

# Healthy Chicago 2025 Working in Partnership to Increase Racial Equity

October 16, 2019

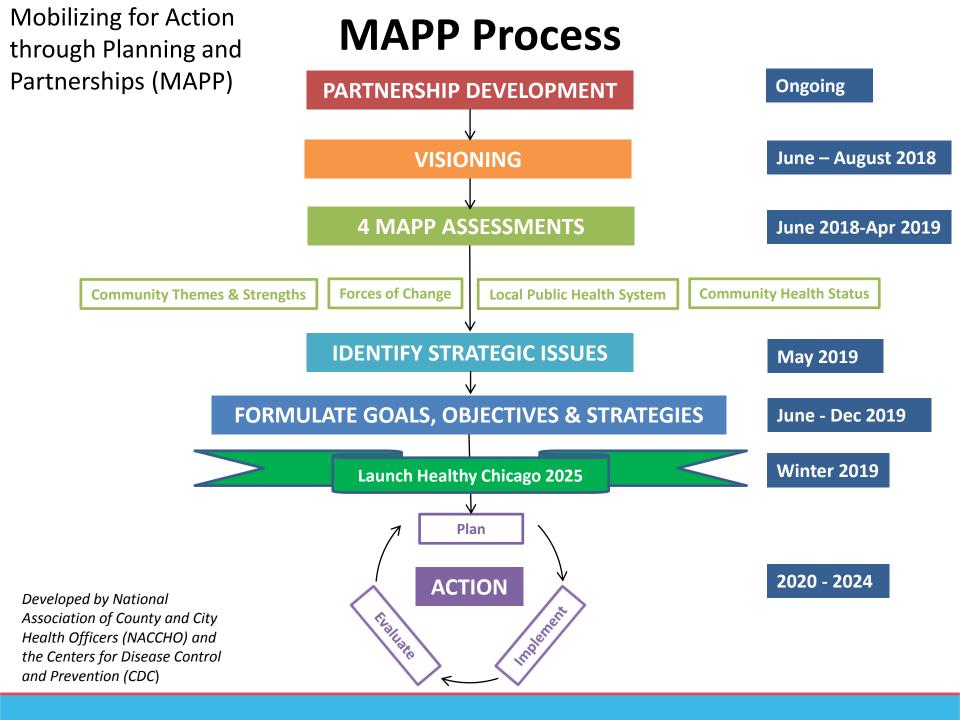
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## **Agenda**

- 1. Healthy Chicago 2025 Process
- 2. Priority Issues
- 3. Work Groups
- 4. Next Steps

## **Healthy Chicago 2.0 Efforts Continuing**

- Chicago Health Atlas will continue to track all HC
   2.0 indicators and additional Healthy Chicago
   2025 indicators
- Many of the strategies are now imbedded into our ongoing work
- Healthy Chicago 2025 builds on Healthy Chicago
   2.0 by prioritizing social and structural inequities and racism



### **LOCAL PUBLIC HEALTH SYSTEM**



## Partnership for Healthy Chicago



COMMUNITY RENEWAL SOCIETY



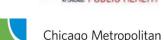


Illinois Health and Hospital Association









Academia/ Research Agency for Planning



Healthcare **Providers** 











State & County Governmen ts

Northwestern University Feinberg School of Medicine

Community Health

Center for









Consortium to Lower Obesity

PUBLIC

















Metropolitan Planning Council





**Agencies** 





**Advocacy** 











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## **Healthy Chicago 2025 Vision**



A city where all people and all communities have power, are free from oppression and strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.





## **Community Themes & Strengths Assessment**

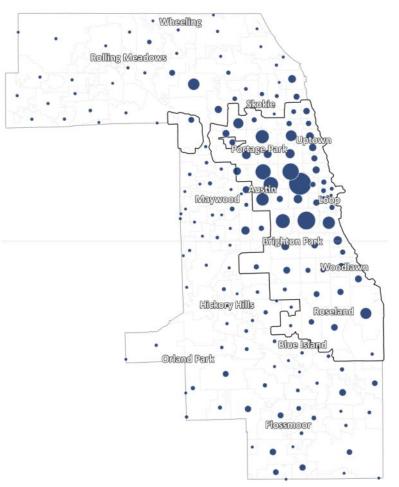
**Purpose:** Gather community member feedback on health and health equity, including:

3,935 surveys collected in Chicago

1 survey • 279 surveys

### **Focus Groups**

- 42 Focus Groups
- Priority Populations
  - Communities of color
  - Homeless adults & teens
  - Immigrants
  - Individuals living with disabilities
  - Individuals living with mental illness
  - LGBTQ+
  - Low-income families
  - Youth



## **Integrate Community Plan Priorities**

### **Community and Regional Plans**





Health & Medicine

- LISC Quality of Life Plans
- United Way's Neighborhood Networks
- **Elevated Chicago**









### **Equity Agenda Proposals for 2019 Mayoral Election**

Chicago United for Equity's (CUE) Vote Equity Project



- Health & Medicine Policy Research Group's Creating a Health Equity Agenda
- One Chicago For All



## **Issues that Emerged**

- Economic Development,
   Workforce and Investment
- Health-Promoting Resources
  - Mental Health Care
  - Substance Use Treatment
  - Physical Care
  - Human Services
- Community Safety and Stability
- Education and Youth Development

- Equity and Systemic Change
- Community
   Engagement/Leadership
   Development
- Housing
- Community Development
- Environmental Justice
- Transportation

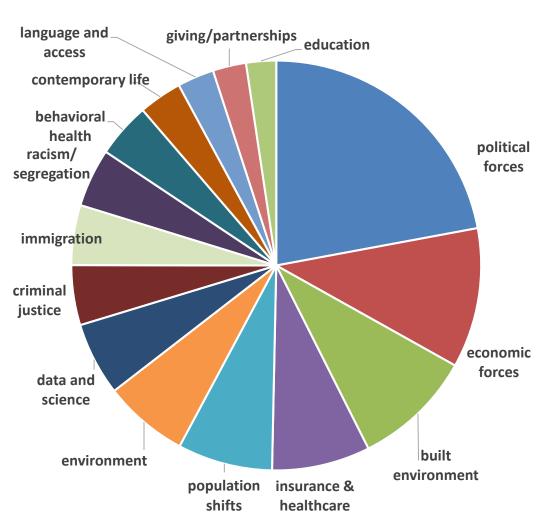
## **Forces of Change Assessment**

**Purpose:** To identify forces

(trends, factors and events) affecting your organization/community

**Process:** Online survey; Partnership discussion

122 responses;86 organizations



# **Opportunities** for Public Health System/Communities

- Strengthen collaboration across government, organizations & communities
- Advocate for fair policies
- Strengthen programs to address racism & health inequities
- Educate about social determinants of health (housing, education, employment) and health
- Use evidence to design and implement programs & policies
- Coordinate healthcare & social services

## **Health Equity Capacity Assessment**

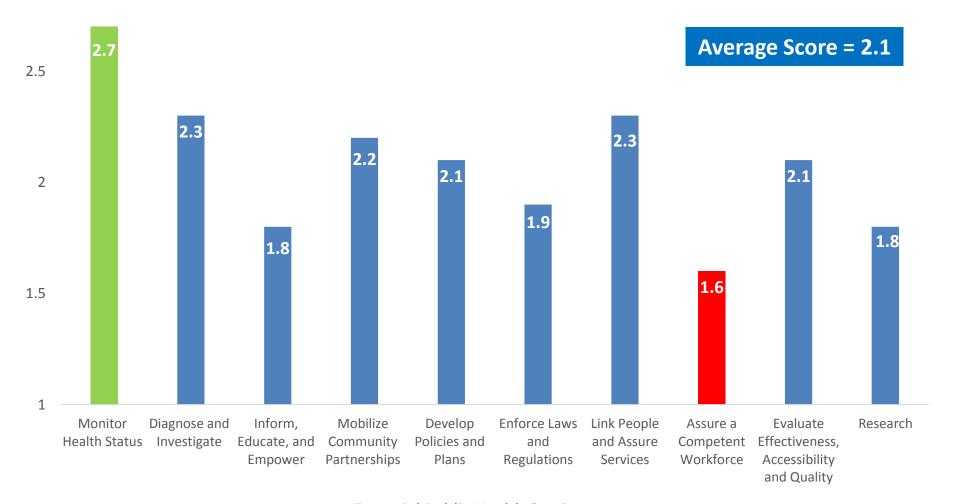
**Purpose:** To analyze capacity of the public health system to advance health equity, including strengths, challenges & opportunities

**Process:** On March 5<sup>th</sup>, 79 stakeholders met and discussed how the local public health system implements *Ten Essential Public Health Services*, focused on health equity.





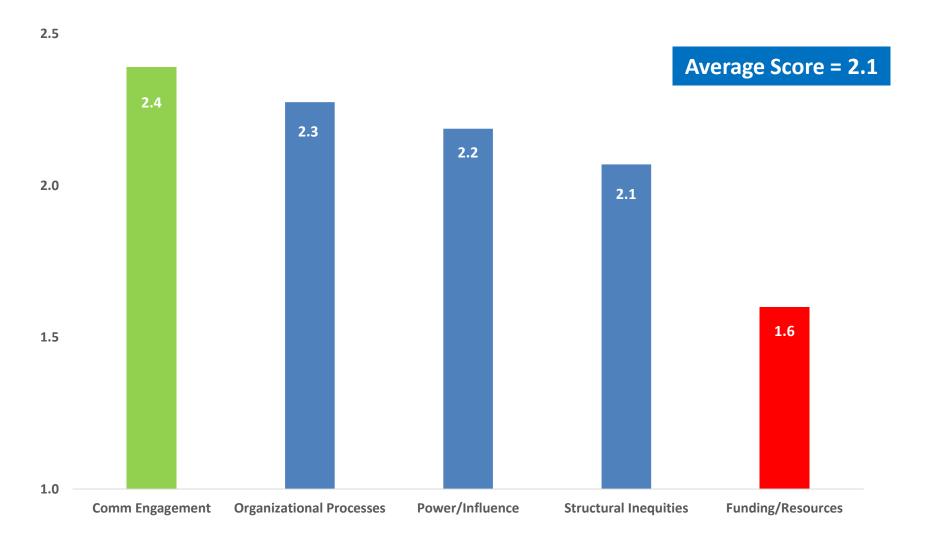
## Scores by Essential Public Health Service



Essential Public Health Service

0=No comment 1=Far below expectations 2=Below expectations 3=Partially meets expectations 4=Meets expectations 5=Exceeds expectations 6=Far exceeds expectations

## **Scores by Health Equity Component**



0=No comment 1=Far below expectations 2=Below expectations 3=Partially meets expectations 4=Meets expectations 5=Exceeds expectations 6=Far exceeds expectations

## **Opportunities**

### 1. Community Engagement & Civic Involvement

Prioritize community and commit to working collaboratively, include people with lived experience

### 2. Organizational Processes

Build on equity discussions and hold organizations accountable; institutionalize Health in all Policies

### 3. Power & Influence

Dismantle power imbalances by fostering collective paradigm shift and commit to leadership development, especially with youth

### 4. Structural Inequities

Acknowledge historical disinvestment; bring public health system together to work collaboratively for deep systems-level changes in racist systems

### 5. Funding & Resources

Encourage resource collaboration; funders to strengthen health equity portfolio; support innovation

## **Community Health Status Assessment**

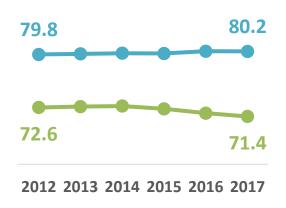
**Purpose:** To answer the question "How healthy are people who live in Chicago?"

**Process:** CDPH epidemiologists, the Partnership's data committee and experts in different fields looked at a wide variety of data sources and asked three BIG Questions:

- How healthy are people who live in Chicago?
- Do our neighborhoods have equitable access to resources, opportunities and environments that promote optimal health and well-being?
- What underlying social and institutional inequities may be contributing to gaps in health outcomes?

## **Findings**

- Major demographic shifts; income gap is increasing.
- Improvements in many traditional public health areas
  - Reducing the burden of infectious diseases like HIV.
  - Promoting healthy behaviors
  - Access to care and preventive services
- Life expectancy gap between non-Hispanic black and non-Hispanic white residents widening, due largely to health inequities:



Walkability Rating, Chicago

Very high

High

Moderate

Low

Very low

- Racial inequities in neighborhood conditions:
  - Walkability, housing affordability, pollution burden, food access, education, employment and community safety

## **Community Meetings**















Community wants to actively engage as part of the public health system

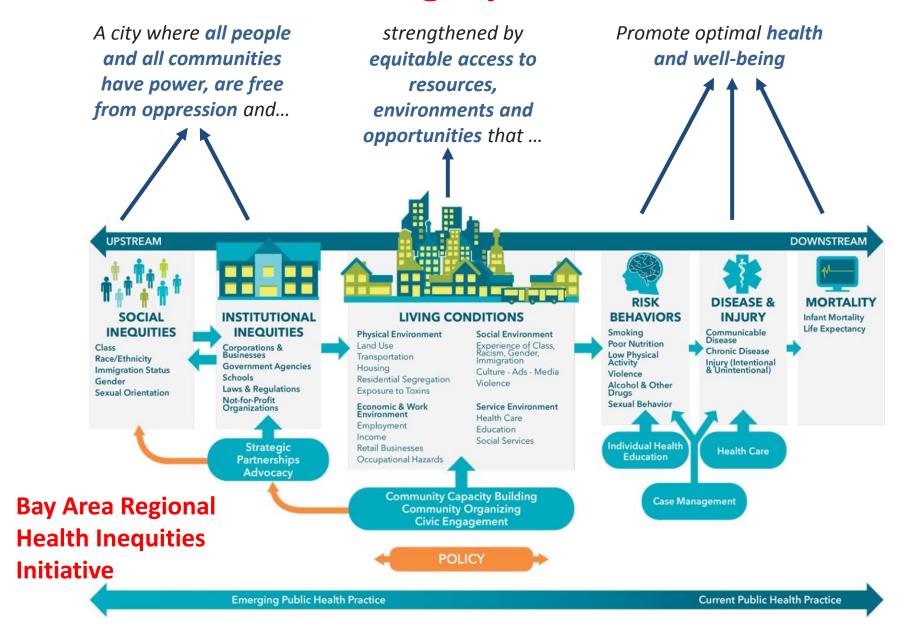




## Healthy Chicago 2025 Framework

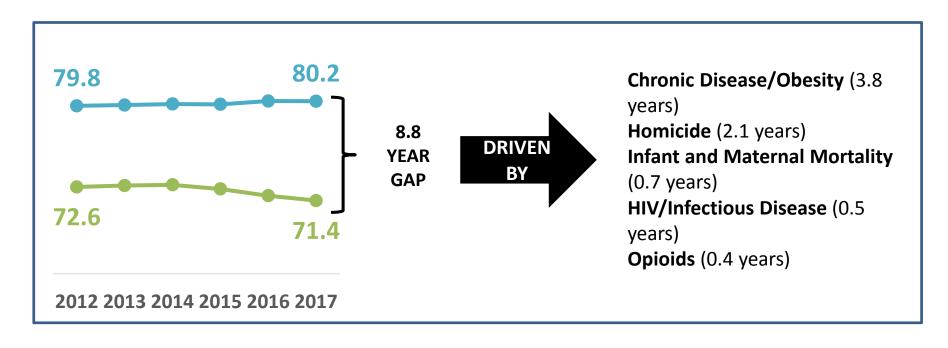


## **Focusing Upstream**



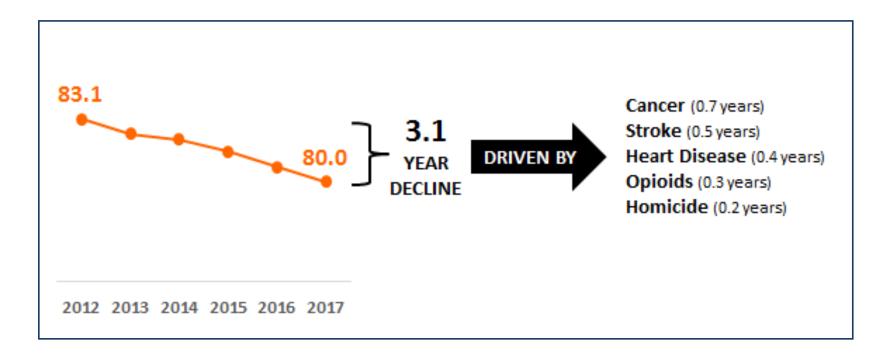
### **Metric 1**

black-white life expectancy gap (8.8 years)



### Metrics 2 and 3

Reverse life expectancy decline for Latinx



• Increase community "well-being"

# **Guiding Principles**Healthy Chicago 2025 Vision

### Goals, objectives and strategies will:

- Challenge and redress racist systems
- Apply diversity, equity and inclusion framework.
- Fortify and institutionalize community power/ influence/ decision making role
- Promote equitable wealth and income building
- Ensure equitable funding and resourcing

- Employ a trauma-informed approach
- Foster collective impact across sectors, departments and communities
- Inform and evaluate efforts through data and research
- Promote affordability and belonging

### **Healthy Chicago 2025 Framework and Priority Areas**

### **Guiding Principles:**

Goals, objectives and strategies will:

- Challenge and redress structural racism
- Apply diversity, equity, and inclusion frameworks
- Fortify and institutionalize community power/ influence/ decision making role
- Employ a trauma-informed approach
- Promote equitable wealth and income building
- Ensure equitable funding and resourcing
- Foster collective impact across sectors, departments and communities
- Inform and evaluate efforts through data and research
- 9. Promote affordability and belonging

#### Goals:

Goal 1: Transform policies and processes to foster anti-racist, multicultural systems

Goal 2: Strengthen community capacity and youth leadership

## Goal 3: Improve Systems of Care for populations most affected by inequities

Behavioral health

Maternal and child health

Access to health and human services

### Goal 4: Further the health and vibrancy of neighborhoods most affected by inequities

Affordable, safe and healthy housing

Food access

Healthy environments

Community safety

Neighborhood development

#### Metrics:

Continue efforts and monitoring of Healthy Chicago 2.0 priority areas

#### Monitor priority health issues:

### Reduce the life expectancy gap between black and white Chicagoans

- 1. Chronic disease deaths
- Gun-related homicides
- 3. Infant and maternal mortality
- 4. Opioid overdose deaths
- 5. HIV/Infectious disease deaths

Reverse life expectancy declines

Increase community "Well-being"

## Work Groups



### **Work Groups**

### Goal 1:

1) Transform policies & processes to foster anti-racist, multicultural systems

### Goal 2:

2) Community capacity and youth leadership

### Goal 3:

- 3) Behavioral health
- 4) Maternal and infant health
- 5) Health and human resources

### Goal 4:

- 6) Affordable, safe and healthy homes
- 7) Food access
- 8) Healthy environments
- 9) Violence Prevention
- 10) Neighborhood development

### **Work Group Composition**

- Co-leads
  - Community based organization
  - CDPH content expert/Planner
- Facilitator
- CDPH staff support
  - (Epidemiology, Community Engagement, Policy, Planning)
- Partnership for Healthy Chicago members
- Public health stakeholders
- People with lived experience/community members (stipends available)

### **Work Group Meetings**

### There will be three 2-hour meetings

**Meeting #1**: Background and level setting

This meeting will provide background information, set expectations/ground rules, review related data and discuss suggested strategies since many work groups members may not be familiar with HC 2025.

<u>Deliverables:</u> draft strategies

**Meeting #2:** Strategies & objectives

Work groups will finalize strategies and ensure they incorporate HC 2025 Guiding Principles.

<u>Deliverables:</u> final strategies, draft metric and draft responses to Guiding Principles template.

**Meeting #3:** Finalize

Work groups will finalize responses to the Guiding Principles template Deliverables: final metric and finished Guiding Principles template

### **Work Group Meeting Progress**

### Six work groups had first meeting:

- Transform policies (15)
- Community Safety (35)
- Maternal and Child Health
- Food Access (46)
- Housing
- Community Capacity and Youth Leadership (55)



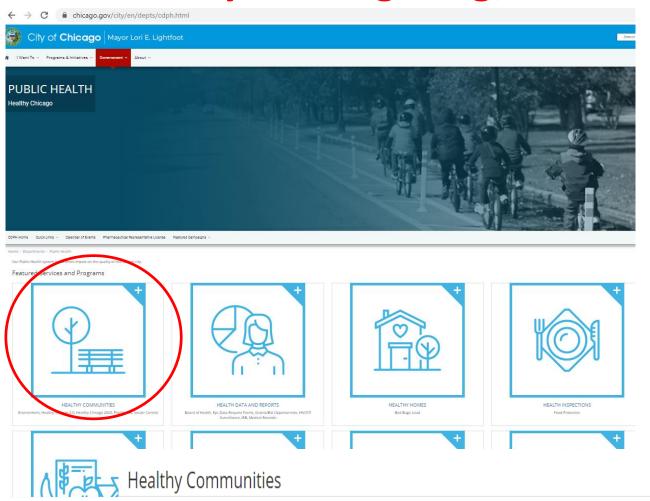
### Upcoming meetings:

- Access (October 22)
- Neighborhood Development (Nov 1)
- Behavioral Health (TBD)
- Healthy Environments (TBD)

## **Next Steps and "Ask"**

- Continue to be an active member of Partnership for Healthy Chicago
- Adopt Healthy Chicago 2025 plan when complete

## Cityofchicago.org/Health



CDPH is committed to ensuring a healthy and safe environment by reducing environmental hazards that have a negative impact on the health of our City and residents.

- Environmental Permitting and Inspection: We are committed to ensuring businesses operate in a safe manner that protects our residents who work and live in the city.
- Healthy Chicago 2.0: Serves as the start for a new movement dedicated to improving health equity and making Chicago a connected, vibrant and healthy city for all residents.
- Healthy Chicago 2025: A plain or all Chicago that addresses structural and institutional inequities and living conditions to improve health and well-being.
- PlayStreets Chicago: A permit program allows residents to establish short-term traffic restrictions on their streets to use as pop-up recreation spaces.
- . Vector Control: We monitor and reduce the risk of mosquito-borne diseases like West Nile Virus and Zika.



## Questions?

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