City of Chicago Health in All Policies Task Force

Final Report

August 1, 2017

HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

EXECUTIVE SUMMARY

Public policy has profound impacts on health. It can create the conditions for high educational attainment, optimal access to healthy foods and park space, and a multitude of job opportunities—allowing individuals and communities to thrive. Growing up in communities with such conditions can have lifelong impacts on a child's development. Healthy Chicago 2.0, the city's plan to achieve health equity, recognizes that collaboration across local government departments and agencies is essential to address the root causes and social determinants of health.

In order to help ensure health is considered in all City of Chicago work, the Chicago City Council passed a resolution introduced by Mayor Rahm Emanuel to establish that the City of Chicago will apply a Health in All Policies (HiAP) approach to decision making. The resolution, passed in 2016, also called for the creation of a Health in All Policies Task Force to develop recommendations on how City departments and sister agencies can do more to improve health. After months of deliberation, 16 recommendations emerged from the process:

1. *Data collection.* Incorporate health-related indicators as appropriate into surveys and other data collection efforts by City departments and sister agencies. Standardize the indicators to allow for comparison and analysis across data sets.
2. *Data sharing.* Create a formal data-sharing agreement between the City and sister agencies; leverage data from across City departments to achieve Health in All Policies goals.
3. *Community engagement.* Coordinate opportunities for cross-departmental community engagement to help ensure a health perspective is brought to the community more often and other departments offer their perspectives at CDPH events as needed.
4. *Training of public information officers.* Incorporate health messaging into press releases and public-facing materials, as appropriate, by training public information officers from each department and sister agency.
5. *Cross-sector grant applications.* Develop cross-sector grant applications to increase funding and support for initiatives that impact health.
6. *Employee health.* Develop a coordinated strategy to promote the health of City employees.
7. *Connecting residents across departments.* Improve the systems and processes by which departments and sister agencies direct residents to other City services.
8. *Health & human services resource.* Pursue expansion of 3-1-1 to include comprehensive information about health and human services to connect Chicagoans to needed resources and programs.
9. *Trauma-informed City.* Work toward becoming a trauma-informed City through a transformation process that may include: 1) ensuring all frontline employees, as needed, receive training to improve resident services, 2) piloting efforts to change practices and cultures within departments, and 3) evaluating these efforts to determine how and whether to expand transformation to all departments.

10. *Active design.* Where feasible, increase the use of active design for the planning, construction, and modification of buildings (interior and exterior) and infrastructure.
11. *Proactive housing inspections.* Solidify the City's ongoing commitment to healthy homes by broadening our work on proactive inspections to identify health hazards early, especially in high-hardship neighborhoods and among at-risk populations.
12. *Zoning and licensing code review.* Conduct a health impact review of the zoning and licensing code and make recommendations for adjusting it to improve health, with attention paid to tobacco, alcohol, walkability, design, and other factors.
13. *Health impact reviews.* Create a mechanism for departments and sister agencies to request that CDPH conduct a review of the health impacts of their proposed projects, policies, and ordinances.
14. *Evaluating projects and funding decisions.* Seek opportunities to incorporate health-related criteria into decisions on project approval and funding, piloting changes first as needed. Evaluations of these opportunities could include but not be limited to those involving TIFs, Fund77, Neighborhood Opportunity Fund, and transportation projects.
15. *Health criteria in RFPs and RFQs.* Incorporate high-priority health criteria into requests for proposals (RFPs) and requests for qualifications (RFQs) for City-funded projects as appropriate.
16. *Health in All Policies staffer.* Create one permanent staff position to provide HiAP education and support, conduct health impact reviews and assessments, and promote health-related initiatives across departments.

Funding and operational concerns will need to be addressed before these recommendations are implemented. Some may require support from partners across the business, health care, and philanthropic sectors. The implementation timeline will vary with the recommendation, from short-term (less than one year) to long term (more than three years), with recommendations phased in as resources are made available. Yet the Task Force has highlighted these recommendations based on an assessment of impact and feasibility, with an eye toward improving collaboration across departments and agencies to make Chicago a healthier place.

TASK FORCE MEMBERS

The Chicago Department of Public Health (CDPH) convened the Health in All Policies (HiAP) Task Force, which consisted of representatives from the vast majority of City departments and sister agencies. Participating institutions included the following:

City of Chicago Departments

- 311 City Services
- Chicago Public Libraries
- Department of Fleet and Facility Management
- Business Affairs and Consumer Protection
- Department of Transportation
- Fire Department
- Police Department
- Department of Buildings
- Department of Innovation & Technology
- Department of Law
- Department of Procurement Services
- Department of Streets & Sanitation
- Department of Water Management
- Department of Finance
- Department of Aviation
- Department of Family and Support Services
- Mayor's Office of People with Disabilities
- Office of Budget and Management
- Office of Emergency Management & Communications
- Department of Planning and Development
- Commission on Human Relations
- Animal Care & Control
- Department of Cultural Affairs & Special Events
- Department of Human Resources

Sister Agencies and Related Institutions

- Chicago Housing Authority
- Chicago Parks District
- Chicago Public Schools
- Public Building Commission
- Office of the City Treasurer
- Chicago Transit Authority
- City Colleges of Chicago

Working Group

Representatives from 13 departments and sister agencies volunteered to take a leadership role in the development of HiAP recommendations by participating in a working group. The group met monthly between July and December of 2016 to bring and discuss ways that the different wings of City government could collaborate to improve health. The ideas originated in part from Healthy Chicago 2.0, the four-year plan of the overall public health system in Chicago, as well as from successful HiAP practices around the country and conversations with department and agency staff. The working group used a consensus process to develop recommendations. Working group members included:

- Megan Cunningham, Managing Deputy Commissioner, Chicago Department of Public Health
- Christian Denes, Director of Strategic Planning and Impact, Chicago Department of Family and Support Services
- Tarrah DeClemente, Manager of Health Promotion, Chicago Public Schools
- Laurie Dittman, Senior Policy Analyst, Mayor's Office for People with Disabilities
- Beth Ford, Deputy Director, Community Relations Division, Chicago Police Department
- Gabriel Godwin, Senior Budget Analyst, Office of Budget and Management
- Luann Hamilton, Deputy Commissioner, Chicago Department of Transportation
- Gene Leynes, Data Scientist, Chicago Department of Innovation and Technology
- Colleen Lammel-Harmon, Wellness Manager, Chicago Park District
- Jesse Lava, Director of Policy, Chicago Department of Public Health
- Anne Lehocky, Assistant Director Clinical Services, Resident Services, Chicago Housing Authority
- Alexa Nickow, Assistant Corporation Counsel, Chicago Department of Law
- Brad McConnell, Deputy Commissioner, Chicago Department of Planning and Development
- Rosie Peterson, Director of EHS Compliance, Chicago Department of Fleet & Facility Management
- Diane Pezanoski, Deputy Corporation Counsel, Chicago Department of Law
- Janis Sayer, Chief Planning Analyst, Chicago Department of Public Health
- Alpita Shah, Senior Counsel, Chicago Department of Law
- Eva-Marie Tropper, Coordinator of Economic Development, Chicago Department of Planning and Development
- Andy Teitelman, Director of Senior Services and Health Initiatives, Resident Services
- Sarah Wilbanks, Post-Graduate Fellow, Chicago Department of Law
- Chris Wheat, Chief Sustainability Office and Senior Policy Analyst, Office of the Mayor

Additional CDPH employees who gave considerable support to the HiAP Task Force include Jennifer Herd, Sheri Cohen, Melissa Buenger, Emily Laflamme, Ann Cibulskis, and Anne Posner.

The full HiAP Task Force met in February 2017 to discuss and adopt the working group's recommendations, making decisions by consensus.

The Task Force and working group were convened by CDPH Director of Policy Jesse Lava and Chief Planning Analyst Janis Sayer.

What Is Health in All Policies (HiAP)?

HiAP is a collaborative approach to incorporating health considerations into decision-making across government sectors and policy areas. The approach requires that departments and agencies understand the health implications of their decisions—and that health departments support these other institutions in expanding their responsibility for health. HiAP is rooted in the idea that health outcomes have underlying social determinants. This idea dates to the nineteenth century, when researchers found that diseases affected the poor more than the rich and were connected to living and working conditions.[1] Enhanced living conditions over the next century—from improved sanitation to urban planning to child labor laws—ended up playing an even greater role in increased life expectancy than advances in medical technology.[2] By now, research has shown that people's zip code is more predictive of their health than their genetic code.[3] When government institutions consider health in their work to improve the conditions in which people live, learn, work, and play, the impact across a population can be profound.

While HiAP is implemented in different ways in different jurisdictions, approaches typically share the following three principles: 1) the creation of a collaborative forum to bring government agencies together to improve health, 2) the advancement of government projects, programs, laws, and policies that strengthen public health and further the missions of participating agencies, and 3) the institutionalization of health-promoting practices in agencies across sectors.[4] European countries have been leaders in adopting HiAP approaches, and HiAP has been gaining momentum in the United States. California formally adopted such an approach in 2010, and numerous cities across the country have undertaken HiAP initiatives—improving health by working across departments rather than relying solely on public health agencies.

Task Force Foundation: Healthy Chicago 2.0

In 2011, Mayor Emanuel and CDPH launched Healthy Chicago, a multi-year plan to improve health for Chicago residents. To advance this effort, the Mayor and CDPH convened the Healthy Chicago Interagency Implementation Council, which brought together various department heads to begin collaborating.

The City built on this foundation with the subsequent plan launched in March 2016: Healthy Chicago 2.0, which provides more than 200 action steps to improve the health and well-being of Chicago's residents over four years. This plan was the product of a comprehensive community health assessment. Nearly 1,000 stakeholders—representing health care providers, government agencies, social service providers, advocates, academic institutions, businesses, faith-based organizations, and residents—reviewed public health data to understand community needs and identify the evidence-based strategies to address them. Healthy Chicago 2.0 is partnership-driven and developed with the understanding that City government cannot carry out the strategies alone. Support is needed across sectors and stakeholders to turn the plan into reality.

[1] Braveman & Gottlieb, 2014; Irwin & Scali, 2007; Baum, Ollila, & Pena, 2013
[2] Baum, Ollila, & Pena, 2013
[3] See, for instance, Graham, 2016; and Slade-Sawyer, 2014
[4] Johnson & Wooten, 2015

The community health assessment, along with a large body of research, confirms that health in Chicago is impacted by a number of factors, including economic opportunity, education, and public infrastructure—and that neighborhood conditions have a strong influence on long-term health outcomes. For instance, life expectancy falls from 85 years in the Loop to 72 in East Garfield Park. Public health data reveal similar inequities across Chicago in rates of asthma, obesity, and infectious diseases. In response to these community needs, Healthy Chicago 2.0 is oriented around evidence-based strategies in several action areas:

- Expanding partnerships and community engagement
- Addressing the root causes of health, including the built environment, economic development, housing, and education
- Increasing access to health care and human services
- Promoting behavioral health
- Strengthening child and adolescent health
- Preventing and controlling chronic disease
- Reducing the burden of infectious disease
- Reducing violence

Healthy Chicago 2.0 recognizes that addressing these varying causes of health outcomes will require new collaborations and changes to the policies and systems that shape the city. The plan presents Health in All Policies as a key framework:

> Healthy Chicago 2.0 will formalize a Health in All Policies approach for the City of Chicago government, ensuring every City agency approaches its work using a health equity lens. By collaborating directly with other agencies, we will not only meet the goals outlined in this plan but also lay the foundation for ongoing health improvements across Chicago.[5]

City Council Resolution

On May 18, 2016, the Chicago City Council passed Mayor Emanuel's Health in All Policies resolution, helping to ensure that every part of City government would work collaboratively to promote health. The resolution was an important step in institutionalizing an approach to address the widespread causes of health outcomes. To carry out this effort, the resolution created a Health in All Policies Task Force led by the Chicago Department of Public Health and comprised of all City departments and sister agencies. The Task Force was charged with identifying new opportunities to improve the health of Chicago residents in policy development and implementation, budgeting, and service delivery. The full resolution is in Appendix I.

[5] "Healthy Chicago 2.0: Partnering to Improve Health Equity, 2016-2020." Chicago Department of Public Health, 2016, p. 8.

Recommendations

The Task Force explored potential collaborations in a range of policy areas, from healthy homes to trauma to data. Each idea was rooted in the strategies laid out in Healthy Chicago 2.0, helping to ensure consistency as the City and its partners undertake their four-year health plan. Whether an idea rose to the level of a formal recommendation depended on factors such as impact, feasibility, and estimated time frame. The time frames are divided into short-term (up to a year), medium-term (one to three years), and long-term (more than three years), dependent on the availability of resources. The Task Force gave priority to ideas that hold promise to create efficiencies in how the City conducts its business.

To be sure, carrying out these recommendations will not be automatic. They are subject to funding availability and the addressing of operational concerns. While the HiAP resolution is focused on City departments and agencies, there is no assumption that all recommendations would be carried out exclusively by government. Partnerships on funding and implementation are frequently critical to carrying out City imperatives and will be the case for HiAP. The Task Force makes these recommendations to highlight potential mechanisms of improving collaboration across departments and agencies to make Chicago a healthier place.

After months of deliberation, 16 recommendations emerged from the process:

1. **Data collection.** Incorporate health-related indicators as appropriate into surveys and other data collection efforts by City departments and sister agencies. Standardize the indicators to allow for comparison and analysis across data sets.

   ➔ Healthy Chicago 2.0 calls for establishing data quality standards and identifying methods for collecting new indicators to measure root causes of health inequities. City agencies often collect data in silos and overlook opportunities to gather information about the health impacts of their work. Agencies would benefit from having more information on health impacts, and CDPH would benefit from obtaining data that is relevant to health but often goes uncollected. Implementation of this recommendation could reduce redundancy, improve efficiency, and allow for a deeper understanding of why health inequities occur. CDPH's epidemiology team would work with staff at other departments to:
   - Identify health-related data measures that other departments currently collect or could collect.
   - Develop uniform definitions for health measures.
   - Formalize a common method of gathering demographic and geographic data.

   The estimated time frame is short term.

2. **Data sharing.** Create a formal data-sharing agreement between the City and sister agencies; leverage data from across City departments to achieve Health in All Policies goals.

   ➔ Healthy Chicago 2.0 calls for launching a Citywide public health data partnership, establishing a functional data sharing network, and creating a technical data sharing infrastructure. A framework for secure, interagency data sharing would allow for improved service delivery, connection of residents to services across departments (see recommendation #7), the development of strategic, data-informed

health interventions, and a better understanding of how proposed initiatives would affect health. To implement this recommendation, CDPH will work with the Department of Innovation and Technology (DoIT) and key stakeholders to (a) develop the legal and technological framework for data exchange between the City and sister agencies, with an eye toward creating a formal agreement, and (b) address infrastructure and resource needs to enhance data sharing among City departments, which may include training personnel to manage data sharing requests, as well as support extraction of source data, and automate if feasible. The estimated time frame is medium term.

3. **Community engagement.** Coordinate opportunities for cross-departmental community engagement to help ensure a health perspective is brought to the community more often and other departments offer their perspectives at CDPH events as needed.

   ➔ One of the five overarching priorities of Healthy Chicago 2.0 is expanding partnerships and community engagement. Many departments and sister agencies hold community engagement events throughout the year to reach Chicago residents and obtain their feedback and suggestions. By coordinating events or involving different departments in new and existing events, the City could see improvements in efficiency while residents could learn about City programs in a more comprehensive way and give feedback to multiple departments at once. To start, we could identify a small number of major community engagement events for collaboration. Over time, we could develop procedures and mechanisms by which the sponsoring department would inform and engage other departments on community events. The estimated time frame is short-to-medium term.

4. **Training of public information officers (PIOs).** Incorporate health messaging into press releases and public-facing materials, as appropriate, by training PIOs from each department and sister agency.

   ➔ Healthy Chicago 2.0 challenges City government to provide consistent communications to residents about how they are pursuing Health in All Policies. City departments frequently enact policies and programs that promote health, yet their messaging sometimes overlooks these benefits. By including information on health benefits in public communications, stakeholders throughout Chicago, including the media and the public at large, will gain a broader awareness of health equity and the value of promoting health, which in turn will create an environment more conducive to prioritizing public health. Accordingly, CDPH would train PIOs at City departments and sister agencies on health messaging and equity, providing talking points that could commonly be used in their public-facing materials. The estimated time frame is short term.

5. **Cross-Sector Grant Applications.** Develop cross-sector grant applications to increase funding and support for initiatives that impact health.

   ➔ This strategy supports funding for high-priority issues that cut across sectors and tackle the root causes of health, in alignment with Healthy Chicago 2.0 goals. When City departments and sister agencies work together on grants, the result is often a more comprehensive and competitive application that appeals to a wider range of funders. Today, such partnerships are limited and ad hoc. Formalizing a process for

City partners and CDPH to jointly develop grants may generate new funds for City initiatives and improve citywide health outcomes while reducing the inefficiencies inherent in a fragmented grant-writing approach. Representatives from across departments and sister agencies could convene to discuss funding needs, identify grant opportunities, and develop applications. The estimated time frame is short term.

6. **Employee health.** Develop a coordinated strategy to promote the health of City employees.

   ➔ Employee wellness improves workplace productivity, reduces absenteeism, and minimizes health-related expenses for employers and employees. By encouraging City employees to participate in health-related activities and adopt healthy living habits, this recommendation may help with chronic conditions like obesity, diabetes, and heart disease—all of which are part of goals laid out in Healthy Chicago 2.0—while improving the functioning of City government. A Worksite Wellness Committee could explore (a) improving and promoting existing wellness assets like Chicago Lives Healthy, Divvy bikes, Chicago Park District fitness facility discounts, community health-related events, and educational materials, and (b) recommending new, innovative ways to support a more comprehensive worksite wellness program. The estimated time frame is medium term.

7. **Connecting residents across departments.** Improve the systems and processes by which departments and sister agencies direct residents to other City services.

   ➔ Healthy Chicago 2.0 identifies structural and process change as a key part of Health in All Policies. In Chicago, as in other major jurisdictions, employees of one City department or agency sometimes lack awareness of other City services or a mechanism for directing residents to those services when it would be helpful. Residents would benefit if City departments had systematic methods for routing the residents they encounter to other departments' services. Improving coordination among departments and connecting residents to the right services could also result in greater efficiency for City government. Implementation could occur by updating and publicizing existing directories of services and contacts, and by adopting low-tech protocols when possible to help frontline employees know where to send people. There may also be a pilot with a small number of departments to create a more comprehensive and sophisticated referral system. This work could be undertaken as part of the City's 311 modernization effort. The estimated time frame is medium term.

8. **Health and human services resource.** Pursue expansion of 311 to include comprehensive information about health and human services to connect Chicagoans to needed resources and programs.

   ➔ Healthy Chicago 2.0 includes a strategy of establishing a comprehensive health and human services resource system. Although 311 is an excellent resource for City government services, it does not include extensive information on other resources that are essential to the well-being of Chicago residents. Chicagoland is the only major metropolitan area in the country without a central source of information and referral for health and human services such as housing, food, economic support, health care, and legal services. Expanding 311 to include such information would connect residents with services,

ultimately resulting in more people receiving needed supports. It would also help facilitate the response to public health emergencies and increase efficiency by reducing misdirected calls and giving residents faster access to information. This recommendation could, through a phased process, dovetail with current plans to modernize 311. The estimated time frame is medium term, with ongoing effort required to maintain the resource database. As with other recommendations, this is subject to funding availability and may require support from external partners.

9. **Trauma-informed City.** Work toward becoming a trauma-informed City through a transformation process that may include: 1) ensuring all frontline employees, as needed, receive training to improve resident services, 2) piloting efforts to change practices and cultures within departments, and 3) evaluating these efforts to determine how and whether to expand transformation to all departments.

   ➔ Becoming a trauma-informed City is a key objective of Healthy Chicago 2.0 since exposure to violence negatively impacts health outcomes. Providing trauma-informed training to employees will help departments and agencies provide responsive services that meet the needs of residents, reduce the risk of re-traumatization, promote social cohesion, and ensure safe encounters between residents and public employees. Departments and agencies would prioritize public-facing employees for instruction, but CDPH and others interested in engaging the process more thoroughly could participate in a pilot for establishing trauma-informed practices throughout the entire workplace. The time frame for initial trainings could be short term, depending on funding, but a medium-to-long term effort would be required for all departments and agencies to become trauma-informed. Some federal funding for such efforts has already been awarded to Chicago.

10. **Active design.** Where feasible, increase the use of active design for the planning, construction, and modification of buildings (interior and exterior) and infrastructure.

    ➔ Chicago exceeds the national averages for residents who are obese or overweight. Healthy Chicago 2.0 addresses this problem by calling for "employing active transportation planning and design elements for all new buildings." Active design has emerged as a way to combat obesity by creating environments that make physical activity more likely—for instance, by having buildings with recreational spaces and prominent staircases. In many neighborhoods, being physically active outside is not safe, and actively designed homes, workplaces, and community buildings and recreation spaces are the best venues for facilitating an active lifestyle. Incorporating active design would occur in phases, beginning with awarding points in the City's new sustainable development policy to developers that use the WELL Building Standard. CDPH would also work with DPD and other departments and agencies to explore incorporating active design further into the City's work. The estimated time frame is medium term.

11. **Proactive housing inspections.** Solidify the City's ongoing commitment to healthy homes by broadening our work on proactive inspections to identify health hazards early, especially in high-hardship neighborhoods and among at-risk populations.

➔ Home hazards such as lead paint, carbon monoxide, pests, and sources of mold can cause serious health problems, especially among children in high-hardship neighborhoods on the south and west sides. Accordingly, Healthy Chicago 2.0's objectives include adopting a model healthy homes code and reducing the percentage of lead-poisoned children living in communities with low opportunity. In service of these objectives, Healthy Chicago 2.0 includes the strategies of "developing a comprehensive, proactive home inspection program" and "exploring ways to understand and address the health implications of housing policies and projects." Catching problems before children have lead poisoning and other conditions would prevent significant health problems (and their associated costs) for life. Our current model, which is focused on reactive inspections, can mitigate the damage—particularly as CDPH works increasingly to intervene at lower blood lead levels—but ultimately the most effective approach would be to prevent problems in the first instance. Options for moving forward may include a pilot program potentially carried out in partnership with nonprofit agencies, as well as increased data sharing and cross training between CDPH and DOB. Other agencies will be involved as appropriate. The estimated time frame is medium term.

12. **Zoning and licensing code review.** Conduct a health impact review of the zoning and licensing code and make recommendations for adjusting it to improve health, with attention paid to tobacco, alcohol, walkability, design, and other factors.

➔ Zoning and licensing codes affect the built environment, food options, location of tobacco and alcohol retailers, and housing. These factors, in turn, affect health in areas such as obesity, exposure to violence, and ability to afford healthcare. All of these issues are highlighted in Healthy Chicago 2.0. While Chicago's codes have been amended over the years, including updates to improve walkability and other health-related factors, there has not been a comprehensive review with a health lens to determine how specific zoning and licensing provisions affect specific health outcomes. A working group of City staff and external health experts could convene to make recommendations in this area. The estimated time frame is medium-to-long term for completion.

13. **Health impact reviews.** Create a mechanism for departments and sister agencies to request that CDPH conduct a review of the health impacts of their proposed projects, policies, and ordinances.

➔ City departments and sister agencies sometimes lack support to identify the potential health impacts of their initiatives. If they had that support, health could be factored more thoroughly into City decision making. CDPH could, upon request, provide assistance to allow for a more detailed review than what other government entities could do on their own. This recommendation reflects Healthy Chicago 2.0's call to advance HiAP by "creating structural or process change." CDPH would prioritize reviews based on capacity. The estimated time frame is medium term.

14. **Evaluating projects and funding decisions.** Seek opportunities to incorporate health-related criteria into decisions on project approval and funding, piloting changes first as needed. Evaluations of these opportunities could include but not be limited to those involving TIFs, Fund77, Neighborhood Opportunity Fund, and transportation projects.

➔ Healthy Chicago 2.0 states the need to create structural or process change and make new investments in communities and interventions that address health inequities. While the City often approves investments and provides incentives due to factors such as economic development, health equity could be an additional factor for consideration in order to improve residents' well-being. CDPH would work with City partners to determine (1) which funds have the greatest opportunity to impact health, (2) which health criteria would be most important to factor in for each fund, and (3) the existing departmental processes that would be most conducive to incorporating health criteria. CDPH would work with these departments to develop a mechanism for assessing the potential health impacts of proposed investments and projects. Changes may be piloted first. The estimated time frame is short term to identify the most important funds and criteria. Then the City would develop and pilot new processes.

15. **Health criteria in RFPs and RFQs.** Incorporate high-priority health criteria into requests for proposals (RFPs) and requests for qualifications (RFQs) for City-funded projects as appropriate.

➔ City vendors and delegate agencies are chosen after consideration of a variety of factors, and one of those factors should be health. Adding health-related criteria to RFPs and RFQs will encourage those who do business with the City to improve community health and avoid harming it. CDPH will review best practices on incorporating health criteria into RFPs and RFQs and will develop templates and/or boilerplate to guide staff. In addition, CDPH could use the Buying Plan to identify RFPs and RFQs that are possible candidates for criteria, and then work with City departments and agencies to incorporate the most relevant health criteria during specification development. This work will support development and implementation of the Good Food Purchasing Policy, a mayoral initiative on which CDPH and other departments are playing important roles. In addition, information on health equity could appear on the City's Funding Opportunities webpage. The estimated time frame is short term for CDPH beginning to work with other entities and medium term for full implementation.

16. **Health in All Policies staffer.** Create one permanent staff position to provide HiAP education and support, conduct health impact reviews and assessments, and promote health-related initiatives across departments.

➔ Meaningful and sustainable collaboration to realize the promise of HiAP demands considerable time and resources, beyond what City departments and agencies are reasonably able to contribute at current staffing levels. To successfully implement the recommendations included in this report will require a full-time staffer to carry out day-to-day activities such as conducting health impact assessments, coordinating outreach and training, facilitating the ongoing HiAP Task Force and any subcommittees, monitoring and evaluating efforts, and engaging the community. This position would be housed at CDPH. The time frame would be short or medium term, depending on availability of funding.

Next Steps

The HiAP Task Force was a working group established for the purpose of producing a one-time report for the City Council of the City of Chicago. To ensure health remains a central consideration in how the City operates, the Task Force recommends that its members meet periodically to share updates and feedback on the implementation of these recommendations and to consider new opportunities to work together to promote health.

The Task Force will continue in the form of a working group whose members will be designated informally by department heads and who will not be paid for their participation in the working group. The Task Force will not have a budget of its own, nor will it be controlled by or be part of the formal organizational structure of any public body. The Task Force will receive reports on HiAP activities, and seek feedback on progress and emerging opportunities to advance health through City operations and policy.

APPENDIX I: Health in All Policies Resolution—Passed May 16, 2016

WHEREAS, the health of Chicago residents is vital for a prosperous and sustainable city; and

WHEREAS, there is growing awareness that the root cause of people's health usually isn't genetics or even individual behavior, but the conditions and environments in which people live, learn, work, play, and age; and

WHEREAS, these conditions and environments profoundly influence health in virtually every domain, from chronic disease to mental illness to violence; and

WHEREAS, disadvantage and injustice can lead to health inequities, with some groups enjoying better health than others due to factors such as income, education, and structural racism; and

WHEREAS, Hispanics and African Americans have worse health outcomes than whites in areas such as diabetes, asthma, infant mortality, and homicide, among many others; and

WHEREAS, there is as much as a 16-year gap in life expectancy depending on where one lives in Chicago; and

WHEREAS, in Chicago, rates of chronic disease are increasing overall, as 29% of adults are now obese, over one-third of school-aged children are overweight or obese, 27% of adults have high blood pressure, and 9% have diabetes; and

WHEREAS, in Chicago, 18% of adults smoke, 18% of adults do not get any physical activity, and the majority of Chicagoans do not consume enough fruit and vegetables; and

WHEREAS, mental illness is a leading cause of hospitalization; and

WHEREAS, the policies of every governmental agency in the City of Chicago have an impact on the root causes of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development; and

WHEREAS, interagency collaboration can help address these root causes through improved decision-making, better planning, and more efficient service; and

WHEREAS, a Health in All Policies approach entails recognizing that all governmental bodies have a role to play in achieving health equity, defined as the attainment of the highest level of health for all people; and

WHEREAS, achieving health equity requires focused and ongoing efforts to address avoidable disparities and injustices;

WHEREAS, *Healthy Chicago 2.0*, the four-year community health improvement plan spearheaded by the Chicago Department of Public Health and created with the participation of approximately 130 organizations across a broad range of sectors, calls for a formal Health in All Policies approach for the City of Chicago;

NOW, THEREFORE, BE IT RESOLVED that it shall be the policy of the City of Chicago to apply a Health in All Policies approach to the City's decision making, including policy development and implementation, budgeting, and delivery of services.

BE IT FURTHER RESOLVED that the City of Chicago establishes a Health in All Policies Task Force to identify and pursue opportunities to improve health, including but not limited to affordable, safe, and healthy housing; active living and transportation; quality education; access to healthy food; clean air, water, and soil; parks, recreation, and green spaces; economic opportunity; and safety and violence prevention. All departments shall participate in developing ongoing channels for cross-department collaboration, identifying and pursuing funding streams that support improved health outcomes, ensuring that new investments support community health goals, incorporating health criteria into planning and policy development, sharing relevant data, and participating in collaborative efforts to understand how built environment policies and programs are affecting health outcomes. The Health in All Policies Task Force shall be composed of all department commissioners or their designees, and the Department of Public Health shall lead the Task Force.

BE IT FURTHER RESOLVED that the Task Force shall submit a report to the City Council by January 31, 2017, on the Task Force's findings. At a minimum, the report shall address the following: i) existing community health needs and priorities; ii) short-term, medium-term, and long-term recommendations for changes to policies, practices, and procedures that will improve community health and reduce health inequities; and iii) the need for and sources of funding to implement a Health in All Policies approach in the City of Chicago. The report may also identify how such changes will provide environmental, economic, or other benefits.