Community Health Equity: A Chicago Reader by Fernando De
Maio et al. (review)

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Progress in Community Health Partnerships: Research, Education, and
Action, Volume 13, Special Issue 2019, pp. 143-144 (Review)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/cpr.2019.0048>

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Community Health Equity: A Chicago Reader

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ISBN: 978-0226614625

The University of Chicago Press, Chicago, IL: Published 22 March 2019

400 pages

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Submitted 31 January 2019, revised 13 February, accepted 26 February 2019

Keywords

Book review, health equity, Community, Chicago, reader

"We are each other's harvest;
we are each other's business;
we are each other's magnitude and bond."

—Gwendolyn Brooks

(Chicago poet and first African American to win a Pulitzer Prize)

The journal *Progress in Community Health Partnerships* focuses on sharing scholarship and models that will "stimulate action that will improve the health of people and communities." Now that "health equity" has become the fashionable theme of strategic plans, conference sessions, and academic articles, it is more crucial than ever to ground our understanding of this concept in a deep, honest, and transparent way. The recently published book, *Community Health Equity: A Chicago Reader*, is an important contribution to this goal and will be an invaluable resource for both researchers and community practitioners, both inside and outside of my fair but inequitable city of Chicago.

The book is a historical collection of research and inquiry sharing a diverse perspective and picture of the documented realities, causes, and patterns of health inequities of a metropolis. The work provides a range of articles that deftly explore the role that health, economic, and political systems play on inequities in human health even over small distances between zip codes in urban geography. Readers will be challenged to consider the roots of these realities, from individual level of personal responsibility to powerful evidence and impact of structural and social drivers of health inequities. Chicago is the setting here, but readers will find that the teachings are far reaching and applicable to many other urban metropolitan contexts.

The book is presented in five parts to mirror key elements of the *Healthy People 2020* definition of health equity.

- The Divided City: The five chapters in Part 1 provide a picture of Chicago's historical and current injustices.
- The Health Gap: The seven sections of Part 2 focus on the city's patterns of disparities, including a focus on the role of race/racism.
- Separate and Unequal Health Care: Part 3 covers issues of access to the health care system over six chapters.
- Communities Matter: The seven pieces in Part 4 cover the social conditions that drive community health.

- Taking Action: Last, the articles in Part 5 present examples of deliberative efforts to address inequities and conditions described in earlier parts.

Chapters share work across a century, spanning from 1927 to 2017. The collection also extends across types of documentation from quantitative to qualitative, personal to systemic, scholarly to narrative, and health condition to health action. Each article in the reader offers a piece of the story. Quantitative chapters provide a descriptive foundation for insights about the scope and scale of issues and clearly present the role and value of community-level data in a diverse but segregated city. The stories in the book's qualitative chapters, as exemplified by Chapter 24, "reveal the depth, detail, and context behind the statistics that point to widening health disparities." The editors do a laudable job in the reader and part introductions of providing context and rationale for the material presented and guidance in integrating the pieces. In the book's conclusion, they offer a set of inspiring suggestions for reorienting the health equity agenda across public, professional, and academic spheres.

Looking at this wide expanse of work and rich context offers readers the opportunity to reflect on what we see over time in health equity in research and what we do not. The editors point out the value of this type of reader, which can help to organize a historical perspective for understanding health injustices that develop and cause harm over long periods of time. One thing we do seem to see is evidence of the trite truism—the more things change, the more they stay the same. Chapter after chapter shows us the same striking disparities over time with the same underlying causes, with only minimal improvement in recognition of individuals' and systems' role or intention as active perpetrators of inequity. In Chapter 7, we are reminded that it was as recent as the last couple decades that many research hypotheses for racial disparities in health outcomes still focused on "genetic factors associated with race" as opposed to the truthfully responsible social and economic factors.

Over the arc of presented health equity research, a thing we do not see as much is articles that go beyond identifying and describing inequities to focus on solutions and change. The editors lament that in their review of more than 1,000 articles, there were few that discussed ways and examples of actually addressing and reducing inequities. Although the editors do advocate for furthering the role of the research community in ensuring our findings and data can be actionable toward equity and not just evidential of inequity, I believe this is a point that should have more real estate in the book. There is some reference and voice to the necessity of collaboration with community members, advocates, and service providers outside of academia and research to ensure change happens. Several chapters in Parts 3 and 5 describe examples led primarily by community partners. Because research does not have the power to make change by itself, but only when it is applied and commanded by community change agents, it is imperative that more health equity research centers and elevates the voice and leadership of community members and those most impacted by health inequities. As many PCHP readers would agree, community-engaged research should be a core component of this approach and further included and described in this reader.

Along these lines, the editors hint at the way that the academic research enterprise itself may contribute to deepening and widening health inequities but in further editions of the book, it would be impactful to include chapters and reflections on the way that racism and other forms of oppression specifically operate in research and health institutions. As a field, we need to honestly question our own practices and face the impact of racism in the design and conduct of research inquiry. For example, how is health equity research affected by having an authorship of predominantly White researchers researching and writing about health issues primarily impacting Black and Brown communities? What is the role of the health equity research enterprise in considering and changing who serves as narrative shapers and determines how we establish facts and reach conclusions? Although community-academic research partnerships, as I mentioned, may help to address these issues, if we do not directly confront race and equity issues in our partnerships themselves, we run the risk of history repeating itself.

In summary, the editors do an outstanding job of drawing linkages across disciplines, methodological approaches, health conditions, populations, and communities. While the book provides no simple map to solutions, the editors provide a selection of works and thoughtfully pose questions that will challenge a broad swath of readers to reflect, engage, and hopefully use this book as a tool toward health equity and justice.