

City of Chicago RACIAL EQUITY ACTION PLAN

Chicago Department of Public Health (CDPH)

Under the City of Chicago's Municipal Code (Ch. 2-4-100), all City of Chicago departments must create and maintain Racial Equity Action Plans (REAPs) "to articulate and guide strategy aimed at advancing equity and making it a permanent pillar in all departmental workstreams."

Progress on all REAPs are accounted for annually as a part of the City of Chicago's budget process. This document outlines the components of the REAP and ensures that all strategies are aligned to Chicago's citywide vision: ***All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025)***

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THE CITY OF CHICAGO'S DEFINITION OF EQUITY

Equity is both an outcome and a process:

As an **outcome** equity results in fair and just access to opportunity and resources that provide everyone the ability to thrive. Acknowledging the present and historical inequality that persist in our society, equity is a future state we strive to create where identity and social status no longer predestine life outcomes.

As a **process**, equity requires a new way of doing business: one that

- (1) Prioritizes access and opportunities for groups who have the greatest need.
- (2) Methodically evaluates benefits and burdens produced by seemingly neutral systems and practices.
- (3) Engages those most impacted by the problems we seek to address as experts in their own experiences, strategists in co-creating solutions, and evaluators of success.

Further, our focus is on evaluating our own strategies, interventions and resources in a way that prioritizes those who are most negatively impacted by current policies, procedures & practices.

Racial equity focuses on the social construction of race and how it has been used (historically and presently) to unjustly distribute opportunity and resources based on a person's skin color, heritage, ethnicity, and/or national origin. Advancing racial equity requires an analysis of systemic racism inclusive of the ways harm is created at the individual, interpersonal, institutional, and structural levels. It also requires a commitment to dismantling systems that perpetuate racialized outcomes and rebuild systems that produce systemic inclusion.🔗

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The coordination of the development and implementation of City of Chicago REAPs is led by the Office of Equity and Racial Justice. For more information about REAPs and/or the work of the office visit www.chicago.gov/equity.



RACIAL EQUITY ACTION PLAN: Priority #1

The City of Chicago's Vision: All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025)

Citywide Priority Area & Desired Result:

COMMUNITY ENGAGEMENT: All Chicagoans have a meaningful opportunity to influence City of Chicago programs, policies, and initiatives.

Indicators Examined:

Community Data

Healthy Chicago survey questions: To what extent do you trust local government to do what's right for your community? To what extent do you feel like you and your neighbors have the ability to impact your community? Would you say that you really feel part of your neighborhood?

Number of attendees and ethnicities/identities reported from outreach activities

Number of community engagements by zip code

Healthy Chicago Equity Zones health assessments- regional and community leads identified priority areas within their zones

Partnership for Healthy Chicago members' input

Program/Department Data

Department/program PMQI responses for the racial equity question: What is your program doing to address racial equity?

Increase in funding, especially corporate funding, for community engagement staffing and activities

Social media analytics/impressions from CDPH webpage and postings

Number of programs in department that have community engagement activities

Chicago Consortium for Community Engagement (C3) community-engaged research projects

Healthy Chicago 2025 Health Equity Capacity Assessment community engagement/civic involvement score

Staff satisfaction surveys

Community Feedback and Narratives

Throughout the Healthy Chicago 2025 planning process, CDPH reviewed dozens of community plans and conducted 4,000 surveys and 42 focus groups with community members in collaboration with West Side United and the Alliance for Health Equity. The findings can be found in the final Healthy Chicago 2025 report; some findings are integrated into this Racial Equity Action Plan since they were very relevant to community engagement, trust, and power-building. From

the 2022 Healthy Chicago Survey, 43.9% of Chicagoans trust their local government at least somewhat to do what is right for their community. Trust is higher among Non-Hispanic white Chicagoans (48.0%) than among Non-Hispanic Black (42.5%) and Hispanic/Latinx Chicagoans (39.0%). Results from the 2022 Healthy Chicago Survey also found that 55.1% of Chicago adults feel that they have the ability to impact their community. When stratified by race/ethnicity, 54.5% of Non-Hispanic white Chicagoans, 60.1% Non-Hispanic Black Chicagoans, 52.1% of Hispanic/Latinx Chicagoans, and 46.5% Non-Hispanic Asian/Pacific Islander Chicagoans feel that they at least somewhat have the ability to impact their community. Additionally, results from the 2022 Healthy Chicago Survey found that 43% of Chicagoans feel that they are a part of their community. Feelings of community belonging are higher among Non-Hispanic white Chicagoans (47%) than among Non-Hispanic Black (46.2%), Non-Hispanic Asian/Pacific Islander (41.2%) and Hispanic/Latinx (35.7%) Chicagoans.

Define the Problem

From the Healthy Chicago 2025 planning process, findings show that community members feel disconnected from City government and "want to have a role in decision-making – but they experience barriers to participation, or they have lost faith that their voice can make a difference." Knowing that less than half of Chicagoans trust their local government to do what is right and that trust was higher among white Chicagoans, which are findings from the most recent Healthy Chicago Survey, we understand that the public health system of Chicago must do the work to rebuild trust and make it easier for communities that have been historically affected by numerous inequities to participate so that community members' solutions are prioritized and valued. After an internal evaluation with staff, we also identified that there is a need for bidirectional communication and alignment across the department's community engagement activities; efforts are siloed, teams are not always communicating with each other about all the work being done across the department, and community members' voices haven't always been prioritized. Overall, a lack of community input leads to inequitable outcomes for Chicagoans. The We Will Chicago Civic and Community Engagement plan states that "public engagement by the City is ... seldom anchored in trust, and residents perceive meetings as superficial afterthoughts that confirm predetermined solutions. An unending circle of discussion without implementation has led to frustration and fatigue, and has reduced participation in democracy."

Identify Root Causes to the Problem

From Healthy Chicago 2025: Historically, Black and Latinx communities have been pushed out of the political and decision-making process. The gap between people's desire to participate in decision-making and actual turnout highlights barriers to participation, including that Chicagoans have lost faith that their voice can make a difference.

Define Your Department's Opportunity

CDPH realizes that in order to build trust, share power, and engage with community members, we must organize ourselves internally. We need to provide capacity-building supports to help staff grow their skills around community engagement in order to achieve community engagement goals externally. An equitable response will include intentionally centering the voices, lived experiences, and community members' needs in the development of department strategies. CDPH's

Healthy Chicago 2025 plan includes a priority area focused on Public Health System Organizations. We know that it is important for all Chicagoans, especially Black and Brown Chicagoans, to have a voice and power in the public health system, so we must increase community engagement capacity, adopt standards and processes for community engagement, strengthen community leadership, and build trust with community members.

We plan to increase the alignment of community engagement activities across the department and coordinate information learned, expand coverage of affected communities by increasing the number of programs with outreach efforts, and share best practices in order to support colleagues with these efforts. We also learned from the Healthy Chicago 2025 process that power structures need to support and include community leaders so that changemaking to address racial and health inequities can come from within. Methods of participation should be co-designed with community partners – including our young people – to be meaningful and effective. CDPH's goal is to create an aligned, coordinated, and equitable system of community engagement efforts across CDPH's bureaus/programs to have opportunities and activities for all historically underserved communities. For this work, CDPH will tap into our existing Office of Community Engagement, and explore the potential for additional funding through Corporate and grant sources (such as the Public Health Infrastructure grant).

RACIAL EQUITY ACTION PLAN: Priority #1, Strategy #1

Our department will advance the following strategies:

1. Department Strategy: Convene representatives from across CDPH bureaus to establish aligned, coordinated systems to collect and disseminate information about CDPH's current community engagement efforts.

Measures of Impact:

- **Internal:** Identify champions for community engagement across CDPH programs; increase knowledge of existing resources and opportunities; increase coordination among programs that host engagement strategies
- **External:** Increase partners' and the public's knowledge of CDPH's community engagement resources and opportunities; increase coordination among external partners that engage with CDPH and/or our consumers

| Actions | Implementation Plan | Timeline | Status |
|---|---|----------------|--------|
| <p>1.1 Establish committee of CDPH programs to develop engagement strategy.</p> | <p>1.1.1 Office of Community Engagement will form a committee with representation from across CDPH bureaus that have expertise and/or interest in community engagement.</p> <p>1.1.2 Committee will review information from Healthy Chicago 2025, We Will Chicago, and other departmental sources to outline our current understanding of strengths and opportunities in CDPH's community engagement practices.</p> <p>1.1.3 Committee will develop a group charter, logic model, workplan, and glossary of key terms to guide and support alignment on CDPH's community engagement strategy.</p> | <p>Q4 2023</p> | |

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| <p>1.2 Take inventory of CDPH's current community engagement activities, resources, and plans.</p> | <p>1.2.1 Committee will identify information CDPH needs to collect, including but not limited to: what community partners are being engaged; engagement methods and where these fall on the community engagement spectrum; geographic location of engagement, to characterize to what extent efforts are focused on communities that have been historically underserved and underrepresented; which program staff are supporting engagement; and any barriers to engagement that programs are experiencing (e.g., staffing, funding, skill gaps).</p> <p>1.2.2 Committee will develop a tracking system, such as a spreadsheet or database, to inventory all activities and observations.</p> <p>1.2.3 Committee will collect information, inviting input from additional CDPH staff as needed.</p> | <p>Q1 2024</p> | |
| <p>1.3 Provide information to staff and the public about CDPH engagements.</p> | <p>1.3.1 Committee will analyze tracking system to identify opportunities for alignment of engagement activities, such as when different programs are seeking to engage the same populations or in the same neighborhoods.</p> <p>1.3.2 Committee will develop tools for staff members and the public, such as dashboards and calendars, that will support increased awareness and alignment of engagement activities, as well as methods for sharing feedback.</p> | <p>Q2 2024; ongoing</p> | |

RACIAL EQUITY ACTION PLAN: Priority #1, Strategy #2

Our department will advance the following strategies:

2. Department Strategy: Assess the quality of CDPH's community engagement efforts at baseline and establish standardized systems for continued monitoring.

Measures of Impact:

- Internal: Improve awareness of the effectiveness of community engagements; streamline data collection and reporting
- External: Increase transparency of CDPH community engagement data

| Actions | Implementation Plan | Timeline | Status |
|---|---|---------------------|--------|
| 2.1. Identify key data resources to measure the effectiveness of our community engagement. | 2.1.1 Committee will collect information from CDPH programs about how they measure the quality of their engagement efforts, including any sources of views and opinions from community residents and those who serve communities. 2.1.2 Committee will conduct literature review and consult experts as needed to identify other best practices in measurement. | Q1 2024 | |
| 2.2. Review engagement data to provide insights into strengths and opportunities in community engagement. | 2.2.1 Committee will assess program information. If any data needed is not currently available, committee will develop plans to address the data gap - including focus groups, social media engagement, etc. 2.2.2 Committee will report findings and recommendations to the CDPH Executive Team, CDPH staff, and external partners for feedback and refinement. This should include proposed engagement standards for CDPH that will increase trust and build community power, incorporating principles for trauma-informed practice. | Q2 2024 | |
| 2.3. Create ongoing monitoring and feedback plan. | 2.3.1 Committee will identify key department-wide community engagement indicators and develop tools that programs can use/adapt to track their progress. 2.3.2 Committee will collect, review and discuss program performance information at least once per year. | Q2 2024; ongoing | |

RACIAL EQUITY ACTION PLAN: Priority #1, Strategy #3

Our department will advance the following strategies:

3. Department Strategy: Provide capacity building supports for CDPH staff and promote continuous practice improvement in community engagement.


Measures of Impact:

- **Internal: Increase staff knowledge, skills, abilities to carry out effective community engagement; increase accountability to community partners**
- **External: Improve experiences of engagement with CDPH; increase power in shared decision-making**

| Actions | Implementation Plan | Timeline | Status |
|---|--|---------------------|--------|
| 3.1 Implement strategies to improve staff knowledge, skills, and abilities to carry out community engagement. | <p>3.1.1 Based on recommendations from the committee's report (2.2.2), the committee will develop and lead efforts to increase knowledge and capacity for high-quality community engagement across programs. This may include, for example, developing a training agenda and retaining consultants/subject matter experts to lead trainings.</p> <p>3.1.2 If capacity building activities require additional resources, the committee will develop a budget and work with the CDPH Executive Team to secure funding.</p> | Q2 2024; ongoing | |
| 3.2 Support continuous practice improvement. | <p>3.2.1 Committee will assess the impact of any enhanced efforts with regard to both processes and outcomes.</p> <p>3.2.2 Committee will create ongoing opportunities to hear from external partners who are engaged in CDPH advisory/accountability bodies about their experiences.</p> <p>3.2.3 Through the process improvement cycle, the committee will implement the department's community engagement strategy, get feedback, evaluate and then refine the approach as needed.</p> | Q3 2024, ongoing | |

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| <p>3.3 Share, learn from, and celebrate best practices.</p> | <p>3.3.1 Committee will create through its meetings a space for best practice sharing, like a Community of Practice model where staff can highlight different department initiatives.</p> <p>3.3.2 Committee will develop and lead communication strategies to spotlight community engagement efforts (e.g., All Hands, Commissioner's Update, social media, Healthy Chicago newsletter).</p> | <p>Q4 2023; ongoing</p> | |
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RACIAL EQUITY ACTION PLAN: Priority #2

The City of Chicago's Vision: All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025) 



Citywide Priority Area & Desired Result:

WORKFORCE: The City of Chicago's workforce reflects the demographics of the City, and all employees are connected to training and advancement opportunities.

Indicators Examined:

Community Data

CDPH workforce demographics, compared to the overall demographics of City workforce, as reflected on the OERJ Equity Dashboard
Community feedback from the community health improvement planning process for Healthy Chicago 2025

Program/Department Data

Employee HR data related to hiring, current role, and (if applicable) prior City role, by self-reported race, ethnicity, gender, etc.
Employee uptake rates for training and learning opportunities offered by CDPH
Employee survey and focus group feedback from the CDPH Strategic Plan process

Community Feedback and Narratives

Using employee input reflected in the CDPH Strategic Plan as well as community feedback reflected in Healthy Chicago 2025 (the current community health improvement plan), CDPH is prioritizing the goal to work together to dismantle racist policies and change the trajectory of representation in all levels of CDPH leadership. For instance, prior to the COVID-19 pandemic, CDPH employees advocated for a new executive level position of Chief Racial Equity Officer; CDPH created that role and later the bureau of Inclusion, Diversity, Equity & Access (IDEA). CDPH employees have said it is imperative for staff to see diversity in leadership positions.

Define the Problem

According to the OERJ Equity Dashboard, as of May 2, 2023, CDPH's workforce is: 28% White compared to the 32.9% White Chicago population; 41.6% Black compared to the 29.8% Black Chicago population; 20.1% Hispanic compared to the 29.1% Hispanic Chicago population; and 8.2% Asian compared to the 6.4% Asian Chicago population. However, CDPH's management is not representative of the ethnic and racial makeup of the City. Per the Dashboard, CDPH's management is 47% White, 28% Black, 12% Hispanic, 10% Asian, and 2% multiple races. Black and Latinx Chicagoans are currently underrepresented in CDPH's executive leadership. The underrepresentation of Black and Latinx leadership may prevent the organization from presenting the most robust, well-rounded, and equitable programming that would be the result of having a diversity of backgrounds, lived experiences, and cultures at all levels of program ideation, decision-making and implementation.

Identify Root Causes to the Problem

Historically, systemic and structural racism has shaped the policies that uphold racial inequities across hiring practices, allocation of positions and salaries, advancement to management, and who has access to training. Per the National Equity Atlas (NEA) data, in 2019, 72% of U.S.-born White, 50% of White-immigrant, 20% of U.S.-born Black, 41% of Black-immigrant, 25% of U.S.-born Latinx and 9% of Latinx-immigrant populations held a Bachelor's degree or higher in Chicago. According to the NEA, barriers to higher education and training perpetuate workforce inequities, but education and job training systems are not adequately preparing Latinx, Black, and other workers of color who are growing as a share of the workforce to succeed in the knowledge-driven economy.

Define Your Department's Opportunity

CDPH can proactively seek to eliminate racial inequities and advance equity by creating intentional and effective approaches to workforce and leadership development with measurable, quantifiable and accountable goals. For CDPH to drive institutional change, it should deliberately develop policies and practices that focus on inclusion, diversity, equity, access, and belonging of all CDPH employees' lived experiences. CDPH will continue racial equity transformation by addressing institutional racism across all aspects of its work and ensuring all CDPH staff are connected to opportunities for professional growth, technical skills trainings, and advancement throughout their careers. CDPH will continue to create learning and development opportunities for staff that align with the department's anti-racism values. CDPH should develop mechanisms to capture data to assess the efficacy of its programs, such as exit interviews and opportunities for meaningful feedback.

RACIAL EQUITY ACTION PLAN: Priority #2

Our department will advance the following strategies:

1. Department Strategy: Intentionally develop policies that advance racial equity and increase racial competence of staff through trainings.

1) Measures of Impact: Attendance records to analyze completion rates of staff by bureau and eventually by program; data from Learning Management Systems (LMS) to track and compare participation and registration for new and established employees

| Actions | Implementation Plan | Timeline | Status |
|---|---|--------------------|--------|
| <p>1.1 Institute training on dismantling racist systems as a mandatory training for all current and new employees and track progress.</p> | <p>1.1.1 Create a policy to ensure CDPH upholds its commitment to anti-racism regardless of organizational changes.</p> <p>1.1.2 As a new policy, all new CDPH employees will be required to complete, at a minimum, the initial workshop within the dismantling racist systems training series within the first year of employment. All current CDPH employees will be required to complete, at a minimum, the initial workshop in the series, within one year of policy enactment.</p> <p>1.1.3 As a new policy, all new and current CDPH managers and supervisors will also be required to complete the full series of workshops, at a minimum rate of at least one additional workshop (beyond the initial workshop) per year. Current CDPH managers and supervisors will have one year from the time of policy enactment to come into compliance.</p> <p>1.1.4 The eLearning platform will be implemented and used to track employees' completion and progress of the workshops.</p> | <p>Summer 2023</p> | |
| <p>1.2 Create internal capacity to develop and produce trainings and streamline processes to assign and track training participation.</p> | <p>1.2.1 Train relevant staff to use software to create online training modules that can be accessed through the City's eLearning platform.</p> <p>1.2.2 Create online training content that will be offered through the eLearning platform.</p> <p>1.2.3 Employees will be able to register for workshops and other trainings using the eLearning platform.</p> <p>1.2.4 The eLearning platform will be used to track the employees' completion and progress on training.</p> | <p>Winter 2023</p> | |

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| <p>1.3 Train employees on Trauma-Informed Transformation with a focus on racial trauma.</p> | <p>1.3.1 CDPH will launch a Trauma-Informed Transformation online training workshop with a focus on racial trauma, based on a live workshop developed by CDPH staff, that employees will be able to access through the City's eLearning platform.</p> | <p>Winter 2023</p> | |
| <p>1.4 Educate CDPH's workforce to recognize, address, and eradicate all forms of racism within the department.</p> | <p>1.4.1 Partner with the Office of Racial Equity and Justice and additional teams to develop metrics to measure and evaluate racial equity outcomes. 1.4.2 Leverage metrics across city departments</p> | <p>Fall 2023</p> | |

RACIAL EQUITY ACTION PLAN: Priority #2

Our department will advance the following strategies:

2. Department Strategy: Provide and maintain an equitable onboarding experience for all new employees across the department.

Measures of Impact: Data from new hire surveys, to be administered after the first week and then every 30 days for the first three months of a new employee's CDPH career

| Actions | Implementation Plan | Timeline | Status |
|---|--|-------------|--------|
| 2.1. Implement a new employee onboarding process through a racial equity lens, using inclusive and person-first language. | 2.1.1 Create an onboarding experience that is inclusive for all staff and provides a comprehensive orientation to City and CDPH mission, values, systems and processes. 2.1.2 Highlight CDPH divisions, current initiatives, and other department-wide objectives during the onboarding meetings for new staff. | Summer 2023 | |

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| <p>2.2 Incorporate a culture of belonging that makes new hires feel welcome through a structured, timely and enjoyable onboarding process.</p> | <p>2.2.1 Incorporate racial equity practices into all aspects of the onboarding and, eventually, offboarding (exiting) career employment processes.</p> <p>2.2.2 Review employee onboarding packet and identify ways to make the materials easier to understand and navigate.</p> <p>2.2.3 Provide all new staff with a new employee onboarding meeting. Leadership will be invited to speak about their bureau or program's work and CDPH culture.</p> <p>2.2.4 Pair new employees with a colleague ("assigned buddy") that they can shadow.</p> | <p>Summer 2023</p> | |
| <p>2.3 Provide new hires with opportunities to give feedback on their onboarding experience. Use that data to improve the overall processes.</p> | <p>2.3.1 Follow-up with each new employee and provide opportunities, electronically or in person, to give feedback on their onboarding experience after the first week of employment and then again at 30, 60 and 90 days after their start date.</p> <p>2.3.2 As part of the onboarding package, also create a cross-departmental exit interview survey or template that can be used at the time of an employee's departure to identify ways to improve the workplace.</p> | <p>Fall 2023</p> | |
| <p>2.4 Enhance CDPH's workplace by cultivating an intentional culture of belonging that supports employees being welcomed, supported, seen, and connected to each other, to their teams, and to CDPH's mission from the onboarding and beyond.</p> | <p>2.4.1 Within the Office of Racial Equity and Belonging (OREB), develop a diverse, ethnic and multicultural committee that will help lead, align, coordinate, plan, and foster collaborative activities, cultural observances and celebrations, and education throughout the year.</p> | <p>Summer 2023</p> | |

RACIAL EQUITY ACTION PLAN: Priority #2

Our department will advance the following strategies:

3. Department Strategy: Provide staff with training and development opportunities to advance equity and professional growth. Support timely, inclusive recruitment, interviewing and onboarding that reflects up-to-date communication and engagement tools to attract and retain top-level candidates.

3a. Develop an inclusive formal mentor/sponsor program for key leadership areas and top-level candidates/employees that provides career growth and leadership guidance.

Measures of Impact: Compare hiring data from before and after implementation of new career development initiatives to determine efficacy of the strategies; assess pipeline of engaged employees that are reflective of the racial and ethnic makeup of Chicago who are prepared to step into leadership roles within CDPH

| Actions | Implementation Plan | Timeline | Status |
|---|--|--------------------|--------|
| 3.1 Train hiring managers on unconscious bias with an aim toward increasing hiring of Black, Indigenous, and People of Color (BIPOC) candidates | 3.1.1 Recruit trainers to provide unconscious bias training. 3.1.2 Ensure all hiring managers complete the training. 3.1.2 Review CDPH's employee demographics at least annually to assess for change | Winter 2023 | |
| 3.2. Ensure BIPOC employees have the same opportunities for leadership development and career advancement as their non-BIPOC counterparts. | 3.2.1 Curate a diverse, equitable, and inclusive training portfolio. 3.2.2 Enhance collaborative efforts to create and host intentional trainings and workshops from an equity, diversity, inclusion, culture of belonging, and trauma-informed lens. 3.2.3 Partner with external experts to conduct resume, interviewing, and coaching workshops with a diversity, equity, inclusion and belonging focus. 3.2.4 Launch trainings to better equip and prepare staff for interviews and advancement. | First Quarter 2024 | |

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| <p>3.3. Provide staff with virtual learning opportunities on software and business skills.</p> | <p>3.3.1 Provide LinkedIn Learning licenses to CDPH staff. 3.3.2 Provide employees virtual courses on an array of topics including Adobe software, time management, and workplace equity to enhance their office skills and aid in their work effectiveness. 3.3.3 Managers will be encouraged to engage their staff and provide recommendations for specific skills training while keeping track of an employee's course progression.</p> | <p>Winter 2023</p> | |
| <p>3.4. Develop and implement mentor/sponsor programs for BIPOC staff focused on leadership readiness.</p> | <p>3.4.1 Convene a workgroup to develop formal mentorship and sponsorship programs. 3.4.2 Draft and adopt official mentorship and sponsorship policies and procedures. 3.4.3 Implement mentor/sponsor relationships for BIPOC staff focused on leadership readiness.</p> | <p>Fall 2023</p> | |

RACIAL EQUITY ACTION PLAN: Priority #2


Our department will advance the following strategies:

4. CDPH will review and update recruiting strategies with a goal of better identifying and hiring BIPOC candidates across all areas of CDPH, and especially for senior leadership roles.

Measure of Impact: Track new hires, including by race/ethnicity, including where they were recruited from and the roles they fill at CDPH

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| <p>4.1 Update and expand recruiting strategies. Broaden the outlets, schools and places where the City (DHR) and CDPH recruit candidates for employment. Proactively post jobs in online locations where diverse candidates search for new opportunities.</p> | <p>4.1.1 Work with DHR recruiters to develop a list of schools and organizations that would increase recruitment of BIPOC candidates interested in public health jobs</p> <p>4.1.2 Establish collaborative relationships with key personnel at these organizations</p> <p>4.1.3 Partner to recruit diverse candidates; create pathways for BIPOC candidates to apply for internships or other early with CDPH and prioritize outreach to these candidates.</p> | <p>Fall 2023</p> | |
| <p>4.2. Create best practices for inclusive recruitment.</p> | <p>4.2.1 Track and analyze data for specific job classifications/roles to identify and track tenure and mobility.</p> <p>4.2.2 Create objectives and best practices for diverse, equitable, and inclusive recruitment.</p> | <p>Winter 2023</p> | |

RACIAL EQUITY ACTION PLAN: Priority #3

The City of Chicago's Vision: All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025) 



Citywide Priority Area & Desired Result:

PUBLIC HEALTH

& SERVICES: All Chicagoans are healthy and benefit from a full range of health and human services.

Indicators Examined:

Community Data

Chicago Fire Department EMS opioid overdose data; Cook County Medical Examiner overdose fatality data; Hospital NEMESIS overdose admission data; HIDTA ODMap rapid EMS overdose spike detection data; Prescription Drug Monitoring data

- Indicator: nonfatal opioid-related overdoses

- Indicator: fatal opioid-related overdoses

Program/Department Data

Delegate agency data provided to CDPH includes: Drug checking data; treatment admission data (esp from MAR NOW); outreach location data/services delivered by outreach orgs; qualitative reports on drug supply, patterns, locations; Narcotics Arrest Diversion data from CPD and treatment provider, Sheriff's Office jail data on harm reduction resources distributed and education

Community Feedback and Narratives

CDPH engages with community-driven collaboratives and task forces in the communities most impacted by opioid overdose. For example, the West Side and South Side Heroin/Opioid Task Forces, the Methamphetamine Task Force, and the Chicago Recovering Communities Coalition. CDPH also convenes a monthly meeting of providers that work in the West Side communities most affected by opioid overdose. CDPH is also constructing a similar information sharing opportunity for South Side providers. (Instead of convening a separate meeting, this information sharing is currently incorporated in the monthly South Side Heroin/Opioid Tash Force meeting.) Additionally, CDPH holds community test kit builds and overdose prevention trainings in partnership with community agencies across the city.

In each of these settings, CDPH learns from the community about how opioid overdose is impacting their lives and neighborhoods. We hear that more resources are needed - not just harm reduction and substance use treatment and recovery services, but housing, food, employment, transportation, and other resources. We also hear the mode of message delivery and outreach modalities of the messengers should be tailored to the audience. Audience types include but are not limited to: locality, age, and special population (veterans, history of involvement with criminal justice system, pregnant people, etc). We hear often that mental health needs drive and contribute to substance use, and that the community is not often aware of the mental health resources CDPH provides. We have heard that communities want more access to harm reduction resources in accessible locations like public transit, and that there is still a lot of work to do to address stigma around substance use and overdose.

Define the Problem

Within Chicago, opioid-related overdose deaths are highest among men, Black non-Latinx communities, adults aged 45-64, and people living in communities facing high economic hardship. In 2020, the rate of opioid-related overdose death among Black non-Latinx male Chicagoans was 470 per 100,000 people, a rate nearly six times higher than white non-Latinx males. Opioid overdose is one of the leading contributors to the 10-year Black-white life expectancy gap in Chicago.

Identify Root Causes to the Problem

Risk factors for developing an opioid use disorder include: genetics, a history of substance use or previous substance use disorder, substance use in one's family, social and family environments that encourage misuse, poverty, trauma, unemployment, history of incarceration or involvement with criminal justice system, untreated co-occurring mental health conditions, a history of depression or anxiety, and homelessness. Conditions that can exacerbate risk factors and put individuals at increased risk of fatal or nonfatal overdose include: lack of access to evidence-based harm reduction, treatment, and recovery services, lack of awareness of the increased risk of overdose when resuming use after a period of cessation, lack of access to primary care to address chronic medical conditions, social isolation, stigma, and structural racism.

Define Your Department's Opportunity

Our department has the opportunity to reduce the number of fatal opioid overdoses in Chicago, and close the race gap in fatal overdoses, in partnership with community members and providers from the areas most affected by opioid overdoses. CDPH receives funding from the city budget, the CDC, and opioid settlement funds to support this work.

RACIAL EQUITY ACTION PLAN: Priority #3

Our department will advance the following strategies:

1. Department Strategy: Improve access to and education about harm reduction strategies to prevent opioid overdose.

Measures of Impact: # of naloxone kits and fentanyl test kits distributed, # of overdose prevention trainings conducted by CDPH and funded partners, # of free naloxone access points citywide, # drug samples and/or paraphernalia tested by community drug testing programs, # of harm reduction educational materials published by CDPH, # of follow up attempts by Opioid Response Team

| Actions | Implementation Plan | Timeline | Status |
|---|--|---|--------|
| <p>1.1 Expand access to community drug checking and harm reduction services, particularly via mobile and outreach service models.</p> | <p>1.1.1 Release an RFP for drug checking and mobile, peer-driven harm reduction outreach services. Prioritize agencies that serve populations and community areas disproportionately impacted by opioid overdose and agencies that employ people with lived experience.</p> <p>1.1.2 Issue awards for community drug checking and harm reduction outreach programs.</p> <p>1.1.3 Develop a community of practice among providers to learn and develop drug-checking best practices.</p> <p>1.1.4 Begin data sharing of testing results and sample submission to CDPH-funded local toxicology lab to support a county-wide drug surveillance system.</p> <p>1.1.5 Publish aggregate drug testing results for the community and conduct community engagement around findings.</p> | <p>1.1.1- summer 2023</p> <p>1.1.2- Fall 2023</p> <p>1.1.3- Fall 2023 through Fall 2024</p> <p>1.1.4- Winter 2024</p> <p>1.1.5- Summer 2025</p> | |

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| <p>1.2 Expand the City's Opioid Response Team (ORT) post-overdose follow up program to serve more areas of the City.</p> | <p>1.2.1 Publish data on first ORT (launched January 2023) on public dashboard.</p> <p>1.2.2 Conduct analysis of total opioid overdoses in pilot team's catchment area versus number the team is able to follow up with. Use this analysis to inform planning around second response team. Prioritize the West Side of the city, which remains the most affected by opioid overdose.</p> <p>1.2.3 Launch a second ORT with complementary hours and/or integrated operations with first team, to ensure coverage of most needed areas on West Side.</p> <p>1.2.4 Develop learnings from pilot to support trauma-informed, peer-led briefings/updates for emergency medical systems, integrated with peer-led harm reduction training for first responders.</p> <p>1.2.5 Publish initial findings from external evaluation of the program, and consult with Peer Advisory Council on using findings to guide further expansions of the ORT program so that every nonfatal opioid overdose in the city receives an attempted follow up.</p> | <p>1.2.1- Spring 2023</p> <p>1.2.2- Summer 2023</p> <p>1.2.3- Winter 2024</p> <p>1.2.4- Winter 2024</p> <p>1.2.5- Summer/Fall 2024</p> | |
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| <p>1.3 Pilot public health vending machines with harm reduction resources in them to understand how this distribution mechanism affects access to harm reduction services.</p> | <p>1.3.1 Work with provider and harm reduction community, and Public Library system to establish process for distribution on vending machine access PINs. Engage providers and other CDPH offices around a process to ensure that PINs are distributed to communities at highest risk of opioid overdose, and ensure collaboration across CDPH offices.</p> <p>1.3.2 Develop communications campaign ahead of launch of vending machines to prioritize communities at high risk of overdose, that also have other social vulnerabilities. Ensure that these individuals know about the machines, where they will be located, and how to get an access PIN.</p> <p>1.3.3 Place public health vending machines in 5 publicly-accessible locations around the city.</p> <p>1.3.4 Launch general public awareness campaign on the vending machines, include information and education on the importance of harm reduction.</p> <p>1.3.5 Evaluate initial data collected on use patterns and share with provider community and hosting sites.</p> <p>1.3.6 Iterate on initial pilot learnings, address challenges in implementation.</p> <p>1.3.7 Publish data on pilot program learnings to general public.</p> | <p>1.3.1- Spring 2023</p> <p>1.3.2- Spring 2023</p> <p>1.3.3- Summer 2023</p> <p>1.3.4- Summer 2023</p> <p>1.3.5- Winter 2023</p> <p>1.3.6- Winter 2023 through Spring 2024</p> <p>1.3.7- Summer 2024</p> | |
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RACIAL EQUITY ACTION PLAN: Priority #3

Our department will advance the following strategies:

2. Department Strategy: Improve access to evidence-based, low barrier treatment and recovery services for opioid use disorder.

Measures of Impact: # of low-barrier recovery services funded by CDPH, # of programs with a mobile component, # of people served annually by these recovery programs disaggregated by type of treatment (alcohol, opioids, stimulants, co-occurring, etc), # of people inducted on buprenorphine or methadone via these programs.

| Actions | Implementation Plan | Timeline | Status |
|--|--|---|--------|
| <p>2.1 Develop guidelines and support systems for providers to develop culturally-responsive opioid use disorder (OUD) treatment services.</p> | <p>2.1.1 Conduct a literature review, program scan, and interviews with addiction medicine specialists and researchers to understand the scope of current work in culturally-responsive OUD treatment, and resources available to providers.</p> <p>2.1.2 Based on the results of the literature review, conduct a survey or otherwise work with CDPH-funded OUD treatment providers to gain input on their needs and ideas around culturally-responsive treatment environments.</p> <p>2.1.3 Engage people with lived experience to gather recommendations on the development of treatment environments, modalities, approaches, and protocols that are responsive to the unique needs of different race/ethnicity and/or culturally distinct groups.</p> <p>2.1.4 Integrate information across these sources to develop key traits, promising practices, and barriers to effective, evidence-based and culturally-responsive services.</p> <p>2.1.5 Request organizations to annually complete a CDPH endorsed Organizational Impact Assessment on Race and Equity. The data will be de-identified and utilized by CDPH to assess the organizations' racial, cultural, and equity constructs as well as how the data relates to the people it serves.</p> <p>2.1.6 As possible, offer targeted technical assistance to providers based on these practices and ensure that future funding opportunities for OUD</p> | <p>2.1.1- Summer 2023</p> <p>2.1.2- Fall-Winter 2023</p> <p>2.1.3- Winter 2024</p> <p>2.1.4- Spring-Summer 2024</p> <p>2.1.5- Spring 2024</p> | |

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| <p>2.1 Develop guidelines and support systems for providers to develop culturally-responsive opioid use disorder (OUD) treatment services.</p> | <p>2.1.6 As possible, offer targeted technical assistance to providers based on these practices and ensure that future funding opportunities for OUD treatment require agencies to meaningfully integrate these practices into their treatment plans. CDPH will collaborate with organizations to increase capacity building through facilitating the sharing of information, resources, mutual support and improvement tools related to deconstructing racist systems, trauma prevention and trauma-informed services, cultural responsiveness and health equity in all communities.</p> | <p>2.1.6- starting Summer 2024</p> | |
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| <p>2.2 Expand the MAR NOW program to serve people with polysubstance use disorders, and ensure that communities are aware of the evidence-based, immediate treatment offered by MAR NOW.</p> | <p>2.2.1 Develop a clinical protocol to serve people with alcohol use disorder (AUD) and/or concomitant AUD and OUD with MAR NOW Program team.</p> <p>2.2.2 Ensure adequate staffing, staff training, and funding to expand to AUD care and call volume.</p> <p>2.2.3 Expand to serve people seeking medications to treat AUD.</p> <p>2.2.4 Launch communications campaign explaining the expansion and evidence-based treatment options for OUD and AUD via MAR NOW. Focus on improving education about evidence-based SUD treatment in communities historically lacking access to high quality, evidence-based treatment. Educate on prevalence of polysubstance use and co-occurring OUD and AUD.</p> | <p>2.2.1- Summer 2023</p> <p>2.2.2- Summer through Fall 2023</p> <p>2.2.3- Winter 2023</p> <p>2.2.4- Winter through Spring 2024</p> | |
| <p>2.3 Integrate CDPH-provided linkage to care and treatment services for opioid use disorder into other CDPH offices and systems of care.</p> | <p>2.3.1 Conduct a survey from the Office of Substance Use of all other CDPH offices on opportunities for integration of opioid use disorder linkage to care and treatment services into the services and programs provided by other offices.</p> <p>2.3.2 Meet individually with interested offices to develop implementation plans for program integration.</p> <p>2.3.3 Begin individualized integration programming.</p> | <p>2.3.1- Summer 2023</p> <p>2.3.2- Fall 2023</p> <p>2.3.3- Fall 2023 though Winter 2024</p> | |

RACIAL EQUITY ACTION PLAN: Priority #3

Our department will advance the following strategies:

3. Department Strategy: Enhance community awareness of opioid overdose and improve community engagement opportunities to participate in overdose prevention interventions citywide.

Measures of Impact: successful formation of advisory council, # of advisory council meetings held, # of recommendations made/feedback provided to CDPH by advisory council, pre/post surveys on overdose prevention education delivered by CDPH

| Actions | Implementation Plan | Timeline | Status |
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| <p>3.1 Form an Advisory Council to CDPH of people with lived experience of opioid use and overdose. The Advisory Council is a formal, compensated group elected to serve as a body advising and consulting on CDPH substance use work.</p> | <p>3.1.1 Develop a proposed structure and scope for an Advisory Council to CDPH of people with lived experience of opioid use disorder, including funding source(s) and CDPH staff lead.</p> <p>3.1.2 Form an Advisory Council Committee of individuals from community agencies, community members, people with lived experience, and CDPH to consult on the structure of the Advisory Council.</p> <p>3.1.3 Hold a series of implementation meetings with the Advisory Council Committee to determine the selection process, term of service, compensation, scope, structure, accountabilities, meeting cadence, reporting responsibilities of the Advisory Council.</p> <p>3.1.4 Via processes decided upon by the Committee, initiate Advisory Council.</p> | <p>3.1.1- Winter 2023</p> <p>3.1.2- Summer 2024</p> <p>3.1.3- Summer 2024 - Spring 2025</p> <p>3.1.4- Spring 2025</p> | |

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| <p>3.2 Expand overdose prevention education at a hyper-local level by leveraging existing CDPH community engagement spaces and partners.</p> | <p>3.2.1 Conduct a survey of CDPH programs to determine existing funded agencies, community partners, and community spaces, and interest of each office in making overdose prevention services available in these spaces.</p> <p>3.2.2 Meet with each program or community partner to learn about their services and share information about partnership opportunities around overdose prevention.</p> <p>3.2.3 Where possible, connect interested agencies and/or spaces to CDPH-funded mobile harm reduction and treatment services. Prioritize populations that may not be able to leave their homes and communities underserved by current harm reduction outreach and information.</p> | <p>3.2.1- Spring 2023</p> <p>3.2.2- Spring-Summer 2023</p> <p>3.2.3- Summer 2023</p> | |
| <p>3.3 Launch citywide substance use de-stigmatization campaign.</p> | <p>3.3.1 Survey community and consult with Advisory Council to determine primary stigmas in Chicago faced by people who use opioids, people with opioid use disorder, families of people with opioid use disorder, and people who have experienced opioid overdose. Stigma can be individual, structural, institutional, or societal.</p> <p>3.3.2 Work with the Advisory Council to develop a series of public messages addressing the primary stigmas identified.</p> <p>3.3.3 Use community focus groups to pilot the campaign.</p> <p>3.3.4 Develop a campaign timeline and set of key events or deliverables.</p> <p>3.3.5 Launch citywide campaign centered on de-stigmatizing substance use and opioid overdose, and connecting people with SUD and their families to appropriate supports.</p> | <p>3.3.1- mid-2025</p> <p>3.3.2- end of 2025</p> <p>3.3.3- early 2026</p> <p>3.3.4- early 2026</p> <p>3.3.5- 2026-2027</p> | |