



Ambassador of Hope for Healthy Chicago 2.0: Interview with Marlita White

If you think Chicago's lost its ability to think big thoughts and make big plans, you haven't seen [Healthy Chicago 2.0](#): Partnering to Improve Health Equity, 2016-2020 or met Marlita White. She spearheads the violence prevention component of this ambitious effort by the Chicago Department of Public Health (CDHP). Healthy Chicago 2.0 seeks to address some of the thorniest problems many of Chicago's citizens face, with the goal of "achieving health equity and a commitment to reducing health inequities in our city."

Realizing that being healthy is essential to every other aspect of life, Healthy Chicago 2.0 has set out to tackle a daunting set of "30 goals, 82 objectives and over 200 strategies across 10 action areas." Daniel Burnham would be proud — this is Chicago thinking at its best, and Marlita White is among a group of city leaders ideally positioned to lead it.

A Chicago native and University of Illinois at Urbana-Champaign alumna, White knows from experience how Chicago's current wave of violence has affected its citizens. She is a long-time child and family therapist as well as a family mediator, and has worked for the Office of Violence Prevention and Behavioral Health for

15 years. She brings her understanding of mental health issues to bear for Healthy Chicago 2.0, in particular its goal of making Chicago a "trauma-informed" city.

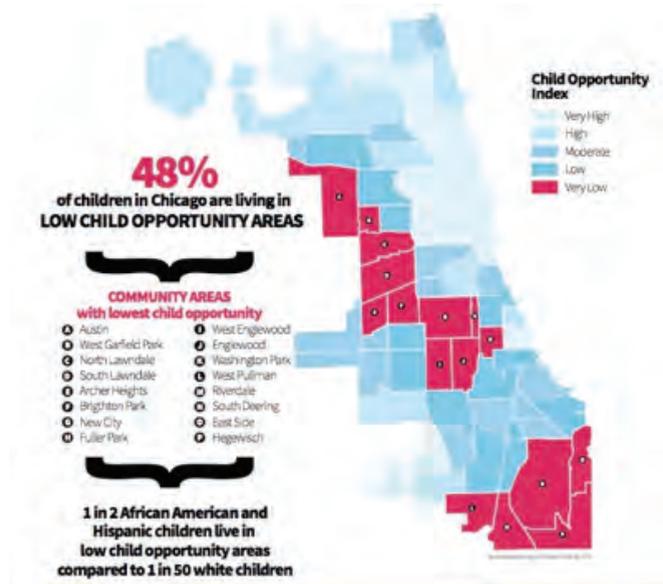
Healthy Chicago 2.0 seeks to address some of the thorniest problems

This massive project seeks nothing less than a full-scale transformation in the way Chicago's institutions, businesses, organizations, and leaders address the problems that beset those who live and work here, all from a comprehensive health perspective. To begin, the CDHP met with over 130 organizations

across a broad spectrum of interests to "identify actionable strategies to address our city's most pressing health issues and their root causes," according to the CDHP's Director, Dr. Julie Morita.

These consultations led to the identification of nine desired outcomes for the plan:

1. Increasing life expectancy
2. Reducing obesity
3. Reducing preventable hospitalizations
4. Reducing discrimination
5. Improving overall health
6. Reducing economic hardship
7. Increasing opportunities for children to live healthy lives
8. Institutionalizing a Health in All Policies approach
9. Becoming a Trauma-Informed City



As a child and family therapist with experience in family mediation, White is particularly aware of how children exposed to trauma develop; it can significantly interfere with their normal growth. The time is right for this work. “We’ve been in a fifteen year march up to this moment,” she says. “People in the prevention field know about it; people who aren’t in the field don’t.”

White also recognizes that such an ambitious project needs every citizen’s support. Pastors and community leaders are important as well as “the nosy lady on the street, people who run the stores, the block clubs;” essentially, “people who occupy the [neighborhood] space” and have a stake in its success. Organizations like JPA are, she says, “perfectly nested” in communities and have access to the people who live there. JPA, says White, sees “community as part of your work.”

That makes Healthy Chicago 2.0 particularly important: “The plan evolved from community discussions around the entire city,” she says. The committee conducted surveys, had face-to-face meetings and worked with community organizations to put it all together. White says they took a broad look at what “health” means, realizing that many elements contribute to being healthy.

In the case of trauma, something that particularly affects many Chicago youth, it’s important to provide “compassion and support when people have a trauma history,” White emphasizes. “We also recognize that people who’ve gone through certain experiences can’t always function at their best. You don’t ask someone in an arm cast to catch a baseball.” That makes JPA’s approach even more necessary. It’s a daunting task, but with guidance from organizations like JPA around the city, White thinks it can be done.

Marlita White’s role on the leadership team of Healthy Chicago 2.0 is fueled by her optimism. She believes its goals can be achieved with the help and cooperation of organizations like JPA. “Hope is the life source,” she says with determination. “I’m a hope ambassador.” **JPA**

The ninth element, “Becoming a Trauma-informed City,” connects directly to JPA’s own goals and values regarding those affected by trauma. According to the plan, being “trauma-Informed” involves a “thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans and groups.”

It’s easy to see that JPA’s core approaches fit this description, since we specialize in helping students and families cope with the effects of trauma in ways that combine these elements. We understand that a constellation of elements affects traumatized students and work with them, their families, and their schools to help them cope.

According to the CDPH, “A Trauma-Informed City utilizes this knowledge...to prevent individuals from being re-traumatized by individuals, schools, churches, organizations and government agencies with which they interact.” JPA advocates, for example, to ensure that abused children are able to tell their stories just once to appropriate parties (police, DCFS, etc.) instead of over and over again by bringing all relevant parties together at the same time. JPA also fits into the CDPH’s goal of working “toward a shared understanding of how trauma impacts communities” as we “develop approaches to remediate and build resiliency among those most impacted across Chicago.”