission on campus thanks to CCTEP's efforts. CCTEP reached 96 percent of positive cases and their close contacts and then kept in touch with 93 percent of those individuals for the duration of their isolation or quarantine.

“Those numbers are an incredible testament to the dedication of our contact tracers as well as our campus community for taking public health seriously,” Stein said.

By quarantining 696 contacts, 19 percent of whom converted to positive COVID-19 cases, the CCTEP directly removed 132 cases from the UIC population prior to their ability to infect others. CCTEP conservatively estimates that effort prevented approximately 140 additional exposures and 27 infections.

“If our program didn't exist, then these people would have been free to circulate in the university and freely spread the virus,” Hershov said.

Another point of pride for the CCTEP: no cluster went beyond a second wave and further propagated the epidemic. For instance, the team rapidly investigated 13 clusters – multiple linked cases connected epidemiologically by a cer-

continued on next page...



Student checking in for COVID testing at UIC

tain person, place or event – and prevented transmission of COVID-19 beyond the original cases and close contacts in each of those 13 instances. Such results, Hershow said, underscore the diligent, speedy and productive work of the entire CCTEP team.

“It’s fair to say that this program was an important part of ensuring safety on campus from the COVID-19 perspective,” Hershow said.

Notably, the program also provided invaluable public health experience to students such as Antonio, now pursuing his MPH in epidemiology at UIC, and Morgan Turner, an MPH student in Community Health Sciences.

“As a contact tracer, I learned how to convey public health information in different ways to different people because not everyone digests information the same way,” Turner said. “It was also valuable to learn about proper data-gathering procedures, which is so critical to running an effective public health program.”

**FUELING EVEN GREATER IMPACT**

Beyond its contact tracing efforts, CCTEP played a key role in driving safety and confidence on the UIC campus. Leveraging its own home-built data collection reporting system, CCTEP shared COVID-19 data on the incidence, distribution and control of the novel coronavirus within the UIC community to inform decision making, policies and courses of action.

As the CCTEP’s research data scientist, Vaughn oversaw data management and epidemiological reporting, which included maintaining a secure database, keeping pace with changing public health guidance and university protocols and ensuring the overall data integrity. She helped direct

CCTEP’s efforts to identify gaps in mitigation through comprehensive case investigations, provided feedback to stakeholders to prevent further COVID-19 spread on campus and fostered collaboration with UIC and UI Health experts on a weekly basis to translate the data collected and analyzed by CCTEP into public health action, including how open the campus should be.

Vaughn also disseminated a weekly report to stakeholders leading COVID-19 response in their respective campus communities and highlighted key metrics, such as testing positivity rates and contact tracing performance numbers. In collaboration with campus COVID-19 leaders, CCTEP helped design the UIC COVID-19 Tracking Dashboard and regularly provided data for the contact tracing metrics on the dashboard. The dashboard, which is published on the website covid-dashboard.uic.edu and is available to the entire UIC community to view and tracks COVID-19 epidemiology, contact tracing, and campus density at UIC.

“Because we built our program database from the ground up, we’re able to continuously adapt our data collection and reporting procedures, which is crucial given how rapidly public health guidance has evolved,” Vaughn said. “We routinely analyze our data to answer epidemiologic questions about COVID-19 on campus and translate what we learn into public health action, for example, through campus communications and policy.”

Due to the rich and accurate data maintained by the CCTEP, which showed no evidence of classroom transmission at



Three of the many contact tracers who worked to keep the campus safe

“We saw quarantine taking a toll on our students and found we needed to take more of a case management approach to help them access resources and confront the stress of being socially isolated,”  
– Jocelyn Vaughn

UIC, the university was able to safely expand in-person learning and help people feel confident about in-person campus activities even before a vaccine became widely available. Embracing a public health education role, CCTEP personnel also provided relevant information and support via communications and interactive presentations to distinct communities across campus as well.

“People were overwhelmed with all of the information out there and our conversations with colleges, units and departments across campus has been a big help in making people feel comfortable on campus,” Stein said.

In one particularly novel effort that showcases the CCTEP’s enterprising and empathetic spirit, the CCTEP mobilized a group of representatives from Campus Housing, the Counseling Center, the Wellness Center and Student Health Services to improve the experience of students isolating and quarantining in on-campus dormitories. Given how distressing it can be to be uprooted, physically isolated from their support system and placed in a stressful situation capable of exacerbating underlying mental health conditions, CCTEP spearheaded an effort to address mental health and wellness concerns. The collaborative is now working to develop programs for students isolating and quarantining in campus housing units, from helping them learn a new hobby to introducing academic support.

“We saw quarantine taking a toll on our students and found we needed to take more of a case management approach to help them access resources and confront the stress of being socially isolated,” Vaughn said.

Though COVID-19 incidence rates are falling as vaccinations mount here in mid-2021, the CCTEP team remains active. While contact tracers continue reaching out to members of the campus community impacted by COVID-19, leadership is promoting vigilance and safety through public health programs on campus and persistent data-tracking, including an ongoing investigation of breakthrough cases.

For Stein, who said she gained decades worth of applied public health experience in months as CCTEP director, it remains important and meaningful work for the health and safety of UIC as well as the city at large.

“Everyone cares so much and has invested a lot of long hours so our campus can operate safely,” Stein said. “To know we’ve been a part of helping ensure that has been incredibly rewarding.” ●



Ron Hershow, center, with members of the Contact Tracing and Epidemiology Program

# Transforming healthcare

*With the Transform Project, UIC School of Public Health investigators offer a plan to reduce health disparities and improve the health of Illinois residents*

The Illinois Department of Healthcare and Family Services (HFS) recognized the need for change.

Despite a decade's worth of healthcare policies designed to drive accountability for health outcomes among healthcare systems receiving public funding, poor results and health inequities persisted across the state.

Eager to shake the status quo, HFS conducted a listening tour of healthcare providers, associations, Medicaid customers and others before partnering with the UIC School of Public Health (SPH) and the Institute for Healthcare Delivery Design (IHDD), a human-centered design think tank.

Knowing that SPH's objectivity, expertise and long-term focus on equity would yield productive results, HFS posed one intentionally broad, open-ended question to the UIC group in 2019: In socially vulnerable areas of Illinois, how might HFS reduce existing health disparities and improve the health of Illinoisans?

In quick time, SPH and IHDD assembled a team of biostatisticians, epidemiologists, community engagement experts, strategists, health economists, graduate students, and project managers to answer a question simultaneously ambitious and confounding. Through a calculating, mixed-methods process of data analysis and community input, the UIC team delivered a novel solution – and one it believes can advance healthcare in Illinois.

“If we can help people access the care they need in a way that fits their lives, then that's better for the individual's life



Ann Kauth

and the state's economics,” said Ann Kauth, a senior design researcher at the IHDD.

## FINDING THE GAPS

The Transform Project, so called because of its mission to transform services and care models to better meet community needs, began with extensive data collection and analysis. Sanjib Basu, the Paul Levy and Virginia F. Tomasek Professor of Biostatistics at SPH, led a four-member team that created a pipeline to millions of data points culled from HFS and other sources.

“We did not start the project with a set framework, but let the data provided to us by HFS speak and essentially shape our approach,” Basu said.

HFS identified five regions in Illinois – four areas in metro Chicago and another around downstate East St. Louis – with the the greatest concentration of social vulnerability to health inequities

and poor health outcomes. The team then examined the most frequent and resource-intensive diseases driving Medicaid enrollee hospitalizations. That analysis displayed a clear pattern: mood disorders, substance abuse and other controllable conditions such as hypertension, diabetes and asthma were the most frequent reasons for emergency department (ED) visits and hospital admittances.

“All of these are outpatient treatable and things for which there are known treatments to help people lead stable lives,” said Kauth, the Transform Project's lead strategist.

And yet, outpatient care was less frequent than expected. For Medicaid patients who went to the ED or were hospitalized for mental illness, for example, no more than 15 percent received outpatient care within three months prior to their hospital-level care, while only one in five received outpatient care within three months after their



Sanjib Basu

hospital-level care. The project also found that communities with high level of social vulnerability also feature high rates of ED and inpatient-level care for uncontrolled chronic diseases.

“You have communities where residents do not have access to routine outpatient care in ways that fit the reality of their lives, so they use the emergency room as a space for primary care,” said Dr. Vincent Freeman, an associate professor in the Division of Epidemiology and Biostatistics and the Transform Project's lead epidemiologist.

Looking to understand why socially vulnerable areas reported low rates of outpatient care, the SPH team hosted small group discussions across the state and found that social determinant of health barriers such as transportation, safety, healthcare illiteracy and cost uncertainty frequently hindered access to outpatient care.

“When people think about getting healthcare, they run an implicit cost-benefit analysis, evaluating the time, money and trouble they'd invest against the value they'd get from care,” Kauth said. “In socially vulnerable areas, we see the balance tip toward the costs of getting care.”

## CRAFTING A SOLUTION

The combination of hospital utilization data with perspectives pulled from the community conversations led the UIC group to suggest efforts concentrated on more tightly linking community-based social services with community-based outpatient care.



Vincent Freeman

“This reflects the need to address the community context of care and for staying healthy,” Freeman said. “It's not just about a primary care provider but understanding the lived experience of people in communities and meeting them where they are to provide them the care and health maintenance they need.”

Such collaborations, the UIC team noted, leverage the treatment expertise of healthcare systems as well as the on-the-ground knowledge and credibility of community-based organizations to drive increased engagement in healthcare, thereby powering improved health outcomes and equity.

“We think trusted, coordinated access to outpatient care can keep people out of the hospital and reduce the far-reaching impact hospitalizations can have,” Kauth said.

Last fall, the Transform group supported HFS in creating a roadshow for Illinois

legislators highlighting the project's findings and detailing a more productive path forward. In January 2021, Illinois lawmakers appropriated \$150 million a year over the next seven years to fund “Healthcare Transformation Collaboratives.” HFS received its first applications last spring.

As one example, a coalition of 14 health centers and hospitals on Chicago's South Side proposed establishing a nonprofit organization to implement a comprehensive Healthy Community Model. Through primary and specialty care access, preventive and chronic care management, provider collaboration and community engagement, the collaborative aimed to attack longstanding health disparities in South Side communities.

“HFS has a vision to be equity focused, data-driven and people and community focused, and it sees Healthcare Transformation funding as a way to do this,” Kauth said.

As HFS begins distributing funds, UIC's Transform team will continue its role as a behind-the-scenes partner. The group is expanding its project to include a broader geographic reach and will assist HFS in assessing the impact of healthcare collaboratives, including how the strategy can evolve and boost population health across Illinois.

“We're trying to help HFS slay this dragon of health inequities and are fully committed to that,” Kauth said. “We want to keep sharpening our tools and our approach so we can get more exact in determining what drives inequities and how we can help HFS solve for them.” ●



DIVISION OF  
EPIDEMIOLOGY AND  
BIostatISTICS



Mary Turyk

ENVIRONMENTAL EXPOSURES AND GREAT LAKES FISH

The beneficial aspects of fish consumption are well-known: omega-3 fatty acids and other fish oils are credited with supporting cardiovascular health and early cognitive development. But with those benefits comes the risk of consuming toxic chemicals that bioaccumulate in fish.

The industrial history of the Great Lakes region of the United States, particularly around Lakes Erie, Michigan, Huron and Ontario, and the long half-lives of chemicals and their tendency to bioaccumulate in aquatic settings creates distinct health risks for consuming fish from the lakes.

SPH's Mary Turyk, PhD, professor of epidemiology, is leading a National Institutes of Health study examining a cohort of Great Lakes charter boat captains with high levels of fish consumption. The project aims to identify how less-studied chemicals like perfluoroalkyl substances (PFAS) and well-known fish contaminants such as mercury may cause endocrine disruption of steroid hormones, thyroid hormones and glucose regulatory systems.

More than 6,000 variants of PFAS exist – so many that researchers aren't even aware of all the different types. PFAS do not degrade in the environment, and its long half-life means humans exposed today could still be facing health effects years later. Turyk's research in the cohort has also measured other r contaminants, including polychlorinated bisphenols (PCBs), the DDT metabolite DDE, and polybrominated biphenyl ethers (PBDEs).

"Nobody has exposure to a single chemical – we're all exposed to mixtures," Turyk said. "As epidemiologists, it's our challenge to tease out what is the effect of the whole mixture, or which are the key components impacting health in the mixture."

This current study examines a sample of charter boat captains who have participated in various studies over the past two decades, most of whom are now retired. Exposures have been tracked by blood samples, while the nutrients of fish consumption are estimated from reported food intake (omega-3 fatty acids) or measured in biological samples (selenium and iodide).

The research also aims to balance the health benefits of fish consumption with the risks. For example, while fish consumption can help lower cardiovascular risk, intake

of toxic chemicals can increase that risk. While toxic chemicals can disrupt hormone regulation, selenium and iodide in fish are key parts of the function of the thyroid hormone.

"The EPA sets references about what should be the maximum amount consumed on a daily basis, usually chemical by chemical," Turyk said. "This could potentially give a better basis for risk advisors to consider multiple exposures in health advisories. ●"

DIVISION OF  
COMMUNITY HEALTH  
SCIENCES



Mary Ellen Mackesy-Amiti

HIV INTERVENTIONS FOR  
MIGRANT WORKERS

Labor migration is an important contributor to the continuing global AIDS epidemic and the movement of HIV across country borders and populations. A new National Institutes of Health project at SPH is testing an intervention aimed

at HIV risk reduction for migrant workers and their families back home.

Centered in Moscow, in a nation with one of the world's highest drug-related HIV rates, the intervention is tailored for migrant workers from Tajikistan, a small country in Central Asia with a high unemployment rate and growing drug epidemic. More than a million Tajiks, many of whom inject drugs, travel to work outside their home country each year.

SPH's Mary Ellen Mackesy-Amiti, PhD, research associate professor of community health sciences, will test the efficacy of this intervention through a clinical trial enrolling 420 Tajik men who inject drugs while working as temporary laborers at 12 recruitment sites in Moscow. Compared to a control condition, the study will examine how the intervention impacts injection risk behavior, including sharing syringes and other equipment used for injection, and heavy alcohol use. HIV and Hepatitis C testing results will function as secondary outcomes of the intervention. The intervention was originally developed by Judith Levy, PhD, professor emerita of health policy and administration.

In addition to substance use, the intervention also focuses on some of the specific difficulties migrants face living in

DIVISION OF  
HEALTH POLICY AND  
ADMINISTRATION



Betsy Cliff

GETTING MORE OUT OF HEALTHCARE

Surveys of Americans consistently rate the high cost of medical care as a chief complaint about the U.S. system. Betsy Cliff, PhD, assistant professor of health policy and administration, focuses her research on addressing solutions to high healthcare spending. Americans with commercial health insurance face higher prices than in other nations, she notes, and many medical

services that people use don't actually improve health, a cause of wasted spending.

Cliff's research is investigating health service utilization, highlighting how to transform the U.S. healthcare system to provide better value.

"A basic idea that translates from other markets is that if you make healthcare more expensive, people use less of it," Cliff said. "But, as health care is becoming more expensive, we realize that may have negative impacts on health. In fact, there are some healthcare services we really want to encourage people to use and certain services that we want to discourage."

Cliff noted that sometimes imaging scans, pre-operative workups or lab tests are ordered but don't give physicians and patients useful information.

She searches for ways to target consumer incentives, like health insurance design, to drive better value in health. Patients are asked to pay for part of the cost of their care in two ways: regular premium payments and service-based payments for visiting the doctor or filling a prescription. Tweaking these elements of cost sharing, particularly service-



based payments, could increase the use of preventive services, such as medications for chronic disease or screenings like mammograms and colonoscopies.

Cliff is also investigating how prices for healthcare services impact consumer behavior. Cliff compares a car dealership to hospital services: if a dealership is charging four times as much as one down the road, the less expensive dealership is likely to win business. A hospital charging four times as much for comparable services is not likely to see a significant change in volume of business.

"Most people don't know how to price shop," Cliff said. "Most large commercial insurers have price shopping tools on their websites, but people don't know they exist."

Whether consumers would engage in this behavior remains an open question, but price comparisons need to be made easy and accessible.

"In the United States, we value the ability to choose providers and purchase the medical care we want," Cliff said. "My research speaks to whether that results in better healthcare quality and affordability for the entire population." ●

Moscow, including poor access to healthcare and unstable housing conditions.

"The situation for migrant workers is somewhat precarious, which increases their risk and makes it more difficult for them to engage in harm reduction," Mackesy-Amiti said. "The experiences of being away from their home country, in a city where they are not necessarily welcomed with open arms, psychologically it has an impact and affects risk."

Most Tajik temporary laborers in Moscow work in dangerous construction jobs or work for low wages in bazaars and industrial maintenance. Often facing

Russian hostility and physical violence, these workers face crowded, substandard living conditions, little or no access to healthcare and insufficient access to sterile injecting equipment. These migrants form a potential bridge for HIV to move from high-prevalence Russia to low prevalence Tajikistan.

The intervention relies on peer educators to lead five weekly educational sessions, focused on risk reduction for HIV and Hepatitis C through safer sex and alcohol use, maintaining a healthy life style, safety while living in Moscow, and gaining access when needed to services and diaspora organizations serving Tajik migrants. ●

continued on next page...

DIVISION OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SCIENCES

ENVIRONMENTAL JUSTICE AND CHICAGO SCHOOLS



Michael Cailas

According to the Illinois Environmental Justice Act, “Environmental justice is based on the principle that all people should be protected from environmental pollution and have the right to a clean and healthy environment.”

This law is more aspirational than reality. The equity gap between the two is the impetus for a new series of environmental health dashboards produced by Michael Cailas, PhD, associate professor of environmental and occupational health sciences (EOHS). Along with SPH students and alumni from EOHS and the Emergency Management and Resilience Planning certificate program, Cailas is identifying the specific neighborhoods and populations in Chicago most impacted by pollution and toxic exposures.

“Our team adopted a participatory approach to research aiming to provide actionable knowledge to the communities experiencing multiple environmental stressors,” Cailas said. “Dashboards are created in collaboration with local communities to demonstrate to policymakers the need for change.”

One project examines environmental hazards in southwest Chicago, in partnership with the Southwest Environmental Alliance, a coalition of community groups from Pilsen, Little Village, Back of the Yards, Bridgeport, Canaryville, Brighton Park and McKinley Park.

In an area with high percentages of children under the age of 10, these neighborhoods are home to 12 Brownfield sites contaminated with lead, petroleum products, mercury and other chemicals. Most of the sites are obsolete industrial facilities and remain unremediated.

These communities are also exposed to industries still in operation. This slice of the city has numerous Toxic Release Inventory (TRI) program sites massed around areas of dense populations. Residents are likely to be exposed to glycol ethers, xylene, toluene, TCE and zinc (dust) from those sites, among other chemicals.

“Operation of these facilities requires a transportation infrastructure for the flow of materials and products, adding to the burden,” Cailas said. “This combination of stationary and mobile sources is likely to amplify the degradation of environmental quality, especially if climate change-related conditions intensify.”

A second report examines neighborhood schools in Chicago and pollution exposure facing young students. Not surprisingly, schools on the west side of Chicago, notably in the neighborhoods of Canaryville and Back of the Yards, face the greatest burden of pollution exposure due to their proximity to TRI sites.

The net result is an unequal sharing of environmental burdens and benefits among CPS students. Latino students on the west side face a disproportionate share of proximity to TRI facilities and do not share proportionally the benefit of not having these toxic facilities at a close distance from their schools. ●

# WHO Center at SPH joins UN Mercury Partnership

In 2018, more than 2.2 million kilograms of mercury were emitted into the environment from human activity. Artisanal and small-scale gold mining (ASGM) is responsible for 35 percent of total emissions. Given the element’s irreversible toxic effects on human health, reducing emissions is a key goal for the Minamata Convention on Mercury.

The United Nation’s Global Mercury Partnership has invited and accepted the UIC School of Public Health’s World Health Organization (WHO) Collaborating Center as a partner organization on the strength of the Collaborating Center’s leadership in addressing the health effects of ASGM. Artisanal mining is one of eight priority areas for the Partnership, which currently consists of 222 global organizations.



Linda Forst

The partnership aims to protect human health and the global environment from the release of mercury and its compounds by minimizing and,

where feasible, ultimately eliminating global anthropogenic mercury releases to air, water and land.

“As public health practitioners, we need to be concerned about the conditions forcing the most vulnerable in society to do hazardous work, as well as mitigating the hazards,” said Linda Forst, MD, director of the Collaborating Center and senior associate dean of the UIC School of Public Health.



Photo credit: Knut-Erik Helle © Creative Commons

Artisanal gold miners, including men, women and children, chisel ore from underground, underwater and surface mines, carrying the rock to an area for grinding. They combine mercury with the gold-laden silt to form a hardened amalgam that has picked up much of the gold metal from the silt. The amalgam is later heated, often with blowtorches or over an open flame, to evaporate the mercury, leaving small gold pieces. The mercury fume is inhaled by the miners and often by their immediate family, including their children.

The Collaborating Center’s ASGM curriculum for healthcare workers covering mercury toxicity and environmental and occupational health implications, created through WHO funding, answers a critical need for doctors, nurses, pharmacists and community health workers who lack training and resources to recognize, test and manage mercury toxicity. Training is critical to addressing the health of miners and their families, as well as reducing emissions.

Across the world, especially in low and middle-income countries in the global south, workers from economically and socially marginalized communities are increasingly turning to ASGM to escape extreme poverty, unemployment and landlessness, particularly as livelihoods such as farming lose economic viability. The Collaborating Center’s curriculum meets key provisions of the Minamata Convention aimed at protecting populations at risk. All nation-signatories, 128 so far, must develop a National Action Plan that includes addressing ASGM wherever it occurs.

Lupita Quintana, PhD student in Environmental and Occupational Health Sciences at the School of Public Health, is currently working on a curriculum translation to Spanish in collaboration with the Pan American Health Organization. The Collaborating Center aims to add other languages and to produce videos to go with the curriculum designed to enhance adaptable, “off the shelf” training materials that can be used widely. ●



# Taking on Tobacco

*New SPH faculty member Jeff Drope builds upon the global, tobacco-fighting efforts of Frank Chaloupka*



Malawi boy working with tobacco leaves

When Jeff Drope, PhD, joined the UIC School of Public Health (SPH) faculty roster last September, he brought with him 15 years' experience tackling one of the globe's most pressing public health issues: tobacco use, which, despite being fully preventable, contributes to some 8 million deaths each year.

"It's stunning we have this public health tragedy brought on by our own choices," said Drope, a research professor in the Division of Health Policy and Administration who joined UIC following an eight-year run as scientific vice president of economic and health policy research at the American Cancer Society (ACS).

Now, Drope is leading SPH's continued global battle against tobacco use, building upon the ambitious and pioneering work of Frank Chaloupka, PhD, who retired in June after 33 years at UIC.

## TAKING ON TOBACCO

A renowned health economist, Chaloupka spent the better part of three decades at UIC researching how policies impact unhealthy behaviors. Chaloupka's enterprising work included effectively demonstrating that increases in cigarette prices, including tax hikes, sparked reductions in consumption.

Since 2017, Bloomberg Philanthropies has awarded Chaloupka's team nearly \$25 million in grants to accelerate the development of effective tobacco tax policies in nations with the highest and fastest-growing rates of tobacco use. As the project's principal investigator (PI), Chaloupka spearheaded a capacity-building effort that has included partnerships with 31 different think tanks across 18 countries. Through training, workshops and sophisticated feedback, Chaloupka's group has helped the think tanks define clear scopes of work, increase capacity from both a technical and political-economic perspective and refine communications strategies to optimize evidence-based tobacco tax policy.

Though facing a David vs. Goliath-like scenario against the tobacco industry – a juggernaut that boasts \$100 billion in annual worldwide sales – Chaloupka's "Tobacconomics" team has successfully scaled technical capacity and produced strong, credible research showing the costs of tobacco dwarfing its economic benefits via tax revenue and employment. The group's oft-cited Cigarette Tax Scorecard, which assesses the performance of cigarette tax policies in more than 170 countries, serves a powerful argument for leveraging taxes to reduce the public health burdens of tobacco use and raising constructive revenue.



Jeff Drope

"If there's a person to step in, move this forward and expand it, Jeff's the one to do it," Chaloupka said.

And certainly, Drope stands motivated to build upon Chaloupka's spirited work. Charged to shepherd the Bloomberg project to its 2023 completion, Drope is also, with Chaloupka's close counsel, engaging the New York-based foundation on additional funding to potentially expand the project's geographic scope as well as its investigation of other health tax areas such as alcohol and sugary beverages. "An excise tax is one of the most effective tools we have to tackle these persistent public health problems," Drope said. "Yet, we need people with sophisticated economic understanding because tax policy is such a complex technical area that varies widely across the world."

## LEAVING A LEGACY

In addition to stewarding the Bloomberg project, Drope is running a second globally oriented project centered on the livelihoods of tobacco farmers in Indonesia, Kenya, Malawi and Zambia. In these countries, opponents of tobacco control have slowed, stopped and even reversed tobacco control interventions by arguing that such measures harm smallholder tobacco farmers.

"Some version of, 'It'll make them poor and/or unemployed,'" Drope said.

It's a tale the tobacco industry, which sells an estimated 6 trillion cigarettes each year, has long spun. Yet, Drope and his team are gathering deep evidence about the livelihoods of farmers that continues challenging that wobbly narrative. Funded by the U.S. National Institutes of Health (NIH), Drope's team is analyzing data relevant to the economics and politics of tobacco farming in these countries, conducting surveys and farmer focus groups and interviewing stakeholders ranging from farmer organization representa-

"This work has been vital and necessary to reverse the global tobacco epidemic," said Chaloupka, a distinguished professor in the Division of Health Policy and Administration who also directed UIC's Health Policy Center.

With Chaloupka's retirement, Drope, who collaborated with Chaloupka frequently while with ACS, now inherits the PI role on the sprawling Bloomberg project.

tives to ministry officials to civil society advocates. The work is illuminating the broader contexts that frame farmers' livelihoods and propel tobacco cultivation despite its significant public health drain and not-quite-as-advertised economic benefits.

"Our research is starting to have an effect in terms of governments rejecting the tobacco industry's narrative and making the necessary policy reforms," Drope said.

The relationship between Drope's NIH work and the Bloomberg project is unmistakable given that tobacco farming is one of the primary reasons governments cite for not raising tobacco taxes. As Drope said of the projects' interconnected nature, "Huge synergy all around." Drope's team is using methodologies and knowledge developed in the NIH project to inform the Bloomberg project. The group, for instance, has provided strong evidence that Indonesian farmers would be better off growing non-tobacco crops or pursuing other economic activities, while it has also provided support to Zambia's Ministry of Finance on raising tobacco taxes.

The work also reflects the mission of SPH's Global Health Program, which aims to lead efforts and foster effective collaborations that promote health and reduce suffering worldwide. Drope, like Chaloupka before him, is a Global Health Program faculty member. "These are multidisciplinary and bi-directional collaborations that are leading to real improvements in health and livelihood," said Supriya Mehta, PhD, who heads SPH's Global Health Program. "Their high-impact work is founded in rigorous research and technical expertise, leading to advances that everyone can get behind on a truly global scale."



Frank Chaloupka

For Chaloupka and now Drope, battling tobacco is a critical undertaking with the potential to improve public health, bolster quality of life and leave a legacy far beyond UIC.

"Tobacco control is a public health best buy," Drope said. "I believe our work is having a genuine positive impact at chipping away at the devastation tobacco brings to the world." ●

# Breaking down structural racism on campus and in community



In the early days of the COVID-19 pandemic, Chicago Mayor Lori Lightfoot requested the creation of a targeted strike force aimed at addressing the most pressing needs of the city's Black and Latino communities, populations highly at-risk due to structural racism and social determinants of health. The city's Racial Equity Rapid Response Team was founded with UIC SPH dean Wayne H. Giles, MD, MS and Marcus Betts, assistant vice chancellor for external engagement, as founding members.

Seeking to align an institutional level response to the Mayor's call, the UIC Partnerships for Anti-Racist Campus Transformation (PACT) was born. UIC PACT is an organic network catalyzed by more than 70 UIC faculty, staff and students collaborating with support efforts to combat COVID-19 in our

communities, aligning with and supporting community partnerships and igniting a renewed commitment to racial equity within our institution.

Faculty and staff leaders include SPH's Jeni Hebert-Beirne (PhD '08, MPH '95), associate dean for community engagement and director of the Col-laboratory for Health Justice; Jennifer Brier, PhD, director of the program in gender and women's studies; Marc Atkins, PhD, director of the Institute for Juvenile Research and the Community Engagement and Collaboration Program at the Center for Clinical and Translational Science, Maggie Acosta, assistant director of community engagement at SPH's Col-



Jennifer Hebert-Beirne

laboratory for Health Justice and Nancy Tartt, assistant director of UIC's Chicago Partnership for Health Promotion. SPH students Sandra Morales-Mirque and Alexis Grant are also leaders of the effort.

"With the backdrop of the pandemic and increasingly explicit displays of racial injustices at all levels of what we understand to be structural drivers of health, PACT is an answer to the call for change," said Gabriela Peña (MPH '19, BA '17), associate director of PACT. "Robust community engagement can no longer be an afterthought for our university's scholarship and research practices."

In its first year, PACT helped fund five COVID-19 and Racial Justice Community Scholar Research Pilot Awards totaling \$50,000, in collaboration with UIC's



Gabriela Peña

Center for Clinical and Translational Science, the Institute for Research on Race and Public Policy and the Institute for Policy and Civic Engagement. These pilot awards supported collaborations between UIC faculty and community members from predominantly Black and/or Latinx Chicago communities. Awardees demonstrated alignment with antiracist community engagement principles using innovative community-based research or scholarship that addressed underlying conditions or factors driving inequitable impacts of COVID-19 on Black and Latinx communities.

PACT also helped support many academic-community conversations, contact tracing and community resiliency efforts led by SPH's Col-laboratory for Health Justice and UIC Office of Community Engagement and Neighborhood Health Partnerships and began laying the groundwork to

factors of COVID-19 as a means of catalyzing transformation. Through the strategic planning session, PACT successfully defined its goals, values, structure and began blueprinting its future. With its long-term goals of addressing systemic racism and anti-Black racism at UIC and transforming UIC structures and norms to cultivate community-engaged scholarship and research, PACT is helping to broaden and deepen UIC's commitment to advancing racial equity and becoming an equitable and just community partner.

PACT is also supporting community partners through collaborative academic-community grant-writing. Relying on the expertise, knowledge and well-being of community partners, PACT submitted a project to the W.K. Kellogg Foundation's Racial Equity 2030 project titled "Providing Opportunities with Equity and Responsibility to the Community."

Community partners drove the process and shared in budgeting

PACT worked to disrupt inequitable university processes often found in proposal developed a grant that was grounded in racial justice and equity.

In a new MacArthur grant project with SPH's Collaboratory for Health Justice, PACT will engage in reciprocal technical assistance with community-based organizations (CBO) partners, aligning UIC courses to the tangible needs of CBOs and making UIC classrooms more open to CBO partners – as students and guest lectures.

Transformation of systemic racism in the university through academic-community partnership praxis is exactly what PACT hopes to continue to do. Looking ahead, PACT aims to help support the launch and sustained efforts of the UIC Office of Community Collaboration, two neighborhood centers in Auburn Gresham and Greater Lawndale, survey and develop a Community Partners Database, inventory and assess UIC's collaborations with community partners and help address support needs of community partners while connecting them to scholarship opportunities for students.

"UIC Pact members know of UIC's potential as an agent of social change," Hebert-Beirne said. "Now is the time to recognize the ways in which UIC has been complicit with structural violence experienced by our community partners and rectify our practices and protocols to align with principles of health justice." ●

**"Robust community engagement can no longer be an afterthought for our university's scholarship and research practices."**

— Gabriela Peña

address some of the upstream factors of COVID-19 inequities.

In December 2020, PACT engaged in strategic planning to assist in its pivot toward addressing upstream

responsibilities. These partners include Enlace Chicago, Greater Auburn Gresham Development Corporation, North Lawndale Community Coordinating Council and UIC. Through the grant writing process,

# Chicago's Health Database Moves to UIC

In May 2021, the Chicago Health Atlas moved from its home at City Tech Collaborative to the UIC School of Public Health, which will further extend the Atlas' reach and impact.

The Chicago Health Atlas — which is managed through a partnership between UIC's School of Public Health, Metopio, and the Chicago Department of Public Health — is a free community health data resource that residents, community organizations and public health stakeholders can use to easily search, analyze and download neighborhood-level health data for Chicago's 77 community areas.

To date, Chicago Health Atlas datasets have been accessed by more than 150,000 new users.

"UIC is proud to serve Chicago, its communities and its public health students, researchers, advocates and policymakers by taking on the Atlas and expanding its capabilities and reach," said Wayne Giles, MD, MS, dean of the UIC School of Public Health. "Policies that impact public health are only as good as data that informs them, and the Chicago Health Atlas is among our greatest assets in Chicago for understanding the needs of our communities."

"Since its creation, the Chicago Health Atlas has empowered individuals and organizations to understand and take action on the many interrelated factors that influence our communities' health and wellness as well as the health disparities affecting residents," said Brenna Berman, CEO of City Tech Collaborative. "I am confident that the UIC School of Public Health is the best organization to carry this mission forward and put information directly in the hands of those who need it most."

Photo credit: Mike Procaro © Creative Commons

The transition of the Chicago Health Atlas to UIC coincides with its move to a new platform and launch of advanced capabilities that will provide more tools for users. The School of Public Health's recently launched Population Health Analytics, Metrics, and Evaluation, or PHAME, Center, spearheaded the updates and will oversee the Atlas going forward alongside the CDPH Office of Epidemiology.

Updates will include increased community engagement opportunities as well as advanced analytics capabilities and enhanced data visualizations. The new interface, which is powered by Metopio, will make it easier for anyone to use data to understand health disparities and drive change regardless of their data science experience.



Sage Kim

"When users visit the Chicago Health Atlas they will now have more tools at their fingertips to understand what is happening in the city and to tackle equity and health issues. We've added advanced analytics capabilities that allow users to better explore the associations between multiple factors; enhanced visuals, such as hot spot analysis tools, that can help illustrate spatial patterns and clusters of data; and we are committed to community engagement in data utilization," said Sage Kim, PhD, associate professor of health policy and administration at the UIC School of Public Health and co-leader of the PHAME Center.

*"In essence, the Atlas and these updates are all about the democratization of data."*

— Sanjib Basu

"The data in the Chicago Health Atlas is valuable and powerful. We believe the integration of hyperlocal data, analytics and scholarship in the enhanced Atlas will provide users with new, actionable insights and context, which is absolutely critical for making the data more accessible and meaningful to more people. In essence, the Atlas and these updates are all about the democratization of data," said Sanjib Basu, PhD, the Paul Levy and Virginia F. Tomasek Professor of Biostatistics at the UIC School of Public Health and co-leader of the PHAME Center.

"The Chicago Health Atlas continues to be a key resource to aggregate, understand, and share critical health information for Chicago residents and communities," said CDPH Commissioner Allison Arwady, MD. "As we have seen so clearly during the COVID-19 pandemic, open data resources are vital not only for public health officials, but also for the grassroots organizations and individuals responding to immediate and long-term health issues in their communities. With the PHAME Center, we are excited to channel the public's enthusiasm for data toward broader efforts to improve the city's health."



Sanjib Basu

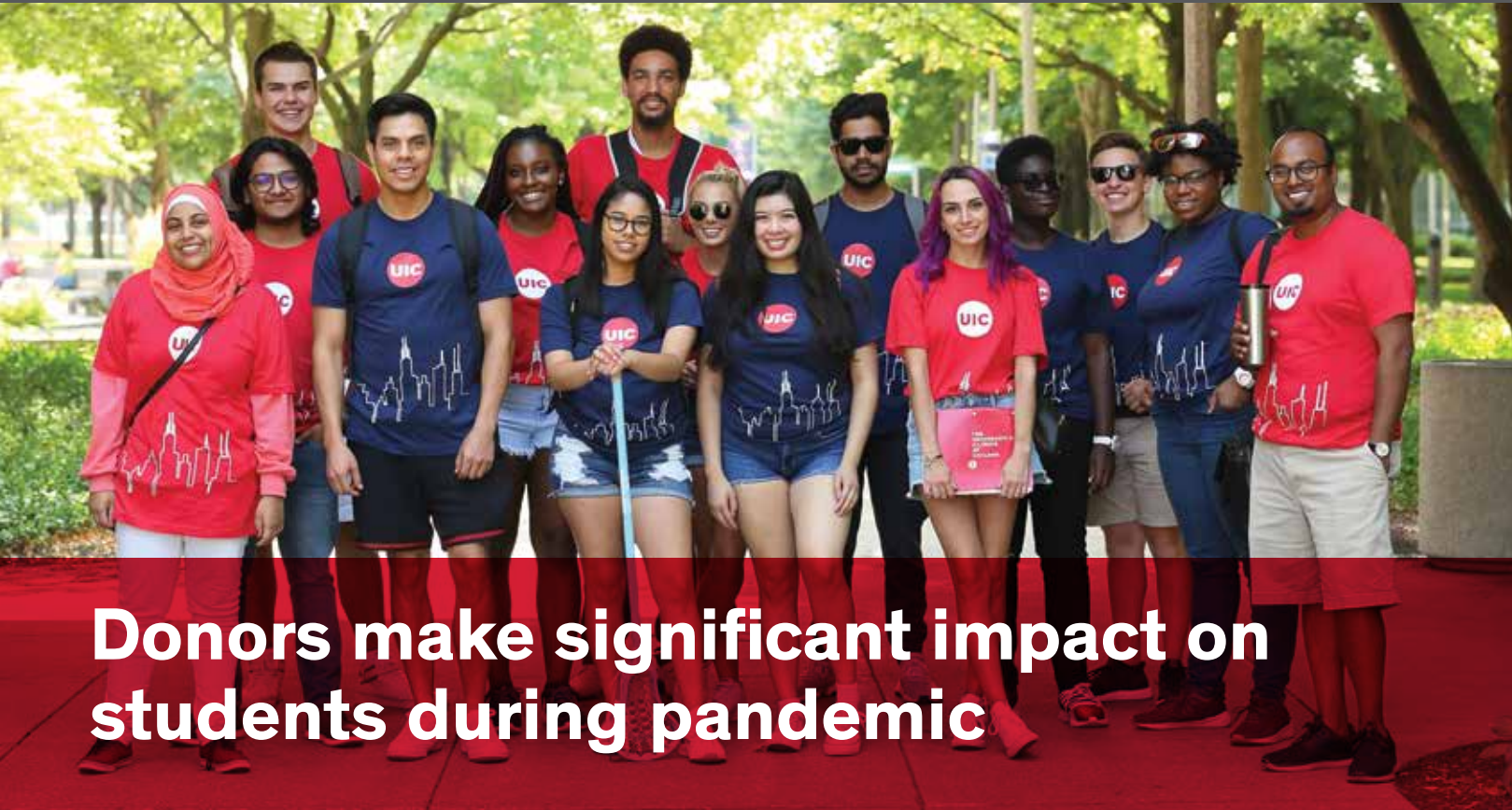
The PHAME Center was established in 2020 with an award from the Otho S. A. Sprague Memorial Institute to support the Chicago Health Atlas, CDPH's Healthy Chicago initiatives, and similar efforts to make health and wellness data useful to all.

"Since the institute's initial grant to the Chicago Department of Public Health in early 2000, the Chicago Health Atlas has continuously evolved. It has been enriched by each successive manager. In 2012, the Smart Chicago Collaborative provided important new dimensions. Since 2017 their work was enhanced by the City Tech Collaborative team. With the creation of the PHAME Center in 2020 and their stewardship of the Atlas, the institute is optimistic that the multidisciplinary skills of campus faculty, students and researchers will make the Atlas an ever-more useful resource," said James Alexander, executive director of the Otho S. A. Sprague Memorial Institute.

For nearly 10 years, the Chicago Health Atlas has created opportunities for learning and action on more than 160 public health indicators and datasets from more than 30 participating health care, community, and research partners, including CDPH, MAPSCorps, and the Sinai Urban Health Institute.

The Atlas includes critical health and wellness information such as available affordable housing units, grocery store density, the Chicago Department of Family & Support Services resources, and air quality data. A key source in understanding complex health issues and how they affect different communities, the Atlas provides information on the opioid epidemic and the latest COVID-19 data including testing locations, data on underlying conditions tied to the virus, and a map of essential businesses by ZIP code. ●

# Donor highlights



## Donors make significant impact on students during pandemic

As the COVID-19 virus forced businesses to close their doors, the UIC SPH saw the ripple effect of the shelter in place order on its students. Because many public health students work in retail or the food industry to help pay for their education, the unfortunate consequence of businesses closing was students losing their jobs. Thankfully, many donors stepped up and donated to the Student Support Fund, which provides various types of support to students in need. Over the past year, nearly \$30,000 from the fund was used for emergency grants to thirty-one students who faced hardships like job loss and housing insecurity during the COVID-19 pandemic.

Dr. Robert (MPH '76) and Mrs. Kay Merrick, both alumni from UIC, made a lead gift to the Student Support Fund in the fall of 2020. Bob, a retired pathologist, and Kay, a former educator with the Chicago Public Schools, credit their daughter-in-law with informing them of the hurdles that many college students were facing as the pandemic first began. "It had been many years since either one of us was a college student, so it was eye-opening to hear that so many students were in need of support due to classes going remote and jobs being lost," Kay said. "We felt strongly about supporting

students because we know how important earning a degree, especially in public health, is these days. We were very impressed with the work being done at the School of Public Health and were glad to be able to contribute the success of its students during this challenging time," Bob said.

The fund helped make sure that students like Gizelle Alvarez, (B.A. '16) were able to remain in school despite losing employment income. Alvarez, who served as the President of the Minority Students for the Advancement of Public Health, received funds to help pay for some of her basic needs, such as rent. With this support, she was able to stay focused on school, ensuring she reached her academic goals, which including being able to graduate with her MPH in environmental and occupational health sciences in May 2021. "I am extremely grateful for the support that I received from donors during the COVID-19 crisis. This has been a very uncertain time for everyone and I am sure the support given to students, like myself, lifted much of that uncertainty and stress from their shoulders," she said.

Jabari Taylor, MPH candidate in health policy and administration, says that the COVID-19 crisis affirmed his deci-

continued on next page...

## Alumnus Establishes Scholarship Fund to Help Future Statisticians

The pandemic has left its marks on so many facets of life, but for Chris Barker (PhD '87), it opened his eyes as to why a program in biostatistics is extremely important for schools of public health. After a long career as a statistician in the pharmaceutical industry, Barker had planned to fully retire. Then COVID-19 arrived and soon after that requests to work on clinical trials. "The amount of misinformation and disinformation out in the media about the virus caused anxiety for people who didn't fully understand the risks" Barker said. "I already knew this, and the pandemic confirmed it: the role of a biostatistician to interpret data is incredibly important."

Barker originally thought he would have a career as an economist because of his under- and graduate math- economics training. He realized that economics was not the career path he wanted, but he would take what he learned and use it in his decades-long career as a clinical trial statistician. "I learned about a program in biostatistics in a school of public health from a friend and enrolled in the PhD program under Dr. Paul Levy," he said. Barker learned of an extraordinary opportunity that allowed him to take

courses at UIC, Northwestern and University of Chicago through UIC's travelling scholars program. He credits Dr. Levy, the first Division Director of the Biostatistics Division, for inspiring his future philanthropy to the school. "Dr. Levy helped secure scholarships for me, and a student job with the Primary Pulmonary Hypertension registry. I always felt indebted to UIC for this support."

Barker, an independent consultant and Adjunct Professor at UIC SPH, established an endowed scholarship during 2020-2021. He deliberately kept the criteria vague so that the scholarship could help the most students. "In my career, I became known as the statistician for economists and clinical trial statisticians, because I understand both fields. I want this scholarship to help students who otherwise might not be able to afford a degree in statistics," he said. Barker recognizes that statistics is always evolving and so he structured the scholarship to adapt to the needs of students. "Everything you learn as a student in biostatistics, you will use in your day job. Statisticians are always in high demand, always employed," Barker said. As a statistician, he said that he is frequently asked to review results on pharmaceutical projects and peer review medical and statistical journals.

Reminiscing about his time at UIC, Barker says colleagues like Drs. Sylvia Furner, Edwin Chen and Jack Goldberg and many others allowed him to be surrounded by people who understood and appreciated the work of a statistician. "I'm glad to fund this scholarship so that students can dedicate their time to obtaining their degree. I want them to feel that they can get their degree and then contribute to the world." ●



Chris Barker

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# Donor highlights

## Grant aims to build community capacity in public health

The UIC School of Public Health's Collaboratory for Health Justice was awarded a grant from the John D. and Catherine T. MacArthur Foundation to extend its work building public health capacity at the neighborhood level in Chicago, in the wake of health inequities exacerbated by the COVID-19 pandemic.

The grant is part of roughly \$80 million in awards MacArthur announced in support of the foundation's Equitable Recovery initiative, centered on advancing racial and ethnic justice. The initiative is funded by MacArthur's social bonds, issued in response to the crises of the pandemic and racial inequity.



Collaboratory for Health Justice faculty and staff

"It is long overdue that academic institutions recognize the ways in which we perpetuate systems that produce health inequities at the neighborhood level," said Jeni Hebert-Beirne (PhD '08, MPH '95), director of the Collaboratory and associate dean for community engagement. "The Collaboratory is committed to transforming academic processes so that we can ac-

tively participate in building local capacity to promote health equity."

The Collaboratory will focus on two initiatives: building reciprocal relationships with community-based organizations (CBOs) toward more responsive local public health systems and launching a youth citizen science program. ●

## UIC receives \$40M donation, the largest single gift in its history

The University of Illinois Chicago is the recipient of a \$40 million donation from philanthropist and novelist MacKenzie Scott. It is the largest gift from an individual in school history.

"Ms. Scott's extremely generous donation will advance the lives of students who are poised to make great contributions to our city, our state and our world. Her gift is a vote of confidence in the mission of public higher education and in UIC," said UIC Chancellor Michael D. Amiridis. "This is another important milestone in UIC's unprecedented growth and burgeoning role as Chicago's leader in public higher

education, providing unique learning opportunities for students, attracting top academic talent and driving innovation and discovery."

UIC is among 286 high-impact organizations, including 30 other colleges and universities, to receive a portion of \$2.7 billion in the latest round of donations announced today by Scott. The unrestricted funds will be used to create a Student Success Fund, reinforcing UIC's aim to support student experience and success, the university's top strategic priority. The Fund will provide life-changing support for first-generation and low-income students attending UIC. ●



## Founders Circle Membership

The UIC School of Public Health has been supported through the years by the generous gifts of many loyal friends. We are proud to honor the distinguished group of leadership donors who, year after year, help the university prepare our students for success. Membership in the Founders Circle recognizes donors who make annual gifts of \$1,000 or more. Benefits of membership include:

- Invitation to annual Founders Circle reception
- Special communications from the Dean's Office
- Exclusive invitations to public health lectures
- Founders Circle recognition items



## Legacy Society Membership

Create a better tomorrow for public health students, educators and the communities they serve by including the UIC School of Public Health in your estate plan today.

You can direct your gift to any fund or program at the school, making a UIC SPH education more affordable for students in need, or supporting research that improves people's health and changes lives.

**To our current Founders Circle and Legacy Society members, we are grateful that you continue to count the School of Public Health among your philanthropic priorities. Your gift helps us prepare the next generation of leaders, thinkers and doers and inspire answers to tomorrow's biggest challenges.**

To learn more about the Founders Circle or Legacy Society, contact the Office of Advancement at [SPHAdvancement@uic.edu](mailto:SPHAdvancement@uic.edu) or call (312) 355-4501.



# Celebrating the Achievements of Students, Alumni, Faculty and Staff

**GIZELLE ALVAREZ** (MPH '21) began a new position in health communications with the CDC's Center for Global Health.



Gizelle Alvarez

**ASHISH ATREJA, MD,** (MPH '00) was named the Chief Information Officer and the first Chief Digital Health Officer of the University of California Davis Health System.



Ashish Atreja

**CHRIS BARKER** (PhD in Biostatistics '87) was elected as 2022 Chair of the Statistical Consulting Section of the American Statistical Association, a professional association whose former members include Florence Nightingale and President Martin Van Buren.



Chris Barker

**JAY BHATT, DO,** (MPH '08), was named an Edgar Fellow by the University of Illinois system, an initiative designed by former Illinois Governor Jim Edgar to inspire respectful and collaborative leadership to address the state's major challenges.



Jay Bhatt

**HANNAH BONECUTTER** (MPH '21) was recognized as the Alan W. Donaldson award winner for



Hannah Bonecutter

the graduating class of 2021. The award is bestowed upon one student each year with significant academic excellence, qualities of leadership, and community service.

**NOEL CHÁVEZ,** PhD, professor emerita of community health sciences, was presented with the Catherine Cowell Award at the 2020 virtual APHA conference. The award recognizes excellence and achievement in administration, planning, mentoring and team building in public health nutrition, including meeting the special needs of urban populations and young children.



Noel Chávez

**RUIZHE CHEN,** PhD in Biostatistics candidate, earned the American Statistical Association Biopharmaceutical Section's Scholarship Award.



Ruizhe Chen

**KAMAL ELDEIRAWI** New research from Kamal Eldeirawi (PhD '06), associate professor at UIC's College of Nursing, indicates people with asthma are experiencing less asthma control related to an increase in using household disinfectants — known asthma triggers — because of COVID-19.



Kamal Eldeirawi

**TIFFANY FORD** (MPH '16) is the co-author of a new report from The Brookings Institution on the American middle class before and during the COVID-19 pandemic.



Tiffany Ford

**JORGE GIROTTI,** PhD, (EMHA '17), and Joy Getzenberg, clinical assistant professor of health policy and administration, were named 2021 Health and Medicine Award recipients by the Health & Medicine Policy Research Group, honoring Chicago leaders whose work promotes social justice and challenges inequities in health and healthcare.



Jorge Girotti

**ALEXIS GRANT,** PhD candidate in Community Health Sciences and community engagement fellow, was recognized as a Black History Maker by UIC's Chancellor's Committee on the Status of Blacks.



Alexis Grant

**ALEXANDRIA HICKS** (BA '21) was the recipient of the 2021 Promise Award, the highest honor to a graduating senior at the School of Public Health for academic excellence, community engagement and leadership.



Alexandria Hicks

**JYOTSNA JAGAI,** PhD, research assistant professor of environmental and occupational health sciences, was named to the American Public Health Association Science Board.



Jyotsna Jagai

**VINCENT KEENAN** (MS '81) retired as CEO of the Illinois Academy of Family Physicians.



Vincent Keenan

**SUSAN LYNCH** director of administrative and research operations with the division of health policy and administration, earned UIC's 2020 Award of Merit.



Susan Lynch

**MOLLY MARTIN, MD,** a research fellow with the Institute for Health Research and Policy, was honored with a Health Program Champion award from Erie Family Health Centers.

**SUZET MCKINNEY** (DrPH '09) was named principal and director of life sciences at Sterling Bay in Chicago.

**PETER ORRIS, MD,** professor of environmental and occupational health sciences, and Rebecca Levin (MPH '02) co-authored a CDC report examining network characteristics of COVID-19 infections at the Cook County Jail.

**HEATHER PRENDERGAST,** MD, (EMHA '19, MS '14, MPH '07) was recognized as a Black History Maker by UIC's Chancellor's Committee on the Status of Blacks. She is the associate dean for clinical affairs at the UIC College of Medicine and a UI Health emergency room physician.



Heather Prendergast

**LUPITA QUINTANA,** PhD candidate in Environmental and Occupational Health Sciences, has been named a Robert Wood Johnson Foundation Health Policy Scholar, supporting her research on pesticide-related illnesses among migrant farmers in Illinois.



Lupita Quintana

**TERRICE RANDOLPH,** BA in Public Health student, was part of a team of UIC students who created the winning social media entry to reach people ages 15-24, as part of a contest with the UIC Center for Clinical and Translational Sciences to promote COVID-19 vaccinations.

**ABIGAIL SILVA** (PhD '13, MPH '98) is leading a new grant funded by the Walder Foundation addressing community spread of COVID-19 in Maywood.

**ANDREW TROTTER,** MD, (MPH '10) is leading a new grant project building predictive models to triage and treat COVID-19 patients using machine learning.



Andrew Trotter

**KARRIEM WATSON,** DHSc, (MPH '10) was named the new chief engagement officer with the National Institutes of Health's All of Us research program.



Karriem Watson

Tell us what you're up to!  
Email your news to [TeIISPH@uic.edu](mailto:TeIISPH@uic.edu).

## PROFILES OF NEW LEADERSHIP

Rashid Ahmed, PhD, is SPH's new associate dean for academic affairs. He joined SPH from the University of North Dakota, where he was associate dean for research at the College of Nursing and Professional Disciplines.



Rashid Ahmed

He is focused on creating strong regional academic-practice partnerships between UIC and the Illinois Department of Public Health, medical schools and the U.S. Department of Veterans Affairs, to strengthen and sustain knowledge transfer. At UIC, he is collaborating to implement a four-year joint MD-MPH program.

His research interests include the use of statistics in medical research, studies of prognosis, regression modeling, systematic reviews and meta-analysis, randomized trials and studies of medical measurement. He has collaborated in several methodological research projects and is deeply involved in efforts to improve the quality of reporting medical research studies. ●

Ben Shaw, PhD, joins SPH as the new director of the division of community health sciences (CHS). Since 2002, he has worked at the University of Albany School of Public Health, where he focused on improving the health, well-being and independence of older adults. Findings from his work have helped to increase awareness of how psychosocial factors influence the health of aging populations, and as a result, have helped to strengthen the scientific basis for the development of new interventions and policies aimed at promoting healthy aging through targeting individuals' behavioral, psychological, and social contexts.



Ben Shaw

Shaw notes his inspiring interactions with CHS faculty and the impressive scholarship that has been produced in the division.

Shaw notes his inspiring interactions with CHS faculty and the impressive scholarship that has been produced in the division.

"I'm extremely proud that CHS is situated within a top-tier school of public health," Shaw said. "I know that our work over the next several years will be building on what is a very strong foundation." ●



## Professor recognized as university scholar

In more than three decades as faculty at UIC, Arden Handler, DrPH '87, professor of community health sciences, has grown the School of Public Health's maternal and child health programs to a position of leadership across the nation. Her efforts both at UIC and within the maternal and child health field are honored this fall with the University Scholar Award, a prestigious faculty award presented by the University of Illinois System.

The program provides a three-year award to faculty members who have demonstrated superior performance in scholarly activities in both research and teaching and who show great promise for future achievements.

"This feels like recognition not just for me but for the whole maternal and child health program and the efforts we have made to improve the health of women, children and families," Handler said. "To be a go-to maternal and child health partner for the city and state, it feels really good to be recognized for that."

Handler's career has always focused on maternal and child health. After earning her DrPH at SPH and prior to becoming a member of the faculty, she managed the Cook County and University of Illinois perinatal databases housed at UIC. After joining SPH's faculty, she expanded the influence and reach of the School's academic and community-based efforts. Today, she serves as the director of the UIC Center of Excellence in Maternal and Child Health, one of only 13 centers nationwide funded by the U.S. Department of Health and Human Services.

During her long history with the Center, she has worked with faculty and staff to establish robust collaborations with local and state maternal and child health programs including maternal and child health training grants throughout the Midwest, Illinois and other regional Title V program, CityMatCH, a national organization of urban maternal and child health leaders, and AMCHP, a national organization of state leaders. She also has been actively involved in the development of policy at the local, state and national level and the launching of one of the nation's first maternal and child health epidemiology programs.



Arden Handler

Her work includes an innovative project with colleagues across UIC focused on improving maternal health outcomes. The project has launched a two-generation postpartum clinic in conjunction with UI Health that provides well-baby and well-woman care in one setting for two years after birth. Handler is also leading the evaluation of the Illinois Breast and Cervical Cancer Screening Program, part of a CDC-sponsored effort to improve screening and diagnostic services to promote early detection. She also leads the evaluation of Family Connects Chicago, a universal postpartum home visiting pilot in Chicago.

Handler aims to use the award funding to support a history student to assist with researching the early history of the Infant Welfare Society of Evanston and to provide funding to the UIC Library to create a digital maternal and child health collection based on the numerous documents related to efforts to improve maternal and infant health in Chicago and Illinois that she has collected over the years.

As she reflects on her time at UIC, Handler points to a meeting of city and state experts she convened a few years ago as a sign of the program's success.

"Half the people in that room were graduates of our program, and that was just incredible," Handler said. "It's a reflection of all the amazing things we're doing, because we're not just academic, we are very much connected to maternal and child health practice." ●

## Congratulations to SPH's new Delta Omega inductees

Delta Omega is the national honorary society for graduate studies in public health. The society was founded in 1924, when only a few graduate schools of public health existed in the United States, and now has more than 80 active chapters at accredited schools providing advanced public health degrees. New members are inducted each year from three groups: students who are candidates for a graduate degree in public health, faculty members at the school of public health, and alumni actively engaged in public health work. Election from all three groups is based on outstanding performance—scholarship in students, teaching and research in faculty members, and community service in alumni.



**Delta Omega**  
Honorary Society in Public Health

Election to membership in Delta Omega is intended, not only to recognize merit, but also to encourage further excellence in, and devotion to, public health work. This year, the UIC School of Public Health is honored to recognize the following student, alumni and faculty who have been inducted this year:

<b>Kera Beskin (MPH/MBA '18)</b>	<b>Keshonna Lones (MHA '13)</b>
<b>Hannah Bonecutter (MPH '21)</b>	<b>Natalia Lopez-Yanez (MPH Candidate)</b>
<b>Ahmed Chaudhry (MPH '13)</b>	<b>Yamilé Molina (MPH '15)</b>
<b>Mayra Diaz (MPH '21)</b>	<b>A.G. Palladino-Davis (MPH '10)</b>
<b>Jamie Grandishar (MPH '21)</b>	<b>Hannah Safron (BA '21)</b>
<b>Moïse-Denis K. Jean (MPH '12)</b>	<b>Celine Wysgalla (MPH '20)</b>
<b>Imani R. Lewis (MPH '07, MHA '11)</b>	

Nominations for Delta Omega open each spring. Please visit [publichealth.uic.edu/DeltaOmega](http://publichealth.uic.edu/DeltaOmega) for more information on how to nominate an alumnus of UIC SPH.

## In Memoriam

The following deaths were shared with the UIC School of Public Health. UIC SPH remembers them for their contributions to the field of public health.



### BRIAN R. FLAY, D.PHIL

A social psychologist internationally recognized for his research on health promotion and the prevention of disease, Dr. Flay joined UIC as Professor in 1987 where he went on to serve as the Director of the Health Research and Policy

Centers until 2005. He was a prolific scholar whose contributions to the field of Prevention Science spanned more than 40 years. In that time, he acquired over \$40 million in grants (as a PI; and more than \$120 million overall), published nearly 300 scientific articles in peer-reviewed journals, and contributed a multitude of books, book chapters, and health promotion curricula. Early in his career, his efforts focused on understanding and addressing substance use, particularly in adolescent populations. Over time, his research increasingly addressed efforts to promote health equity. Among his many accomplishments is being the primary developer of the Theory of Triadic Influence, a comprehensive meta-theory that he felt could be applied to understand and intervene upon all health behaviors.



### MARCOS E. MUÑOZ

Mr. Muñoz was a community leader in the Little Village neighborhood of Chicago who was an inspiring and regular guest speaker for classes offered in UIC SPH's Division of Community Health Sciences. His career as an organizer

began when he met Cesar Chavez while working the migrant trail. Under Chavez' guidance, Mr. Muñoz led a strike against the George Lucas grape farms in California. He organized numerous rallies and engaged churches, labor unions and community organizations. He served as vice president of the community board of the Dr. Jorge Prieto Family Health Center where he was committed to meeting the needs of the medically underserved and uninsured. "Many former CHS students will remember Mr. Muñoz who spoke in CHS 431/584," says Jeni Hebert-Beirne, associate director for community engagement. "Our students partnered with Enlace Chicago and StoryCorps to collect Mr. Muñoz' oral history and we are so grateful for the expertise and time he spent with our students."

## Retirement Announcements

The UIC School of Public Health recognizes the dedication and years of service of the following faculty who are retiring this year.

An Li



An Li, PhD, was the first recipient of the Dr. Samuel and Catherine Epstein professorship at SPH. Her research examines how human activities influence the natural environment and how those changes in turn affect human health. Li's investigations have identified how pesticides, flame retardants and polychlorinated biphenyls, along with other emerging pollutants, are transformed in our ecosystems and their prevalence in human blood and tissue. In retirement, she plans to continue publishing research and spend more time with her grandson.

"I've been blessed with the opportunities of working with so many excellent students, postdocs and visiting scholars in my research," Li said.

Frank Chaloupka



Health economist Frank Chaloupka, PhD, conducts research on the ways that local, state and national policies affect smoking, substance abuse and other unhealthy behaviors.

Chaloupka's work challenged the idea that because many smokers are so dependent on nicotine, price changes will not affect smoking rates. Instead, he discovered that increases in cigarette prices – including tax hikes – lead to significant reductions in consumption and smoking.

Chaloupka's research has been cited by the Office of the Surgeon General and has led to many substance abuse policy initiatives. He has served as the director of Tobacconomics, a think tank at SPH's Institute for Health Research and Policy.

Leslie Stayner



Leslie Stayner, PhD, brought a legacy of public service experience to SPH. For more than two decades, he worked with the National Institute of Occupational Safety and Health, concluding his time as chief of risk evaluation. At SPH, his research focused on the effects of environmental exposures on cancer risk, particularly among children.

He also has numerous publications focused on exposures in the workplace and risks for respiratory disease and cancer. Stayner has served as an advisor to the World Health Organization, U.S. Environmental Protection Agency and a host of other federal groups.

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