



Ci3 Spotlight: Amanda Geppert, MPH

The Ci3 Spotlight highlights a staff member from our interdisciplinary team of researchers, designers, storytellers, and policy experts.

Name: Amanda Geppert, C.Phil., MPH

Title/Role at Ci3: Director, Ci3 Design Thinking Lab

Tell us about what you do at Ci3 and how you apply “design.”



According to Herbert Simon, “everyone designs who devises courses of action aimed at changing existing situations into preferred ones.” There are many approaches to design, and at Ci3, we draw on many of them. As an academic research center focused on sexual and reproductive health, design processes run parallel to, intersect, or are scaffolded with other creative or more traditional public health or social science research, pilot testing and evaluation, as well as dissemination, commercialization, and scaling processes.

The team I lead generally begins work on any new, multi-year project with a large-format, long-form participatory design engagement that centers the lived experiences and expertise of the young people we work with at Ci3. We explore what matters most about sexual and reproductive health care from adolescent perspectives. For us, ‘having a say’ means being ‘solution agnostic’ such that what we learn through design processes determines what we should make and how it should be made.

How do you engage with young people, health care providers, and other community partners in your work?

So many factors influence the health, well-being, and decision-making processes of young people. For example, it can be very challenging, especially for those living in areas with limited access to transportation and high rates of violence, to access care or return for a follow-up visit. Improving care requires that we take the onus off of individuals and put it on the systems, structures, and practices that need to support young people better. To design for all levels of the system, Ci3 engages young people, as well as individual stakeholders, networks, communities, and institutions.

Whether in Chicago or Lucknow, Uttar Pradesh, India, Ci3 partners with other youth-engaged or youth-led organizations such as [Imagine Englewood If](#), [Mikva Challenge](#), or the [Milaan Foundation](#), to recruit young people as designers. We collaborate with the University of Chicago Comer Children’s Hospital Mobile Medical Unit and Norwegian American Hospital Care-A-Van to provide quality sexual and reproductive health care at Chicago high schools. Soon, we’ll offer training to clinicians interested in providing adolescent-centered sexual and reproductive health care. Regular conversations with the Chicago Department of Public Health, EverThrive, ICAH, and the Midwest Access Project continue to inform our strategy.

What inspired you to pursue a career in design and public health?



In the early aughts, I worked for a violence prevention organization that uses a public health approach to reduce shooting and killing in communities experiencing epidemic levels of violence. In 2007, that organization received funding to replicate their model in other American cities and my responsibilities grew to include co-creating a technical assistance and training program to support this effort. At the time, a friend of mine was completing his second year of a Master of Design program and I would discuss some of the implementation challenges we were having with our new partners. He would invariably respond: “Interesting. Sounds like an opportunity for design.” These conversations led me to seek out a design education, which further informed my development as a participatory design researcher and practitioner, as well as my pursuit of a PhD in design.

When completing my coursework, I always tried to integrate public health theories and practices, so much so that faculty, in evaluating my qualifying exam, indicated I risked not being designerly enough in my proposed contribution to the field. So, several years later, it is incredibly heartening to see strong connections materializing between public health and design in the academy and in practice. Professionally, it has been

the experience of a lifetime to be able to make those connections at Ci3 with an interdisciplinary team that creates made-from-scratch platforms such as [Hello Greenlight](#) and [Kissa Kahani](#).

What guidance do you have for emerging designers?

I encourage emerging designers, especially those who may already have a strong foundation in design, to connect more deeply with a different discipline. In my opinion, design is its strongest when interdisciplinary and positioned to draw on, scaffold, or integrate theories, methodologies, and practices. At the [2020 Participatory Design Conference](#) last month, there were many lively discussions about interdisciplinary practice. For instance, in their paper presentation, [Claudia Grisales and Laura Arosa](#), drawing on Susan Leigh Star, introduced the idea of “methodology as boundary object” between different communities of practice. This is a powerful idea, one that could inform how we operationalize interdisciplinarity at Ci3.

What impact do you hope your work at Ci3 will have for marginalized young people in Chicago and more broadly.

By centering young people, our team aims to design interventions, health care provider training, and systems of care that work for young people based on their criteria. Ideally, the impact of this approach would be that marginalized young people feel safe bringing their whole selves into clinical interactions where they receive excellent, person-centered, affirming care.

Ci3’s Kissa Kahani project was recently recognized as Core77’s Design Education Initiative Award Runner-Up and was just voted the Grand Prize Winner for its Community Choice Prize. Tell us about these awards, and what it means to be part of this award-winning project?

The Core77 Design Awards are a big deal in our field. They recognize excellence in all areas of design enterprise and offer the opportunity to globally promote the best work across 18 distinct design disciplines.

And professionally, for me, Kissa Kahani is a big deal. It’s the kind of project I dreamed about for a very long time; because, from its inception, it sought to marry the best approaches from traditional public health and social science research with creative design practices.

At every phase of this project, we were met with collective commitment and creativity from a brilliant, two-continent team including core staff in Chicago and India; young people; the community organizations and schools that serve them; [Ramya Ramakrishnan Design](#); and [StratComm Consulting](#).

Now, fully designed and ready for implementation in 100 Indian schools, Kissa Kahani will provide information about menstruation, family planning, and sexual health to adolescents ages 12 to 14. It fundamentally shifts how this information is delivered, combining the power of traditional curricula with animated stories, graphic novels, and games. It emphasizes the value of education and financial autonomy for Indian girls; empowering adolescents to develop skills to help them navigate and complete school and improve their long-term economic vitality.

In its next phase, Kissa Kahani will be tested with more than 3,000 adolescents in a randomized controlled experiment to study its effectiveness. The most rewarding outcome will be if the young people it seeks to serve find it relevant to their lives and aspirations.

What’s your favorite quote, and how does it inspire your work?



Most recently, it would be a quote from Donna J. Haraway in *Staying with the Trouble: Making Kin in the Chthulucene* (2016, p. 12):

“It matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with; it matters what knots knot knots, what thoughts think thoughts, what descriptions describe descriptions, what ties tie ties. It matters what stories make worlds, what worlds make stories.”

As a pansexual person emerging into adulthood in the late 1980s and early 1990s, I experienced the ways heteronormative systems of care perpetuate soul-crushing forms of structural violence, unhappiness, and death. What we center in our work, how we imagine and create the superstructures of design processes, have implications for what we make and how the things we make do (or do not) support ways of being in the world.

I like to imagine the existence of a pluriversal kind of sexual health care where a young pansexual person receives counseling and care that is supportive of the expansiveness of their identity, and all of the sexual and gender identities of those they may or may not be partnered or in relationship with in their lifetime. This kind of expansiveness, in matters of care, would have created a very different place for me to come from and be in the world as a younger person.

Who inspires you in your everyday life?

I am inspired by teams. For me, there is no better feeling than that of being on a well-balanced, mission-driven, aligned team who understands they are not their ideas. Ideas need to be free — free to be explored or interrogated, made tangible and tested with others, refined and strengthened, then tested again.