

HEALTHVIEWS

FALL 2020 VOLUME 18

UNMASKED:

The Pandemic of Social Determinants of Health

INSIDE THIS ISSUE

SPH Announces New Policy, Practice and Prevention Research Center

Research Examines Social Vulnerability and Racial Inequality During the Pandemic

Surveillance Programs Contribute to Improved Health Around the Globe



UNIVERSITY OF
ILLINOIS CHICAGO

School of Public Health



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Dean Wayne H. Giles recorded a TEDxChicago talk based on his role as a public health leader in Chicago.

HEALTHVIEWS

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The year 2020 will certainly go down in history as the time when our world learned about the crucial role that public health professionals play in keeping communities safe. COVID-19 has impacted the lives of everyone, and it has unveiled what many of us in public health have known for years: social vulnerability and racial inequality have a profound impact on individuals and communities. While these perils are difficult to live with, I have been inspired by the way the UIC SPH community has risen to the challenge.



In this issue of *Healthviews*, you'll read about how our faculty had to pivot in order to move all in-person courses to an online format. While the ending of last year and the start of this academic year look different than what we are used to, our commitment to serve and support our students and community remains exactly the same. Our goal has always been to educate the next generation of public health leaders. I'm happy to say that we're seeing a spike in our enrollment numbers this year, especially in our undergraduate program. This is extraordinary news for UIC and the field of public health.

The National Scope/Global Impact section highlights the work of our Global Health Program. While the travel ban prevented our faculty and students from traveling abroad, they are still conducting research. I encourage you to read about the work of various faculty who are working on projects that reflect the critical role of surveillance in global public health. Imagine how different the outcome might have been in the U.S. if the surveillance of COVID-19 was used for planning and evaluation, health systems response and policy development.

UIC SPH was named a leading U.S. university shaping the nation's public health workforce (Harris Search Associates Ground Zero Report). You can read about our impressive faculty who were called upon to lead Illinois' response to combat COVID-19 and how Chicago's mayor selected us to co-lead the city's contact tracing initiative. Our new Policy, Practice and Prevention Research Center aims to build capacity for policy, programs and systems designed to improve population health and address equity.

Lastly, I hope you'll take a moment to check out the Advancing Health section to learn about how funding from AbbVie is helping address COVID-19 among the homeless and how an alumna's career in global health inspired her to give back.

While I didn't anticipate the school's 50th Anniversary would coincide with a pandemic, it certainly means no one will forget the year 2020. I hope we can celebrate in person in 2021 or when it is safe to do so.

In good health,

Wayne H. Giles, MD, MS

Wayne H. Giles, MD, MS
Dean

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For more than 50 years, the UIC School of Public Health has been the only accredited school of public health in the state of Illinois. **What will public health and SPH look like 50 years from now?**

Members of the UIC SPH community weigh in...

Fifty years from now, public health will be well funded and further integrated into our nation's infrastructure. This would result in greater accessibility to healthcare through advancements in our everyday technologies and widespread use of data. As medical homes continue to grow, public health will be the foundation to preventive services and achieving more equitable health outcomes as we work towards bridging gaps in disparities. I hope schools of public health, through its diverse faculty will provide more focus on health.

RAJESH PARIKH, MD, (MPH '95)
RECENTLY RETIRED, VICE PRESIDENT OF CLINICAL SERVICES + WORKFORCE DEVELOPMENT
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Given some key prevailing trends in our field – which likely will continue and intensify, I believe that, in the coming decades, we must, more than ever before, (1) be adept at working with big data; (2) avail ourselves of new technologies and new ways of doing business; and (3) work to create – and document in the evidence base for practice – meaningful change that greatly benefits those whom we serve. The good news is that UIC SPH is at the forefront of training up public health leaders who can do just that – and can do it successfully!

DAVID J. REYNEN, (DRPH '16), MA, MPPA, MPH, CPH
RESEARCH SCIENTIST SUPERVISOR I, EPIDEMIOLOGY, SURVEILLANCE AND FEDERAL REPORTING BRANCH
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In 50 years from now, many positive changes that impact health outcomes will occur. More women and people of color will hold positions of power in government and business. All United States citizens will have health insurance. However, new challenges will arise. New diseases will develop, the earth may continue to warm and the systems of oppression will change forms. As our world evolves, public health as a field and the UIC School of Public Health will continue to rise to the challenge.

KERA BESKIN, (MPH/MBA '18)
PROGRAM MANAGER
AMERICAN ACADEMY OF PEDIATRICS
CO-CHAIR, SPH ALUMNI COUNCIL



With technology brings improved access to health data in real time and better health forecasting, assisting public health to more accurately estimate appropriate mitigation strategies, focusing limited resources to more targeted programs. This is where the UIC School of Public Health plays a unique role with leadership and community partnership experience, utilizing appropriate resources to better assess public health needs and assure a competent workforce and a healthier and more equitable community.

UCHE S. ONWUTA, MS, (MPH '97)
DIRECTOR, DIVISION OF HEALTH PROTECTION
KANE COUNTY HEALTH DEPARTMENT



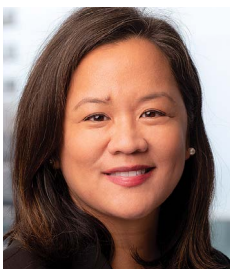
Over the past 50 years, the public health profession and UIC's School of Public Health have made significant impacts in marginalized communities nationwide through combining research with community driven projects aimed to identify and address the social determinants of health. As we move into the next 50 years, it is imperative that we become synchronized with the corporate community to enhance innovative marketing, public health financial strategies and robust community health partnerships with local business to strategically continue our progressive commitment to addressing the social determinants of health.

TERRY L. WILLIAMS (MPH '20)
SERGEANT
UNIVERSITY OF ILLINOIS CHICAGO POLICE DEPARTMENT



In 50 years, public health intertwined with health equity will finally be at the forefront of people's minds. In our experience addressing COVID-19, the pandemic has exposed the gaps in a fair and equitable health care system, and I predict the future will hold key advances in structural and systemic change that resolve barriers to good health. In the way of COVID-19, this includes cohesive testing, tracking, isolation and preventive health care education.

CLARITA SANTOS, (MPH '96)
EXECUTIVE DIRECTOR, CORPORATE AND CIVIC PARTNERSHIPS HEALTH CARE SERVICE CORPORATION
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Shifting focus to make online course relevant to pandemic

While Betsy Cliff's 400-level Health Economics class already was taught online before COVID-19 forced all education to go virtual, she quickly realized that history was in the making and decided to take advantage of this time as an instructor.



Betsy Cliff

Cliff, who is an assistant professor of health policy and administration, used Blackboard email to give her students a voice in how they wanted the class to continue by asking them to fill out a poll.

"I asked if they wanted to continue with the course as scheduled or swap out one week's topics for a lesson on the field of economic epidemiology," Cliff said. "They overwhelmingly voted to learn more about economic epidemiology, which has an immediate bearing on the spread of infectious disease."

For Cliff, the challenge was to quickly pivot and prepare lessons on a topic she had not previously planned. As a health economist by training, she also had to hunker down and learn as much as possible about how economics could and is informing the current pandemic.

During her prep work, she was able to utilize textbooks on economic epidemiology, pre-peer review working papers and journalism that had done extensive epidemiological modeling. Ultimately, she put together about 30 minutes' worth of lecture that she recorded on video for the online class.

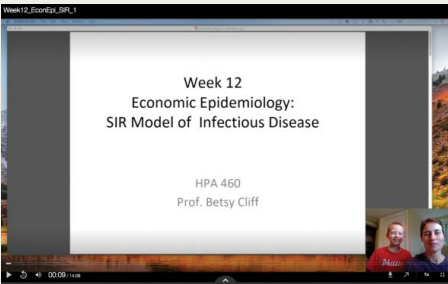
At the same time that she was preparing lessons and videos, she also was dealing with the reality of being a sequestered mother of two young boys, Charlie, 10, and Gus, 8, whom she put to work.

"I tried to make the best of it by having my kids introduce some of the videos – it actually got really good feedback," Cliff said. "They would say, 'This is HPA 460 and this video lecture is about the SIR model.' Then, they would move out of the way (they would usually run just off-camera, shake off their nerves) and I would continue with my lecture."

Cliff said that the lessons also gave her sons an appreciation for her work. At one point, a video intro of a basic epidemiological

model to predict the spread of contagious diseases led to her 10-year-old asking questions that required a fourth-grade version of a lesson on the topic.

"I talk to them about my work, and they know it's important to me, but I think this actually gave them a little bit better understanding of how I do it," Cliff said.



A slide from Betsy Cliff's e-learning lessons being introduced by her sons.

While that class was going on, Cliff also was team-teaching an in-person class with Stephanie Shapiro-Berkson on health care management, which was forced to move from the classroom to online. The content of that class did not change, but Cliff and Shapiro-Berkson had to take one of the school's largest classes to an all-online format, something they had not even considered at the beginning of the semester.

Anthea Abers, who just finished her first year working on her master's in public health, said that while the transition online in her IHPS 403 class was abrupt, she praised her teachers' ability to create a structure with the online lecture videos. They did so by helping mediate the videos by introducing major themes, referencing how they would be broken down and pointing out assignments, Abers said.

"I also loved that she included her kids in introducing the themes because I think it helped to feel like we were still sharing a little of our lives together as a class

and was a good reminder that so many of us are trying to learn, teach and work in environments that are shared with our children and partners," Abers said.

While Mary Cleary, who is a first-year student working on her master's in public health, prefers in-class lectures and learning, she felt her teachers were very responsive via email, virtual office hours and calls.

Both Cleary and Abers said that while they did not choose an online class, a positive trade-off was that they enjoyed the flexibility of virtual learning.

"I know many of us are juggling family life, careers, responsibilities and general uncertainty, so I appreciated the professors recognized that and responded accordingly," Cleary said. "Ultimately, I am glad that they maintained a high expectation for our performance."

In addition, students appreciated that a final project that initially required both an in-class presentation and a written report was changed to allow students to choose one or the other, which allowed them to "produce a higher quality end product," Cleary said.

"It is hopeful to me that the majority of my professors went above and beyond and offered increased support, understanding, resources and humanity during this time—when they, no doubt, deal with many of the same challenges us students face," Abers said. "I am hopeful that equity will continue to be the focus of UIC's response and adaptation during this crisis, and beyond it. Health, safety and support are critical underpinnings to learning — now and always. I am grateful this is being recognized, and I'm proud to be a student of public health here at UIC." ●

At the UIC School of Public Health's new
**POLICY, PRACTICE
AND PREVENTION
RESEARCH CENTER,**
evidence, translation and impact
take center stage.

Spurred by \$3.75 million in research funding from the U.S. Centers for Disease Control and Prevention (CDC), the Policy, Practice and Prevention Research Center (P3RC) at UIC – one of only 25 academic institutions in the CDC's Prevention Research Center network – aims to build evidence, leadership and capacity for policy, programs, systems and environmental-oriented changes designed to improve population health and address equity. In collaborative partnership with like-minded allies such as local health departments and institutions like Chicago Public Schools (CPS), P3RC faculty are currently undertaking various projects to build and use actionable evidence that will impact communities in positive, useful ways. "Our focus and aspiration are on large-scale, evidence-based changes," assures a P3RC principal investigator Dr. Lisa Powell, distinguished professor and director of the division of health policy and administration.

THE P3RC'S FLAGSHIP PROJECT

The P3RC's headline project, the Healthy CPS Network Initiative, aims to improve student wellness in the nation's third-largest school district by establishing a Healthy CPS Network Specialist position dedicated to health and wellness-related issues in CPS' geographic networks. The pilot program will be tested in Network 5 on the city's West Side, one of the district's 17 geographic networks.

Based on the CDC's Whole School, Whole Community, Whole Child model (WSCC), a comprehensive child-centered framework that includes elements such as physical activity, nutrition, health education, health services and community involvement, the Healthy CPS Initiative demonstrates a school's commitment to a safe and healthy learning environment by offering access to daily physical activity, nutritious foods, school-based health services, health education and supports for students with chronic conditions. "This project allows CPS to build on the great momentum it's created in health and wellness and supporting the whole child," says SPH health policy and administration professor Dr. Jamie Chriqui, a principal investigator on the project and a nationally recognized expert in school wellness. "Miraculously, we were able to complete our school wellness team discussion groups virtually during the shelter-in-place order," Chriqui explains. "The specialist was hired and on-boarded in the spring of 2020, and a draft of the specialist's toolkit, which will guide their school-level interactions, was created."



P3RC faculty and staff

The specialist's primary task is to develop and help institute a health and wellness action plan for each of the 26 Network 5 schools, an effort already underway with a targeted needs assessment at each school based on factors such as health data, public assistance enrollment and existing school practices. The specialist will then help schools activate their action plans with a focus on creating a sustainable program that leverages community partnerships and bolsters student health.

Ultimately, researchers hope to generate sound evidence that employing a specialist pushes student health and performance in a positive direction. "It's our shared dream for each network to have its own specialists, but before doing that we need to provide evidence that this program makes a difference," Chriqui says.

continued on next page...

For Tarrah DeClemente (MPH ‘12), the manager of health promotion at CPS’s Office of Student Health and Wellness and a co-principal investigator on the project, the P3RC-driven project allows the 350,000-student district to test more focused health and wellness efforts and then assess their impact. “It’s one thing to have a policy, another to implement it and yet another to assess its effectiveness. This program will provide much-needed data and metrics for our office to improve programming for schools,” says DeClemente, who considers SPH and Chiqui ideal partners given their credibility and shared interest in supporting the whole child.

If proven successful in Network 5, the researchers hope to expand the initiative across CPS and to have it serve as a template for other U.S. school districts. “Most districts follow WSCC, but they haven’t taken such a tailored approach. Our hope is that we develop a model others across the country can follow,” Chiqui says.

PROJECTS DESIGNED TO BOOST HEALTH AND EQUITY

Beyond its signature Healthy CPS Initiative, the P3RC will study a diverse array of public health issues and support its public health partners in leveraging research data and advocating for policies and practices that heighten population health and equity.

“Our driving purpose is to build leadership and capacity to help effective policy and programs take shape and to do that with equity in mind,” Powell says.

The CDC has already funded two additional special interest projects from P3RC faculty. The first, ICARE, a pilot study led by UI Health Department of Emergency Medicine professor Dr. Heather Prendergast (MPH ‘07, MS ‘14, MHA ‘19), will look to improve care for cancer patients by standardizing emergency department protocols, increasing cancer survivors’ engagement with primary care physicians and assessing the feasibility of improved early detection for breast and cervical cancer through the emergency department.

In the second CDC-funded project, Chiqui and colleagues at the University of Massachusetts Medical Center are co-leading the CDC’s Physical Activity Policy Research and Evaluation Network (PAPREN). As part of PAPREN, Chiqui is spearheading an applied evaluation project to examine how changes in pedestrian-oriented zoning and land use policies across more than 3,000 U.S. municipalities

“These efforts will build research capacity so we’re fostering larger projects and expanding our impact.” –Lisa Powell

and unincorporated county areas have impacted recreational physical activity and sedentary behavior, commuting to work and pedestrian fatalities.

The P3RC’s work with CPS, meanwhile, extends into a second project led by Dr. Elizabeth Jarpe-Ratner (PhD ‘18), a clinical assistant professor in the Division of Health Policy and Administration. Jarpe-Ratner is currently evaluating adolescent health promotion in Chicago’s schools, reviewing current CPS policies, curriculum and services to support sexual health. She plans to use her findings to develop technical assistance, training, progress monitoring and resources for CPS students and staff.

Additionally, Powell is leading a large-scale Bloomberg Philanthropies-funded policy evaluation of sugary beverage taxes in multiple jurisdictions across the U.S. The evidence of that work is being translated through P3RC research briefs.

The P3RC will also continue a 25-year collaboration that the UIC School of Public Health has had with the Illinois Department of Public Health (IDPH) on academic-practice initiatives focused on increasing the state’s capacity to enhance public health. Specifically, P3RC faculty will work with partners to produce a State Health Assessment, State Health Improvement Plan and Strategic Plan aimed at fueling health improvement in Illinois.

To build additional capacity for policy, program, practice, systems and environmental (PPSE) prevention research and public health practice at SPH, the P3RC will also offer pilot grants for SPH faculty. “These efforts will build research capacity so we’re fostering larger projects and expanding our impact,” Powell says.

ADDRESSING THE RESEARCH-PRACTICE DIVIDE

While evidence-based research is so central to P3RC’s mission, so too is disseminating and translating findings into best practices and policies for sustainable, widespread scale-up. That, Powell says, requires baking translation objectives into every project from the get-go. “Translation is too often an afterthought, but we’re thinking about translation from the beginning of every project,” she says, adding that the P3RC will publish policy and research briefs with the expressed goal of helping its partners translate evidence into real-world impact.

Christina Welter (DrPH ‘10), director of the DrPH in Leadership Program and clinical assistant professor of health policy and administration, will lead the P3RC’s training and translation arm, where she will work to reduce the all-too-common barriers between researchers and practitioners and facilitate a more timely exchange of ideas that positions practitioners to promote systems-level changes.

To support this effort, the P3RC is launching the Building Illinois’ Leadership Policy and Practice Capacity Initiative (BILPPCI). Through a deep-dive, mixed-methods assessment of local health departments and peer academic institutions, the BILPPCI will help partners understand their capacity for evidence-based decision making and enacting PPSE-oriented change. Welter and her team will later use those assessment results to develop a translation agenda for Illinois. “It’s a multi-phase project to understand our partners’ strengths, gaps, assets, needs and challenges, so we can build evidence that informs policies and practices, whether that’s for the minimum wage or bike lanes,” Welter says. “It’s a large, lofty effort, but something we believe will leave a mark.”

The assessment results will also guide the creation of the P3RC’s Skills Institute as well as leadership and learning communities for public health students and practitioners. In particular, public health partners will be able to apply to the Skills Institute, where Welter and Guddi Kapadia, assistant director of P3RC, will provide action-oriented, evidence-based training focused on working as an organization and with partners to develop, implement and evaluate evidence-based PPSE approaches to improve population health. Welter says the Skills Institute will provide practitioners relevant workforce development to improve their readiness and capacity to build and use evidence. “We need evidence that’s actionable at the local level and to build evidence in ways that reflect local communities’ challenges, assets and opportunities,” Welter says. “When we work with partners in real time and discuss potential changes, they will be better positioned to make faster, better decisions and make a difference in their communities.”

One of the key features of P3RC is to remain responsive to its partner needs during current and future public health challenges. For example, Welter supported the IDPH during the Spring 2020 COVID-19

response as one of the organization’s Deputy Incident Commanders. “I provided technical assistance to IDPH for 10 weeks to expand strategic and performance management systems, institute situations awareness and data reporting systems, and build out bi-directional communication and partnership approaches,” Welter says. She is also working with IDPH to assess its response to COVID-19, as well as build its equity and anti-racism approaches, in a proactive way. Welter and her colleagues from the Illinois Public Health Institute are conducting the State Health Assessment and State Health Improvement Plan and have integrated these important topics and initiatives into their inquiry to help the state plan for its future.



Between the P3RC’s enterprising research projects and its bold translation objectives, Powell acknowledges the SPH-housed center holds an admittedly ambitious slate. Undeterred, she relishes the ability to build capacity and strengthen relationships with public health partners and savors the opportunity to address pressing public health needs and advance the center’s research portfolio. “We see an opportunity for improvements in population health and equity through a paradigm shift that builds capacity and bridges practice, translation and research,” Powell says. “We’re ready to contribute in meaningful ways.” ●

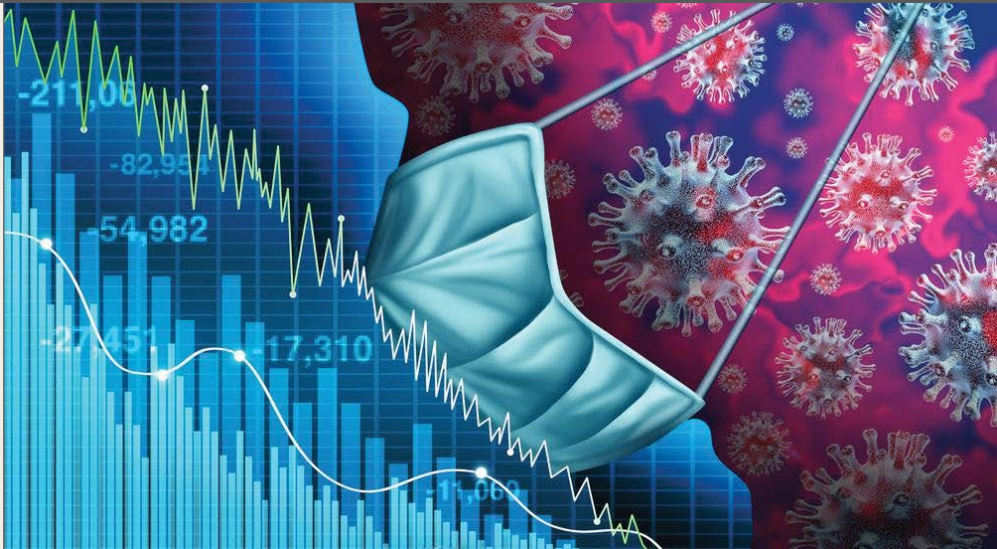
“We need evidence that’s actionable at the local level.” –Christina Welter

SPH establishes new center for public health data analytics

The University of Illinois Chicago School of Public Health has launched the Population Health Analytics, Metrics and Evaluation, or PHAME, center.

The center is funded with a \$189,436 award from the Otho SA Sprague Memorial Institute, which supports the Chicago Health Atlas, the Chicago Department of Public Health’s Healthy Chicago initiatives and similar efforts designed to make health and wellness data useful to all.

The PHAME Center at UIC will combine novel technology with academic expertise to provide a hub of advanced data visualization, evaluation and analytics to community members, students, policymakers and researchers in Chicago and beyond. By combining these elements — community, scholars and technology — the center will advance data-driven public health decisions, meaningful population health initiatives and reduction of health disparities including those related to COVID-19. The center will also provide policy and research briefs that showcase health equity measures and potential data utilization in health equity research.



Sanjib Basu, the UIC Paul Levy and Virginia F. Tomasek Professor of Biostatistics, and Sage Kim, associate professor of health policy and administration, will co-lead the PHAME center.

Basu and Kim have engaged in data modeling and research concerning racial and ethnic disparities in COVID-19 transmission and mortality in Chicago since March. Recently Kim’s research identified the effects of existing social vulnerability and health risk factors contributing to COVID-19 outcomes and geographical patterns associated with increased COVID-19 death rates in Chicago, particularly among Black communities.

“We are able to visualize the spatial impact of COVID-19, with a unique social vulnerability index to quantify the level of inequality that had already existed before the pandemic, which has produced uneven burden of COVID-19 in Chicago,” Kim said.

Kim also examined COVID-19 transmission in correctional settings, which has been published by UIC’s Institute for Government and Public Affairs.

The center will collect a wide range of health, social, economic and demographic data from multiple national and local

sources, including the Chicago Department of Public Health, U.S. Census, and health surveys from the U.S. Center for Disease Control and Prevention as well as Chicago and Illinois Community Health Needs Assessments and other regional health surveys. Much of the data will be tagged to a census tract, ZIP code, county-level or community areas, allowing users to look at data on a granular level to help tailor policies and programs to a specific area’s health needs.

“One of the strengths of the new center is to help integrate diverse streams of data to identify health disparities and to help optimally target preventive and treatment services,” Basu said.

Data visualization will be provided in an online data platform in collaboration with Metopio, Inc. The center will also work closely with UIC’s Collaboratory for Health Justice to expand partnerships with communities in Chicago and beyond.

Other investigators include Wayne Giles, dean of the UIC School of Public Health; Jeni Hebert-Beirne, associate professor of community health sciences; Ronald Hershow, director and associate professor of epidemiology; Vincent Freeman, associate professor of epidemiology; and Garth Rauscher, associate professor of epidemiology, all at the UIC School of Public Health. ●

“One of the strengths of the new center is to help integrate diverse streams of data to identify health disparities and to help optimally target preventive and treatment services.”

—Sanjib Basu



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



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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 or call 312-355-4501.



DIVISION OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SCIENCES



EXAMINING THE EXPERIENCES OF CHICAGO-AREA RIDESHARE DRIVERS DURING THE PANDEMIC

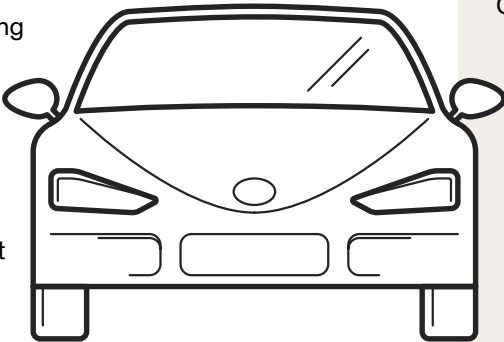
Not surprisingly, rideshares decreased in March and April 2020 as COVID-19 shutdowns swept the U.S., but for rideshare workers, choices were often grim. Some have continued to work at personal risk, working more hours waiting for fares and earning less money. Others have felt that they could not risk exposure to the virus and have stayed home, with a large loss of income. Published statistics from Uber and Lyft reflect ridership decreases of 70 to 80 percent in April but only a 58 percent decrease in drivers.

Although rideshare drivers, as independent contractors, qualified for CARES Act unemployment benefits, overwhelmed state benefit systems often failed to pay out benefits. Others did not qualify for benefits because of part-time income or status as an undocumented immigrant. Benefits for gig workers expired in July 2020.

Researchers with SPH's Great Lakes Center for Occupational Health and Safety and Center for Healthy Work have launched a study to examine the experiences of Chicago-area rideshare drivers during the pandemic. The goal is to understand barriers and facilitators to implement workplace policies and guidance that support health and safety of rideshare workers and app-based drivers as the pandemic continues.

"For some drivers, this was the only way to put food on the table," said Preethi Pratap, PhD, assistant professor of environmental and occupational health sciences. "There isn't much we know about what employers did to provide safety protections and guidance for these workers."

The study is part of a partnership with Gig Workers Matter (GWM), a Chicago-based organization aiming to bring together on-demand workers across industries to organize for better working conditions, benefits and voice in determining the terms of their employment arrangement. Through anonymous online surveys, the study will examine drivers' experiences during the pandemic: hours worked, ability of drivers to provide financially for their families, effects on stress



levels and well-being, perceptions about workplace risks, protections against the virus provided by employers and safety steps taken independently by drivers.

Pratap notes the City of Chicago launched a new program funding Personal Protective Equipment (PPE) for taxicab drivers, but rideshare drivers are not eligible. Unionized rideshare workers in Seattle have negotiated for funding to purchase PPE, fair pay and paid sick leave; Chicago rideshare workers do not have formal collective bargaining power.

Survey results could inform future research on rideshare drivers' health. Pratap says data from this study could be used by GWM to advocate for improved working conditions for rideshare drivers in Chicago. ●

DIVISION OF HEALTH POLICY AND ADMINISTRATION



EXAMINING HOW STATE ORDERS IMPACTED ACCESS TO RECREATION AND PHYSICAL ACTIVITY

The onset of the COVID-19 pandemic brought radical changes to Illinois residents used to outdoor recreation. State parks shut down, access was cut to Chicago's Lakefront Trail and runners, bikers and walkers had to contend with an influx of people seeking an outdoor escape from shelter-in-place orders.

A new evaluation effort from the Physical Activity Policy Research and Evaluation Network (PAPREN) Coordinating Center, a CDC-funded initiative co-led by the University of Massachusetts Medical School and the UIC School of Public Health's Policy, Practice and Prevention Research Center, is examining how state orders and guidances impacted access to recreation and physical activity during the pandemic's first 6 months.

"As we move into the potential next wave of COVID, there are important lessons to be learned for decision makers to make physical activity spaces more accessible for people," said Jamie Chriqui, PhD, professor of health policy and administration and co-principal investigator of PAPREN.

Working with Sandy Slater, PhD in Health Policy and Administration '05, and two UIC Chancellor's Undergraduate Research Awardees, including Daniel Antonio, BA in Public Health student, the initiative is compiling all relevant documents from the 50 states and the District of Columbia,

DIVISION OF EPIDEMIOLOGY AND BIOSTATISTICS



EXAMINING BURNOUT AMONG HEALTHCARE WORKERS

The COVID-19 pandemic has unleashed unprecedented stress on healthcare workforces around the world. The iconic images of nurses confronting people protesting shelter-in-place orders is only a microcosm of the challenges the healthcare workforce suddenly faces.

SPH's Heng Wang, PhD, clinical assistant professor of biostatistics, has co-

authored a new study examining burnout among healthcare workers around the world. Examining more than 2,700 survey respondents from 60 nations, about half of workers indicated they had experienced burnout. While a comparable figure on a global scale isn't available, Wang says this total is much higher than previous smaller studies.

"We're asking healthcare workers to make decisions on which patients to rescue first who will live and who will die," Wang said. "That decision alone is making them feel burnout."

The study identified key areas increasing the likelihood of burnout. Not surprisingly, access to adequate levels of personal protective equipment (PPE) was a driver of burnout, a challenge particularly notable in the U.S. A lack of adequate training is another factor, as healthcare workers take on new and rapidly changing tasks. Home life has changed drastically, with healthcare workers spending more time at work with less time to take care of family and household needs. At the extreme, some healthcare workers are completely self-isolating from their families.

Perhaps paradoxically, burnout among healthcare workers is more expansive in high-income nations than in lower- and middle-income countries. Wang says this discrepancy is

coding the materials, including the responsible agencies such as public health, parks/natural resources, and public works; specific physical activity locations such as parks, green spaces, and gyms and whether they are fully or partially open or closed; and pandemic-related signage and messaging.

Once data collection and coding are complete, Chriqui and Slater aim to produce a manuscript, policy brief and webinar that seek to answer a few core questions. First, they will highlight how orders classified physical activity as an essential activity and the extent to which outdoor or indoor activity was inhibited. While orders may have been well-intended, restrictions could lead to unintended consequences from a public health and chronic disease perspective.

driven by the presence of major hub cities in higher-income nations, with significant travel, human traffic and expansive activities that have driven the rapid spread of the virus.

The timeframe of the pandemic also impacts the extent of burnout. During the study period (April 6 – 16), infections in the U.S. were on the rise, whereas Italy had passed its peak. Wang and co-authors believe at least some of the differences



in responses between healthcare workers in these two nations can be attributed to the pace of infections. Likewise, a nation's overall approach to combatting the virus seems to affect burnout. For example, Sweden's government has encouraged an approach to obtain herd immunity, a decision which has not overburdened the nation's healthcare system to date. During the study period, healthcare workers reported lower levels of burnout than in the United States.

"Now that we actually understand what factors affect burnout, we want to learn from this experience," Wang said. "We need to give healthcare professionals more support and more adequate training." ●

Second, the study will highlight variability in what physical activities or locations are considered essential. Local examples in Chicago include the Lakefront Trail closure limiting activity while the creation of pedestrian-oriented open streets helps to facilitate recreation.

Finally, Chriqui aims to connect evaluation results with Google trend data on people's driving, walking and biking activity to gauge how behaviors changed across states.

"As far as we know, we're the only group compiling this information to evaluate the physical activity orientation of these COVID orders," Chriqui said. "This will provide some really useful information for advocates in this space going forward." ●

DIVISION OF
COMMUNITY HEALTH
SCIENCES



EXPLORING DIFFERENCES IN THE IMPACT OF THE PANDEMIC
ON MENTAL HEALTH

Public health researchers and practitioners have long been addressing social determinants of health as root causes of health disparities. A new project from SPH's Uchechi Mitchell, PhD, assistant professor of community health sciences, is examining how the COVID-19 pandemic has created new economic, social and healthcare-related stressors and exacerbated current ones, particularly among people of

color who make up the majority of essential workers.

Her project, COVID-19 Community Opportunities to Protect and Engage (COVID COPE), explores differences in the impact of the pandemic on the mental health and psychosocial well-being of Black and white Chicago residents by examining Black-white differences in COVID-related stressors, resources and resilience processes. The study takes place against a backdrop of disproportionately high COVID-19 morbidity and mortality rates among Chicago's Black population.

"Without a doubt, we should all be concerned about the mental health of all Chicagoans and Illinois residents during this pandemic, but it is important to focus on the communities that are disproportionately affected," Mitchell said. "We want to identify and leverage the assets and resources already available in these communities while working diligently to mitigate the stressors they are facing."

Working with the Endealeo Institute, a nonprofit focused on creating a culture of health in Chicago's Washington Heights neighborhood through repurposing existing asset and community-engaged research, Mitchell is designing a community survey about people's experiences during

the pandemic with co-investigators Yamilé Molina, PhD, assistant professor of community health sciences, and Joseph Hoereth, PhD, director of the UIC Institute for Policy and Civic Engagement.

Post-survey, in-depth interviews with Black Chicagoans will elicit insight into unique experiences and opportunities for action. Researchers will follow up with a virtual community forum to share findings from the community survey and gather initial insights about what community members think should be done to better support them.

Mitchell notes differences in the availability and use of personal and community resources for coping with stressors represents a challenge to protecting mental health and psychosocial well-being. She says Black Chicagoans may face distinct stressors and rely on unique, culturally specific resources and assets within their communities. In addition to several other community resources, Mitchell is also exploring the role of churches with primarily Black congregations as major sources of support for Black populations that provide food, clothing and emotional support during times of need. Likewise, she notes extended networks of family members and friends that are characteristic of social networks among Black populations may serve as a key asset for protection and well-being.

"We use a community-engaged approach to comprehensively examine these processes with the intent of informing interventions and policies and fostering greater individual and community resilience within the Black community," Mitchell said. ●

Research Examines Social Vulnerability and
Racial Inequality During the Pandemic

COVID-19 is a global pandemic, yet the effects of the virus in local settings have produced divided outcomes. New research from SPH's Sage Kim, PhD, associate professor of health policy and administration, and alumna Wendy Bostwick, MPH in Community Health Sciences '01 and PhD in Community Health Sciences '05, associate professor of health systems sciences at the UIC College of Nursing, examines the role of social vulnerability and risk factors in driving COVID-19-related death rates.

"This is a 100-year disaster, something we've never seen anything like before, but in fact it turns out to be just another example of how existing systemic disparities produce differential outcomes," Kim said. "If we think about this as a structural issue, we see very similar outcomes as any other disasters."

Their article, "Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago," in the journal *Health Education & Behavior*, employed a social vulnerability index using sociodemographic characteristics of Chicago's 77 community areas. Data included percentage of poverty, education less than a high school

degree, female-headed households with children, median household income and employment ratio.

Health risk factor scores were created using comorbidities from the Chicago Health Atlas. Relevant data included rates of heart-related death, stroke deaths, asthma, hypertension, diabetes, obesity and smoking. Finally, the researchers employed ArcGIS to identify hotspots of COVID infections and mortality across the city of Chicago.

Their analysis found COVID-19 deaths were clustered on the South and West sides of Chicago in predominantly Black communities. The authors noted driving factors including the disproportionate effects of multiple chronic diseases among Black populations and persisting social inequities that have dismantled community capacity.

Since this research was conducted, infection and death rate among Latino and Hispanic populations in Chicago has dramatically increased. Kim notes that one of the drivers of infection and risk during the pandemic is the economic ability to stay at home, something



Wendy Bostwick

essential workers are literally called not to do. She cites similar effects that drove racial differences in health outcomes during the 1995 Chicago heat wave and Hurricane Katrina.

"Low wage workers have to continue to work to make this policy successful," Kim said. "We see this a lot of times with new technology or treatment interventions widening existing disparity gaps."

Kim is working on new research examining strategies to address the effects of social vulnerability and health risk. She cites UI Health's Mile Square Health Centers opening of COVID-19 testing sites in communities hardest hit by the virus as a tool to increase access to care.

"The primary impact of COVID-19 is health, but the secondary impacts of COVID-19 are something I think we need to pay more attention to,"

Kim said. "Policies are designed to benefit certain groups of people, and people who can't take advantage are exposed even more." ●

"This is a 100-year disaster, something we've never seen anything like before." –Sage Kim



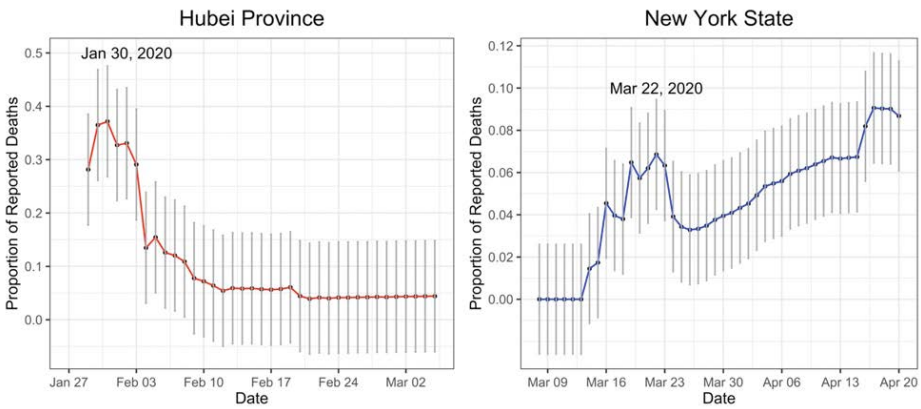
Sage Kim

SURVEILLANCE as the critical key

Various surveillance programs from Global Health Program faculty are contributing to improved public health

As the COVID-19 pandemic began washing over the world earlier this year, Dr. Dulal Bhaumik had little interest in being a passive spectator. A biostatistician and professor in the UIC School of Public Health’s Division of Epidemiology and Biostatistics, Bhaumik assembled his team of graduate students (Sasha Kravets, Avisek Datta, Xiaohan Mei and Debarghya Nandi) and mapped out a plan for tracking the most significant and perplexing public health issue of the last 100 years. High-quality surveillance, he determined, was critical amid error-laden reporting systems and contradictory, if not downright puzzling, data.

The Bhaumik-led team began investigating confirmed COVID-19 cases and death rates as well as policies from six countries – China, Italy, Spain, France, South Korea and the U.S. Pouring into distinct data sources ranging from the World Health Organization to individual governments, Bhaumik noticed wide swings in confirmed cases and death rates from one country to the next. He questioned why, critically analyzing collection methods, reporting structures and policies.



Proportion of reported deaths in Hubei Province China and New York State USA

In South Korea, for instance, Bhaumik witnessed a fatality rate far below that of nations such as Italy, Spain and France. Digging further, Bhaumik noted South Korean policies around universal testing and closed borders as well as an earnest national response to assemble personal protective equipment and other preventative aids such as hand sanitizer and antibacterial soap. “The results there didn’t come from the sky, so there must be systematic changes that were made,” Bhaumik said of South Korea in mid-April.

Into the spring, Bhaumik’s study, titled “Ever-Changing Statistics of COVID-19 and How It Moves,” continued. He explored differences in the outbreak pattern of COVID-19. He examined the role of temperatures, pH levels and humidity in slowing down the virus. He even analyzed potential connections between COVID-19 and a vaccine many South Asian countries use to safeguard children from tuberculosis. “We should know the truth,” Bhaumik said. “What are the trends? Who’s having success, and what are they doing to control the spread of COVID-19?” Results of Bhaumik’s analysis were published in the *Journal of Biostatistics & Biometrics* in August 2020.

A necessary first step to inform decisions, guide action, evaluate interventions and, ultimately, improve public health, surveillance stands tall as a cornerstone of public health and a particular area of expertise across SPH and specifically within the School’s Global Health Program. Fostering research and public health practice in communities around the world, Global Health faculty are tracking gonorrhea in sub-Saharan Africa,

improving workplace safety across multiple continents and bolstering the work of humanitarian organizations. According to Dr. Supriya Mehta, the Global Health Program’s interim associate dean, these ongoing surveillance projects position governments, public health agencies and their partners to craft more informed responses while also contributing to deeper understanding of prominent and pressing public health issues. “Surveillance has many different and important utilities and is absolutely inherent in public health,” Mehta said. “Without sound surveillance data, it’s difficult to make decisions and evaluate policy.”

SURVEILLANCE TO ENHANCE SAFETY

Since arriving at SPH in 2013 and spearheading the establishment of the UIC Mining Education and Research Center (MinER Center), Dr. Bob Cohen has been working both domestically and internationally to help industry, unions and government agencies improve their medical and health surveillance of workers exposed to mineral dust, specifically as it relates to respiratory disease. “This started with U.S. coal miners and led to the development of a footprint overseas,” explained Cohen, a pulmonologist who began studying coal miners and black lung disease in 1980 and confesses a love for “medicine and helping the underdog.”

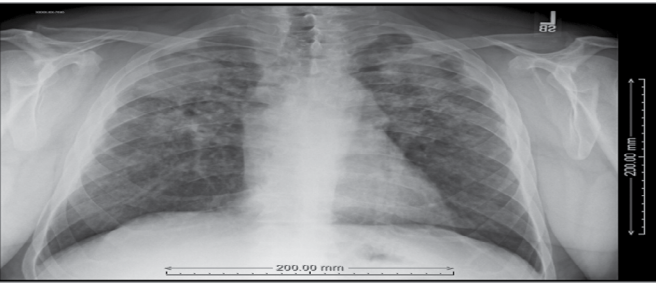
Over the last four years, in particular, Cohen and Division of Environmental and Occupational Health Sciences colleagues Drs. Leonard Go and Kirsten Staggs Almberg have been focused on coal miners in Queensland, Australia. While the

continued on next page...

“Surveillance has many different and important utilities and is absolutely inherent in public health.” –Supriya Mehta

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Australians had touted the elimination of black lung disease in their mining populations for more than three decades, Cohen and his team uncovered deep flaws in the local surveillance program alongside several cases of black lung.



56-year-old eastern Kentucky resident with 29 years total mining tenure (including 11 years as a roof bolter). Category C large opacity, with 3/2 small opacity profusion, and primarily rounded opacities (q-type).

As a result, the Queensland State Government's department of Natural Resources, Mining and Energy hired Cohen's group to review the state's entire surveillance program for miners, a substantial effort that included reading some 65,000 chest x-rays and revamping health surveillance training. Today, Cohen's group is actively consulting with government on new rules and regulations designed to spur more effective primary and secondary prevention of black lung disease as well as improved screening and treatment measures. "We want to make sure we're doing our best by this workforce and these workers," said Cohen, who has also developed medical surveillance protocols for miners in Columbia and studied other vulnerable labor groups such as stone fabricators and construction workers.



Bob Cohen at the Carborough Downs Mine in Queensland, Australia

way of taking a temperature of a population and evaluating workplace hazards so you can make decisions that improve health," Cohen said. "Without surveillance, you're left with more questions than answers."

SURVEILLANCE TO GUIDE IMPROVED OPERATIONS

Earlier this year, Dr. Rohan Jeremiah, an associate professor of human development nurse science, began consulting with the executive committee of the nonprofit Grenada Red Cross Society (GRCS) on the development of a five-year strategic plan. While GRCS held a clear mission – "To serve humanity through the promotion of health and safety, disaster preparedness and response, social welfare and youth programs." – Jeremiah quickly observed that the organization had no surveillance structures in place to ensure GRCS could effectively and efficiently accomplish that mission. "We needed to build the organization's capacity through routine data collection and analysis so that they could have a strong sense of community needs, whether that's access to clean water or the availability of basic safety products," Jeremiah said.

In March, Jeremiah ventured to the Caribbean nation to begin the first phase of the consulting project: conducting a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to better understand the needs and desires of the communities GRCS serves. In May, he then presented a report to the GRCS executive committee centered on routine data collection and analysis. He championed surveillance activities as a critical step to identifying community needs and informing how GRCS prepares and responds to communities following natural disasters and, at present, COVID-19. "The end game is helping them establish the surveillance structures, developing them and then providing training at the agency and community level so GRCS can be proactive, forward-thinking leaders ready to mobilize their resources," Jeremiah said.

"To adapt to emerging public health threats, we need innovative and multifaceted surveillance approaches with community and governmental partnerships."

—Supriya Mehta

Working in Grenada since 2008 and having had other Caribbean nations adopt some of his surveillance-minded work as a template to combat violence, substance abuse and HIV/AIDS in their own countries, Jeremiah's recent work with GRCS serves another example of the crucial role surveillance activities play in improving humanitarian and public health efforts. "Surveillance is the key first step," Jeremiah said. "If we know what's needed, the pain points, the resources available, then you're ready to move and better positioned to be successful."

SURVEILLANCE TO SUPPORT A PROMISING CLINICAL TRIAL

In India and southeast Asia, nearly 200,000 suicide attempts per year involve the ingestion of rodenticides and pesticides. For those cases that do not result in death, the lingering existence of these poisonous toxins in the body can result in long-term behavioral and motor deficits. It's a troubling reality and one Dr. Ron Hershow, director of SPH's Division of Epidemiology and Biostatistics, stands eager to confront.

Alongside peers from the UIC College of Medicine, Hershow is currently involved in a nascent effort in India that aims to examine the effectiveness of the FDA-approved drug Cholestyramine (CSA) – a bile sequestrant originally used to reduce cholesterol levels – to increase the clearance of toxins from the body and reduce mortality rates, something the research group has already proven successful in animal models. "This will result in overall reduction in medicines needed for long-term treatment, reduce hospital readmittances due to reappearance of symptoms, reduce the



MPH students talk with Avion Baptiste, Community Programme Officer of GRCS, during a weeklong process of canvassing the entire country and engaging in data collection in each parish.

time needed for at home follow-up care and may reduce long-term behavioral deficits," Hershow said of his team's promising work and the "worthy goal" of quickly ridding the body of these damaging toxins.

While the COVID-19 pandemic paused the upstart efforts of Hershow and his collaborators, the group nevertheless continued to solidify its research plans and on-the-ground partnerships in India throughout the first half of 2020. As the research team's epidemiologist, Hershow's immediate charge is to design enrollment procedures that leverage existing surveillance systems, namely India's poison registries, to identify new onset cases and then channel potential enrollees into the proposed clinical trial. He will also be tasked to craft methods to gauge efficacy during the clinical trials and analyze data for publication.

By following, tracking and mapping cases, Hershow's surveillance work will help his research team better pinpoint problem areas, allocate resources and test interventions. "You see a problem, develop solutions, evaluate how they work and continue to fine-tune interventions so you're having maximum impact," Hershow said. "That's why surveillance work is so rewarding."

"These projects reflect the critical role of surveillance in global public health and how surveillance is used for planning and evaluation, health systems response and policy development," Mehta concluded. Dr. Mark Dworkin, Professor of Epidemiology & Biostatistics, teaches the popular Public Health Surveillance course where students gain insight on conceptual and technical aspects of surveillance. The course fosters critical skills in surveillance to prepare the next generation of public health leaders, practitioners and researchers to combat global health challenges. "To adapt to emerging public health threats, we need innovative and multifaceted surveillance approaches with community and governmental partnerships. Our faculty and students are leading the way in this changing landscape to improve and accelerate surveillance approaches for improved public health response," says Mehta. ●

Granby Street in St. George, the capital of Grenada.

Leading the Way to Combat COVID-19

Life changed inexorably for Illinois residents on March 21, 2020, when Gov. J.B. Pritzker issued a shelter-in-place order to combat the COVID-19 pandemic. That same day, faculty at the University of Illinois Chicago (UIC) School of Public Health began working daily with the Illinois Department of Public Health (IDPH) to advise and assist the statewide response.

In areas from command structures to data collection, from congregate settings to worker safety, SPH faculty contributed technical assistance and strategies from their specific areas of expertise to fight a virus that was largely an unknown from the start.



Christina Welter

Christina Welter, (DrPH ‘10), director of the doctor of public health leadership program, and Steven Seweryn, EdD, (MPH ‘86), Acting Associate Director of the Doctor of Public Health Leadership program, worked closely with IDPH’s leadership to revise and expand its incident command system for IDPH’s 1,100 person staff, statewide partners and the 97 local health departments across the state, a structure of organizing the response in a strategic way prioritizing safety, effectiveness,

efficiency and goal orientations and establishing stronger ways to gather and share information with response partners. “This structure helps to organize data systems and gather input and perspectives in ways that might otherwise be missed or ignored,” Welter said. “This is important in public health so we can focus on equity and justice in our decision making in effective ways.”

Welter and Seweryn began with a SWOT (strengths, weaknesses, opportunities, and threats) analysis, presented within a 24-hour time frame, which led to the development of organizational teams with set priorities and actions. These teams included an intelligence branch; an operations branch handling alternative care sites, alternative housing sites and long-term care facilities; and a safety committee, among others.

The command structure also focused on developing situational awareness and bidirectional communication among hospitals, local health departments and community partners. On a daily basis, Welter said, this organizing philosophy should answer how people get information and share to make a decision: what information do they receive, when and why? How can local public health partners get the information and resources they need to operate effectively? In particular, how is information structured for IDPH

Director Dr. Ngozi O. Ezike and Gov. Pritzker?

On the data side, Seweryn and Welter led efforts to better align and integrate numerous reporting system data the department was utilizing for the response. Data are collected through regular disease surveillance, as well as emergency medical services reporting from hospitals on available capacity, among others. They assisted IDPH in planning how data

were provided to teams, building uniform ways to analyze data, initiating quality checks and a response system to needs arising from data.



Steven Seweryn

Parameters were established for how meetings across IDPH were organized, including a midday huddle for the data team to identify priorities in the current moment. “It’s a process that helps to perpetuate itself, in terms of how other units operate,” Seweryn said. “We’re seeking to inform the public but also identify data needed for internal situational awareness for decision-making.”

As the pandemic evolves, Welter and Seweryn are modifying the incident command structure along with it. With focus shifting to contact tracing, Welter says building capacity to work with local health departments, mayors, town managers and first responders will be key to guiding local implementation of Illinois’ reopening plans.

Welter and Seweryn are quick to call attention to the “perfect storm” of defunding of public health systems over decades coupled with the largest pandemic in U.S. history. The structure they helped build is no replacement for the sheer manpower of 20-hour days and seven-day workweeks put in by the public health workforce over the past months. “Our state public health workforce is the backbone of this response,” Welter said. “I couldn’t be prouder of my colleagues right now.”

NAVIGATING WORKPLACE SAFETY

In Illinois, thousands of migrant farm workers journey to the state each year to plant seeds, weed fields, detassel corn and harvest produce. They are joined by seasonal farm workers, Illinois residents who shift from agricultural employment in the summer to food service, manufacturing, retail and other sectors during the winter months.

Dr. Linda Forst, senior associate dean, has worked with IDPH’s safety committee to address the unique health needs of these essential workers, along with other workplace safety issues. “Farmworkers work in tasks and settings where sanitation and social distancing are difficult and where wearing a mask is unprecedented,” Forst said. Farmworkers are generally employed for around 14 weeks and are paid “by the piece” rather than “by the hour.” “The transient nature of this work, the lack of paid sick leave and the drive to make as much money as possible means that workers are unlikely to stay home if they are sick or need quarantine. And there is no place for them to isolate, and no one to bring them food or look after them.”

With Lauren Dana, staff attorney at Legal Aid Chicago, and in partnership with IDPH, IDES and the Illinois Migrant Council, Forst created a guidance document for IDPH use with migrant workers, outlining the symptoms of COVID-19, strategies to avoid infection and connections to the Community Health Partnership of Illinois and the Shawnee Health Service for access to free testing and services. Lupita Quintana, PhD in Environmental and Occupational Health Sciences student, provided Spanish translation.

One of the big challenges for farm workers on H2A visas is a requirement the employers provide housing, with State of Illinois oversight. Forst contributed to an IDPH guidance document for safe housing during the pandemic, with strategies that can be used for other housing scenarios for temporary farm workers. The guidelines call for increased sanitation and disinfection following EPA recommendations, provisions for alternate housing, food and supplies for those with symptoms who may need to be quarantined and coordination with IDPH and local healthcare facilities.

Forst notes communication in Spanish, indigenous languages and Creole with individuals who have low literacy and different beliefs requires specialized messaging.

“This setup—work in close proximity and inability to quarantine—is the perfect storm for shutting down the agricultural supply chain due to clusters of COVID-19 among farmworkers,” Forst said.



Linda Forst

In addition, Forst has collaboratively provided guidelines to protect IDPH staff at the front-lines of the scientific investigation of the virus. She helped put into place protocols for entering an IDPH lab and practices for safe work in the facility. To protect lab workers who may need to interact with medical personnel in contact with COVID-19 patients, she connected with UIC’s University Health Service on use of N95 respirators and appropriate fit testing. “There are time-honored public health approaches to dealing with infectious diseases, but the issue is the logistics of individual work settings,” Forst said. “How do you deal with a bathroom, how do you get in the front door, how do you screen people, what are the consequences of screening people?”

PROTECTING THE MOST VULNERABLE

Congregate settings have been hit hardest by the pandemic, with nursing homes in particular experiencing the highest rates of mortality. For those in prisons and facilities for the developmentally disabled and mentally ill, risks for infection remain acute.

Dr. Ron Hershow, professor of epidemiology, is a part of the Congregate Homes Response Team with IDPH charged with advising facilities experiencing outbreaks.

“These outbreaks have been characterized by the things we’ve heard in hospital settings, like shortage of testing, shortages of PPE,” Hershow said. “Despite working under that duress, facilities have shown great resilience in trying to keep ahead of these outbreaks.”

Working with Lauren O’Rear, PhD in Epidemiology student, and Yan Gao, PhD in Biostatistics student, Hershow created a data tracking tool for congregate settings that has been adopted most broadly by facilities caring for people who are developmentally disabled and mentally ill. The spreadsheet creates line listings, or lists of COVID-positive cases tracked by resident, facility, unit, room number, age, risk features, comorbid illnesses and more. Facilities can use the same strategy to track the health of staff interacting with the resident population.



Ron Hershow

Hershow is also tackling the unknowns of the virus in a different congregate setting—schools. With generally little known about how the virus impacts children and their capacity to transmit the virus, he is working with investigators at Rush University Medical Center to design a study examining how children may contribute to the spread of the virus in households.

“We know that if you vaccinate school-age children, you lessen incidence of flu with entire surrounding communities,” Hershow said. “This sort of study requires us to follow cases back to the household, diagnose a case in a child who isn’t yet hospitalized and then test everyone else in a household. It’s a little labor intensive.”

As the focus of addressing the pandemic shifts to contact tracing, Hershow is working with Philip Ricks, (PhD ‘08, MPH ‘96), global disease detection analyst at the Centers for Disease Control and Prevention, on a project to develop a curriculum around contact tracing for communities of color. “Our students are very well-suited to perform contact tracing and even to evaluate the efficacy of tracing, whether the practice is being performed maximally, with maximal benefits,” Hershow said. ●

SPH tapped for Chicago’s \$56M contact tracing initiative

The UIC School of Public Health has been selected to co-lead a \$56 million, City of Chicago-funded contact tracing program in response to the ongoing COVID-19 pandemic.

The program, which is spearheaded by the Chicago Cook Workforce Partnership, will fund the creation of the COVID Contact Tracing Corps and the COVID Resource Coordination Hub, which together will hire 600 people to provide contact tracing services to all of Chicago to help stem the spread of the virus.

In partnership with the National Opinion Research Center at the University of Chicago, UIC’s School of Public Health will co-lead the resource hub. The school will serve as a strategic partner and training resource for the community-based organizations that will be responsible for hiring the contact tracers, who will be hired directly from the communities of high economic hardship that have been adversely impacted by COVID-19.

“In order to combat the virus, we need contact tracers who are adequately trained to gain trust in Black and Brown communities disproportionately impacted by COVID-19,” said Dr. Wayne Giles, dean of the UIC School of Public Health. “The contact tracers need to come from the impacted communities, and we hope through this work we will create a pathway to the health professions and public health.”

Giles said the majority of the \$56 million—about 85 percent—will support community-based organizations.

“The impact and importance of community organizations is one of the most vital parts of this initiative,” Giles said.

UIC’s Marcus Betts, assistant vice chancellor for external engagement, worked closely with the city and other partners to facilitate team creation and incorporate the community into this plan.

“A world-class city is only as strong as our most vulnerable communities. By hiring from the hardest-hit communities, we create a platform by which contact tracers can help protect their communities and transform their lives through utilizing the skills learned to excel in careers in the healthcare industry. This represents the greatest and most immediate opportunity to uplift communities impacted by COVID-19. Working with our partners and under the bold vision of Mayor Lightfoot, we look forward to joining this fight against COVID-19 and inequity,” Betts said.

UIC will receive about \$800,000.

“Our role will be to provide support to the trainers, contact tracers and about 31 community-based organizations throughout the city,” Giles said. “Not only is this a key opportunity to help our community during the pandemic, this is also an important way that we can support our economy and encourage people to follow career trajectories in public health and, potentially thrive in these fields.”

Also partnering with the Chicago Cook Workforce Partnership are NORC at the University of Chicago, Malcolm X College—one of the City Colleges of Chicago—and Sinai Urban Health Institute.

The Chicago Cook Workforce Partnership and its partners were chosen by a panel of community and city experts from a field of almost two dozen applications.

“The impact and importance of community organizations is one of the most vital parts of this initiative.”
—Wayne Giles

“COVID-19’s outrageously disproportionate impact on Chicago’s most vulnerable communities has demanded that we as a city step

up and take swift action to support our fellow residents in need,” Mayor Lori Lightfoot said. “This exciting contact tracing initiative will not only significantly bolster our efforts to stay ahead of this terrible disease, but it will also create new jobs and opportunities for individuals to join in the fight against COVID-19, as well as develop invaluable skills for their own future careers in public health and patient care.”

“A robust and comprehensive contact tracing program is key to containing the spread of COVID-19 and further driving down the number of new cases,” Chicago Department of Public Health (CDPH) Commissioner Dr. Allison Arwady said. “We insisted that this program not only focus on communities most impacted by the virus but that the partnership and its sub-delegates hire from these neighborhoods to build the contact tracing corps. In that way, this will not only operationalize an important tool in the fight against COVID-19, but also create thriving wage jobs.”

“In addition to suppressing the transmission of COVID-19, contact tracing can be a doorway to family-sustaining careers in the healthcare field,” said Karin Norington-Reaves, CEO of Chicago Cook Workforce Partnership. “Along with our partners, we look forward to not only impacting community health but also creating economic opportunity for African American and Latinx residents most deeply affected by this pandemic.”

Giles said that public health issues, like the COVID-19 pandemic, require public solutions.

“We cannot fight a pandemic from government or academic offices—efforts need to be in every community and designed to work for communities. The COVID Contact Tracing Corps and the COVID Resource Coordination Hub are key initiatives that I believe will help to support the many diverse communities and vulnerable citizens of Chicago,” Giles said. ●



Image credit: Wikimedia Commons (CDC and CFCF)



Passion & Persistence Pay Off for Alumna



As a member of one of the first graduating classes at the UIC School of Public Health, Mary Harvey (MPH ‘76), a new member of the school’s Legacy Society, pays tribute to the important role the school has played in her life.

Harvey’s passion for helping others manifested at an early age. In high school, she took a commuter train from the suburbs to the South Side of Chicago to tutor students who needed extra support. This passion has motivated her throughout her life, and when she retired from the United States Agency for International Development (USAID) Foreign Service in Africa in 2016, she had spent her entire career in public service.

In 1966 Harvey entered the University of Iowa as an undergraduate, where she took classes in African studies. “Thus began a lifelong love affair with the great continent, its amazing countries and cultures and particularly its people, many of whom became beloved friends and ‘family’ over the years,” she says.

Harvey also spent a year abroad in France, developing fluency in the French language which became important when she sought to become a Peace Corps volunteer upon her graduation in 1971. Her first application was denied, because she didn’t have the technical skills they were seeking.

As the USAID/Ethiopia Nutrition Coordinator, Mary Harvey attends a ribbon cutting ceremony for the Nutrition Center of Excellence at Amhara University in Ethiopia.

But she didn’t give up. The Peace Corps soon discovered that they needed people who could speak the language of the country. French was a second language in Senegal where she worked for two years at a social center in Kebemer focused on nutrition and cholera epidemics. She also created a lending library for the local community, which may still be going today.

Harvey says, “I just did what I was interested in. I followed my heart but was also very lucky!” She discovered early on that persistence in the face of challenges was an important tool in creating the life she envisioned.

The Peace Corps was a life changing experience that Harvey credits as one of the reasons she wanted to pursue an advanced degree in public health. She had recently returned to the United States and married her college sweetheart when she heard about a new graduate course of study in public health at UIC’s Circle Campus. She recalls her excitement when learning about this program. Again, she was not accepted when she first applied, but called the school before

the semester began and was informed that she had been admitted and that she was also being offered a U.S. Public Health Scholarship. This perseverance, she says, is a theme she’s followed throughout her life.

As a graduate student, Harvey focused on epidemiology and international health. She fondly remembers Dr. Jeanne Blumhagen, one of only two teachers who taught a course in global health. She worked at the suburban Cook County Health Department in Maywood where she focused on food borne illnesses and immunization programs. But, “Africa had taken my heart,” she said.

After graduating from UIC, she applied for a job with Boston University as an assistant director of immunizations for Strengthening Health Systems in West and Central Africa, funded by USAID. Based in Abidjan, Côte D'Ivoire, she managed the immunization activities of the Centers for Disease Control and Prevention and worked closely with the World Health Organization (WHO) on the new Expanded Program for Immunizations, which succeeded the successful smallpox eradication program.

This was a position she admits should have been out of her reach. “The job called for a medical degree, which I didn’t have. But I applied anyway and got it. Timing and luck played a big role but I just had to give it a chance.” Harvey says that she would give the following advice to new graduates of the public health program who are facing a tough job market: “Do not be deterred by qualifications listed for a job. Just go for it.” Many times, she has overcome an obstacle or taken a chance on something that others might have seen as a long shot.

Harvey spent three years with the Boston University office in Africa, where her work spanned 18 African countries. She moved to Washington D.C. where she worked for the USAID/Africa Bureau making numerous trips to countries all over the African continent working on immunizations and



other health programs. In 2012, she found herself in Ethiopia on a four-year assignment as a USAID Foreign Service Officer working on a multi-sector nutrition activity.

Mary’s passion to give back to the UIC School of Public Health is evident in her recent commitment to make an estate gift to the school. The Legacy Society recognizes donors who plan to make a gift through their estate. Mary says she wants “to help those who have a desire to work in public health but can’t



Mary Harvey and her USAID colleagues were honored with a reception by the Head of the Somali Region Government who gifted them with the traditional attire they are all wearing.

afford to go back to school.” She believes “people should invest in people” and hopes her future gift to the school will be used to support students who are interested in local or international government health systems.

As the UIC School of Public Health celebrates its 50th anniversary, Mary Harvey is proud of all that the field of public health has accomplished over the past five decades, particularly in the development of new vaccines and the strengthening of immunization programs. The eradication of smallpox in 1980 and the recent certification of the eradication of the wild polio virus in Africa are two of the most important developments in public health in the last 50 years. “Reaching every person with vaccines on a timely basis is near and dear to my heart,” Harvey says. She can’t help but draw a comparison to what the country is facing right now with the COVID- 19 pandemic. “I haven’t given up on the idea of healthcare for all.” The persistence she has shown throughout her life just might pay off again. ●

Mary Harvey on a monitoring visit to a health center in Nampula, Mozambique.

AbbVie Funds COVID-19 Education and Prevention Awareness in High-Risk Neighborhoods

The UIC School of Public Health received a grant from AbbVie to support its Community Outreach Intervention Projects (COIP), which will be used to hire staff members to promote COVID-19 education and prevention awareness in high-risk neighborhoods in Chicago. In Chicago, African American and Hispanic residents continue to be disproportionately impacted by COVID-19 infection and infection-related deaths. “To address this burgeoning health emergency, COIP submitted an application to the AbbVie COVID-19 Community Resilience Fund seeking support to increase our organization’s capacity to effectively respond to need for COVID-19 health information and prevention materials in the communities we serve,” says Kaye Oberhausen, assistant dean for advancement. “Funds were requested to support the hiring of three local community members who would be trained and supervised to conduct outreach activities.”



Founded in 1986, COIP was developed to promote community-based interventions to prevent the spread of infectious diseases that are commonly associated with substance abuse—such as those that are spread through the use of intravenous syringes. COIP operates from storefront sites and uses a mobile health van to deliver harm reduction and health education services in community areas on Chicago’s South and West sides that have seen disproportionate rates of COVID-19 infections and related mortality. These also are city neighborhoods with high rates of poverty, asthma, diabetes, heart disease and other health disparities.

During the COVID-19 pandemic, COIP experts have been using their intervention model to help combat the spread of the SARS-CoV-2 virus, which causes COVID-19. “This funding will help us to hire more staff and reach high-risk individuals in communities that are experiencing disproportionate rates of COVID-19 infection and death,” COIP Director Antonio Jimenez says.



Many clients rely on COIP even during a pandemic to receive support such as safe needle exchange, prescription opioid addiction replacement drugs, and other forms of health care. (Madison Hopkins/BGA)

As a key part of its outreach strategies, COIP employs people from the communities it serves to deliver services. “We will be sending people out into a number of neighborhoods to talk with community members about COVID-19, how it spreads and when and where to seek help if they need it or are worried about their health,” Jimenez says. “We will hand out masks, promote social distancing and provide referrals to centers that can evaluate, test or treat patients for COVID-19.”

LEFT: COIP maintains supplies of clean needles, overdose reversal drugs and face masks to help its clients stay safe during the pandemic. (Madison Hopkins/BGA)

The funding from AbbVie is being used to increase outreach activities in Austin, Uptown, West Englewood and other surrounding areas. “We are proud to support UIC’s efforts to help our Chicago neighbors who are most in need and disproportionately impacted by the pandemic,” says Claudia Carravetta, vice president of corporate responsibility and global philanthropy, AbbVie. “Through their use of storefront sites, mobile health vans and community health workers, UIC’s work demonstrates why a community-centric approach is imperative to meeting the needs of our community.”

In its first few months with the funding, the newly hired outreach workers received basic training on COVID-19 from senior staff using information disseminated by the Centers for Disease Control and Prevention, World Health Organization, Harm Reduction Coalition and other reliable public health sources. Topics covered included information on what COVID-19 is, how it is transmitted and protective measures one can take to avoid infection or transmission of the virus (e.g., social distancing, regular hand washing, wearing of face masks).

Additional training was also provided on specific COVID-related risk and associated health needs of homeless persons and those who inject drugs. “We learned quickly that our community COVID-prevention efforts had to address provision of basic needs, such as food and clothing in addition to health education and providing PPE,” Jimenez says.

The new outreach workers have identified three community settings that they are targeting in order to reach the most vulnerable clients: individuals who can be reached near stores or

social service agencies in commercial areas; informal grouping of men that can be found hanging out on street corners, parks or gathering spots; and individuals who use drugs that visit COIP field offices seeking harm reduction materials, medical care and linkage to social services. “The outreach team typically sets up a table at each outreach location to display prevention materials, masks, hand sanitizer, printed flyers, bottled water and/or food, and other materials that they distribute,” Jimenez explains.

“The COVID-19 pandemic has had a devastating effect on Black and Latino communities in Chicago. Trusted organizations are needed now more than ever to provide factual information and resources to the community,” says Dr. Wayne Giles, dean of the UIC School of Public Health. “With these funds from

“We are proud to support UIC’s efforts to help our Chicago neighbors who are most in need and disproportionately impacted by the pandemic.” — Claudia Carravetta

AbbVie, COIP is able to reach many more individuals on the West and South Sides of Chicago. Through these efforts, we are having a real impact on the health and well-being of Chicagoans in vulnerable communities.” ●



Antonio Jimenez, director of COIP, prepares a bag of clean needles and other supplies for clients. (Madison Hopkins/BGA)

Celebrating the Achievements of Students, Alumni, Faculty and Staff

LALI AKURATI (MHA ‘20) was recognized with the 2020 Health Studies Student Leadership Award by the Chicago Health Executives Forum



Rebecca Allen

REBECCA ALLEN (MPH ‘13) has played a key role in supporting fundraising for the University of Washington’s Virology Lab and Seattle Flu study during the pandemic.

KIRSTEN ALMBERG, PhD, assistant professor of environmental and occupational health sciences, earned a new grant from the Alpha Foundation for continued epidemiologic analyses of Black Lung disease among U.S. coal miners.

WENDY BOSTWICK (MPH ‘01, PhD ‘05) and **SAGE KIM**, PhD, associate professor of health policy and administration, published a community-based organizations needs assessment during the pandemic for the Center for Health Equity Research Chicago.

ROBERT BREWER, MD, (MS ‘78) earned the CDC’s Jonathan E. Fielding Community Guide Champion Award for his work with the Center’s alcohol program.

STEVEN CHRZAS (BA ‘16, MPH ‘18) wrapped up two years as a presidential management fellow with the U.S. Department of Veterans Affairs, as part of a leadership training program within the agency.



Steven Chrzas

BETSY CLIFF, PhD, assistant professor of health policy and administration, was named a 2020 UIC Clinical and Translational Science Scholar. As a scholar, she will examine the impact of health insurance design on the use of unnecessary healthcare services and the equitable distribution of health services.

FRANKLIN COSEY GAY (PhD ‘19) led the 2nd Annual Bronzeville Bike Tour, visiting sites related to the racial killing of Eugene Williams and the Chicago Race Riot of 1919.



Franklin Cosey Gay

CHRISTOPHER HOLLENBECK, manager of technology infrastructure, was honored with UIC’s Award of Merit for 2019.

UIC’s Office of Sustainability, led by **CYNTHIA KLEIN-BANAI** (PhD ‘10), was recognized by the United Nations Association for the campus’ efforts toward addressing climate change



Cynthia Klein-Banai



Pierre Thomas Léger

PIERRE THOMAS LÉGER, PhD, associate professor of health policy and administration, earned a new grant from the National Institute for Healthcare Management to study geographic variation in Medicare and commercial spending.

GABRIELLE LODGE (MPH ‘20) was named SPH’s Alan W. Donaldson awardee for 2020, the most prestigious student award given at the School of Public Health. Gabrielle was honored for her widespread community engagement, commitment to social justice and health equity-driven research.

MARY ELLEN MACKESY-AMITI, PhD, associate research professor with the Community Outreach Intervention Projects, received NIH funding to study interventions for Tajik male migrants who use injection drugs.



Mary Ellen Mackesy-Amiti

DANA MADIGAN (MPH ‘13, PhD ‘20) was the lead author with SPH’s Dr. Linda Forst and Lee Friedman, PhD, on research showing hospital visits by homeless residents of Chicago tripled since 2011, challenging federal data finding a decline in homelessness.

AYOKUNLE OLAGOKE, PhD in Community Health Sciences candidate, published new research examining the role of media coverage of COVID-19 driving depressive symptoms.



Ayokunle Olagoke

KARIN OPACICH, PhD, assistant dean for undergraduate programs, earned ASPPH’s Riegelman Award for excellence in undergraduate public health education.

JANIELLE PAEZ-HILL (MPH ‘19) began a new position in March 2020 as a senior aide to Chicago Department of Public Health Commissioner Dr. Allison Arwady.



Janielle Paez-Hill

KEVIN PRICE, undergraduate advisor, was honored with UIC’s 2020 Provost’s Excellence in Undergraduate Advising Award, recognizing professional advisors with exemplary skills and commitment to student success.



Keriann Uesugi

STAFF SGT. SAMUEL RENE, an MPH student and member of the Illinois National Guard, took part in COVID-19 testing efforts to support Illinois’ fight against the virus.

PHILIP RICKS (MPH ‘96, PhD ‘08), is leading a nationwide effort to build a contact tracing curriculum for communities of color in the U.S.

DR. ROSS SLOTTEN (MPH ‘94) published a new book titled “Plague Years: A Doctor’s Journey through the AIDS Crisis.”

KERIANN UESUGI (MPH ‘17) started a new job as a health scientist with the federal Health Resource and Service Administration’s Maternal and Child Health Bureau.

LARRY WROBEL, PhD, clinical assistant professor of health policy and administration, earned the Career Achievement Award from the Chicago Health Executives Forum.



Larry Wrobel

SHANNON ZENK (MPH ‘99) was selected by the National Institutes of Health to lead its National Institute of Nursing Research.



Shannon Zenk

Tell us what you’re up to!
Email your news to TellSPH@uic.edu.

For doctoral student, COMMUNITY-ENGAGED WORK is the defining aspect of her tenure at the School of Public Health

As a PhD in Community Health Sciences student and community engagement fellow, Alexis Grant helped lead the launch of SPH’s Collaboratory for Health Justice, dedicated to building reciprocal engagement between the community and UIC faculty, students and staff. As a student, she has taken a lead role in building spaces for Black graduate students as the co-founder and president of the UIC Black Graduate Student Association.

“The traditional academic structure doesn’t always have that much wiggle room for community engagement,” Grant said. “It’s not individual people or what they believe, it’s the systems of the way we do things that we need to structure to do community engagement.”

Since the murder of George Floyd and subsequent protests, Grant has joined with students across UIC in articulating how the university should be responding. She co-authored a letter to university leadership calling for divestment in the university’s relationship with police departments and investment in scholarship and community inclusive of people of color.

On July 6, Grant took part in a UIC E+W Mixer Series event bringing to the fore student perspectives on the murder of George Floyd, systemic racism and UIC’s place in these spaces. In her presentation, she argued diversity and inclusion are often used interchangeably at UIC, an institution can have representation of diverse groups but may not have an inclusive social climate. She offered four strategies for building

an inclusive environment: explicitly explaining why race is relevant to research and teaching, course content that recognizes the contributions of Black scholars and the failings of academia in the past, diverse faculty and staff who specialize in a breadth of topics and valuing personal experience in the classroom.

“I wanted to highlight that changes need to be made at all levels: individual, program, departmental, college and all the way up to the administration and system,” Grant said. “I wanted to highlight the opportunities that faculty members have, as instructors and leaders in research, to be anti-racist.”

Grant has also led efforts with the Collaboratory to strengthen intentional, explicit anti-racist praxis in public health. She helped author a guide for anti-racist advocacy and praxis, which offered strategies for open discussion of racism, political engagement and advocacy groups to connect with.

“So much of the time, we talk about health equity, but we don’t really put it into practice,” Grant said. “We wanted to give a starting point for folks who wanted to do something but didn’t know where to start and make an explicit stance that the Collaboratory is invested in this antiracist work.” ●



Retirement Announcements

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



Susan Altfeld

Susan Altfeld, PhD, began her career at SPH as clinical faculty teaching a behavioral science and public health course. Her career arc would see her eventually rethinking SPH's schoolwide curriculum as associate dean of academic affairs. As associate dean, she led SPH through the creation of an integrated core curriculum and a rethinking of practice and research degrees to comply with new CEPH accreditation requirements.

"I'm really proud of the work we've done in terms of social justice and thinking about health equity, and how we're implementing those ideas in academic programs and more outwardly facing in work with the community and our research," Altfeld said.



Susan Hughes

Susan Hughes, PhD, professor of community health sciences, has been at the forefront of improving health for aging populations. She served as director of the Center for Research on Health and Aging as well as the principal investigator of numerous grants related to the Fit and Strong! Program, an evidence-based physical activity/behavior change program for older adults with osteoarthritis. On the national level, Hughes served on an Institute of Medicine committee studying reforms to long-term care in the U.S.

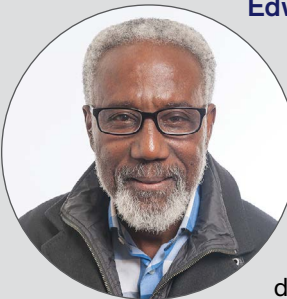


Michele Kelley

SPH's enduring partnerships on Chicago's west side are a testament to the efforts of Michele Kelley, ScD, MSW, who retired in May 2020 as an associate professor of community health sciences. She worked closely with community leaders from Humboldt Park on community-based participatory research, with a particular focus on improving the health of adolescents and young adults.

"I've taken students out to the neighborhood for class, and I think that's something they really enjoyed," Kelley said. "These were opportunities to examine our theories and assumptions with youth and community leaders, about what drives community health for youth who are marginalized, yet who also have social/cultural assets."

Kelley continues to be active with the community, and with the Society for Adolescent Health and Medicine in retirement.



Edward Mensah

Edward Mensah, PhD, is retiring from UIC after 31 years of service to public health and students. He joined SPH as a research faculty in health economics and information management, and he departs after having graduated more than 150 students from 35 states and 10 countries with degrees in public health informatics (PHI), in addition to supervising 25 doctoral students. Dr. Mensah foresaw online learning and informatics as quintessential for public health and created the nation's first online PHI degree program. He went further and co-founded the only peer-reviewed journal in PHI. With countless contributions to the field and national committees, he says it is definitely hard to say "Good-Bye!"

Dean Giles Speaks on the DETERMINANTS OF HEALTH in TEDxChicago

What began in 1984 as a conference where Technology, Entertainment and Design converged, TED is a nonprofit devoted to spreading ideas in the form of short, powerful talks. Today these TED talks cover almost all topics — from science to business to global issues — in more than 100 languages. In Chicago, TEDx events run independently to help share ideas in communities.

In Fall 2020, Dean Wayne H. Giles was invited by Jessica Lederhausen (MPH '03), TEDxChicago Producer, to record a talk based on his role as a public health leader in Chicago. Given the crisis that the city and State of Illinois are facing due to COVID-19, Lederhausen thought Giles' perspective would be well received by an audience looking for answers about the pandemic. "We were inspired by Dean Giles' personal story, his relevant experiences and his passion and commitment to promoting prevention as the path to improve the health for all communities," she says.

Giles' presentation focuses on what he calls "the real determinants of health" and provides examples for how communities can be transformed. To watch his TEDxChicago talk, visit www.TEDxchicago.com.

Dean Wayne H. Giles and Jessica Lederhausen (MPH '03) at the TEDxChicago studio.





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