



HEALTHY CHICAGO 2025

Closing Our
Life Expectancy Gap
2020–2025





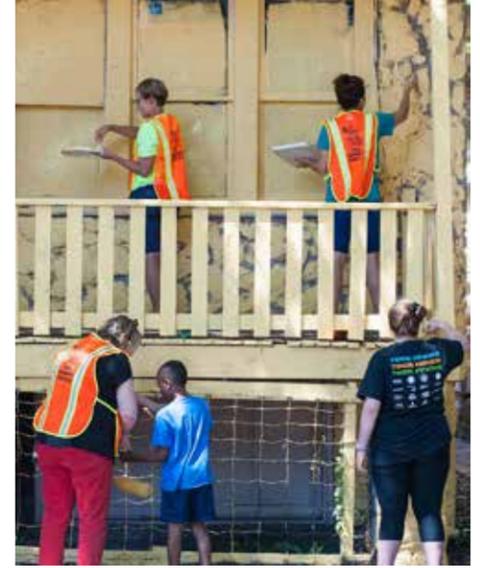
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Advancing racial equity to close Chicago's life expectancy gap

Over the past nine years, the Chicago Department of Public Health (CDPH) and innumerable community partners have created the Healthy Chicago movement – a broad coalition of people and organizations taking important steps toward a more just, equitable city. Through our most recent health improvement plan, we continue and deepen this work.



Read on for details of our journey. Here's how we'll work together to heal our city and transform systems of power - starting now.

What makes a healthy Chicago?



Lori E. Lightfoot
Mayor, City of Chicago



Allison Arwady, M.D.
Commissioner
Chicago Department of Public Health

When we ask people across the city that question, we get many different answers. Some people mention having access to doctors and medicine when they get sick or making healthy choices like eating nutritious food. Others describe safe spaces where they can walk, bike and play. They talk about having a job that pays the bills and a home in a neighborhood where people look out for each other. And they imagine a city where everyone feels safe and welcome – no matter where they live, what they look like or who they love.

For too many people and communities in Chicago, day-to-day reality doesn't live up to this ideal. The COVID-19 pandemic not only illuminated many of these inequities but also created new health challenges, particularly for Black and Latinx

Chicagoans. As a city we must confront a devastating truth: while life expectancy ticks upward for white Chicagoans, it is falling for everyone else.

 Today, a white Chicagoan lives 8.8 years longer on average than a Black Chicagoan.

Between certain communities, the gap widens to 17 years. That is unjust, unacceptable – and preventable. As protesters marched across the city in response to the murder of George Floyd, we echoed their chants for racial justice.

We believe that every Chicago community has economic and civic assets, rich cultural heritage and resilient people who all deserve the opportunity to lead healthy lives.

Closing this life expectancy gap drives the work of the City of Chicago and the Department of Public Health (CDPH). To accomplish that we need to understand what's behind the gap.

 Chronic disease, opioid overdose, gun-related homicide, infant mortality and HIV/infectious disease are the largest contributors.

But their causes are further upstream. To a large extent, the gap reflects the conditions in which people live. Can Chicagoans afford to provide for their families? Do they have hope for a brighter future and does the city work for them? To improve health throughout Chicago, we have to begin there. And we must acknowledge systemic racism as a root cause to be challenged head on.

If we want to come out of the COVID-19 pandemic a stronger, more resilient city, we must channel our pain into purpose with Healthy Chicago 2025, our most recent community health improvement plan. To be clear, this plan is not a product of CDPH alone; it was developed through more than a year of input from a wide variety of Chicagoans. It embodies a shared vision for health and racial equity that values

Healthy Chicago 2025 is a roadmap for how we can make health, racial equity and shared prosperity the hallmarks of our great city.

the lived experiences and priorities of community members. The plan is a call to action for partners both within and outside of government, encouraging everyone to answer this question:

How can I help make a healthy Chicago?

In ways big or small, we look forward to partnering with you during the next five years. Let's look back in 2025 and say that we met the challenge of this moment and came out healthier in all ways – more resilient, more economically vibrant and more united than ever before.

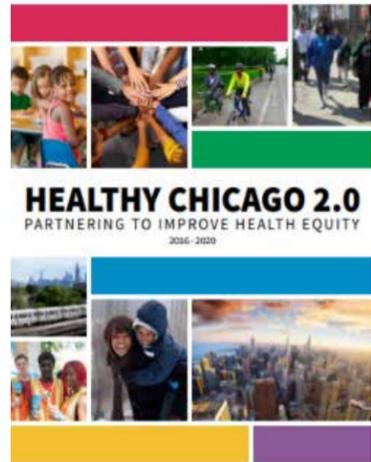


This section summarizes our journey to address health and racial inequities in Chicago. You'll read about our work under Healthy Chicago 2.0, findings from the recent community health assessment and a framework for action in the next five years.

This is an outline of where we've been and how we can continue to make change, together.

Every five years, the Chicago Department of Public Health (CDPH) and a coalition of local organizations called the Partnership for Healthy Chicago (Partnership) review data and work with community members to understand the needs and strengths of our neighborhoods. Then, we work collectively on a plan to improve community health and well-being.

Looking Back: Healthy Chicago 2.0



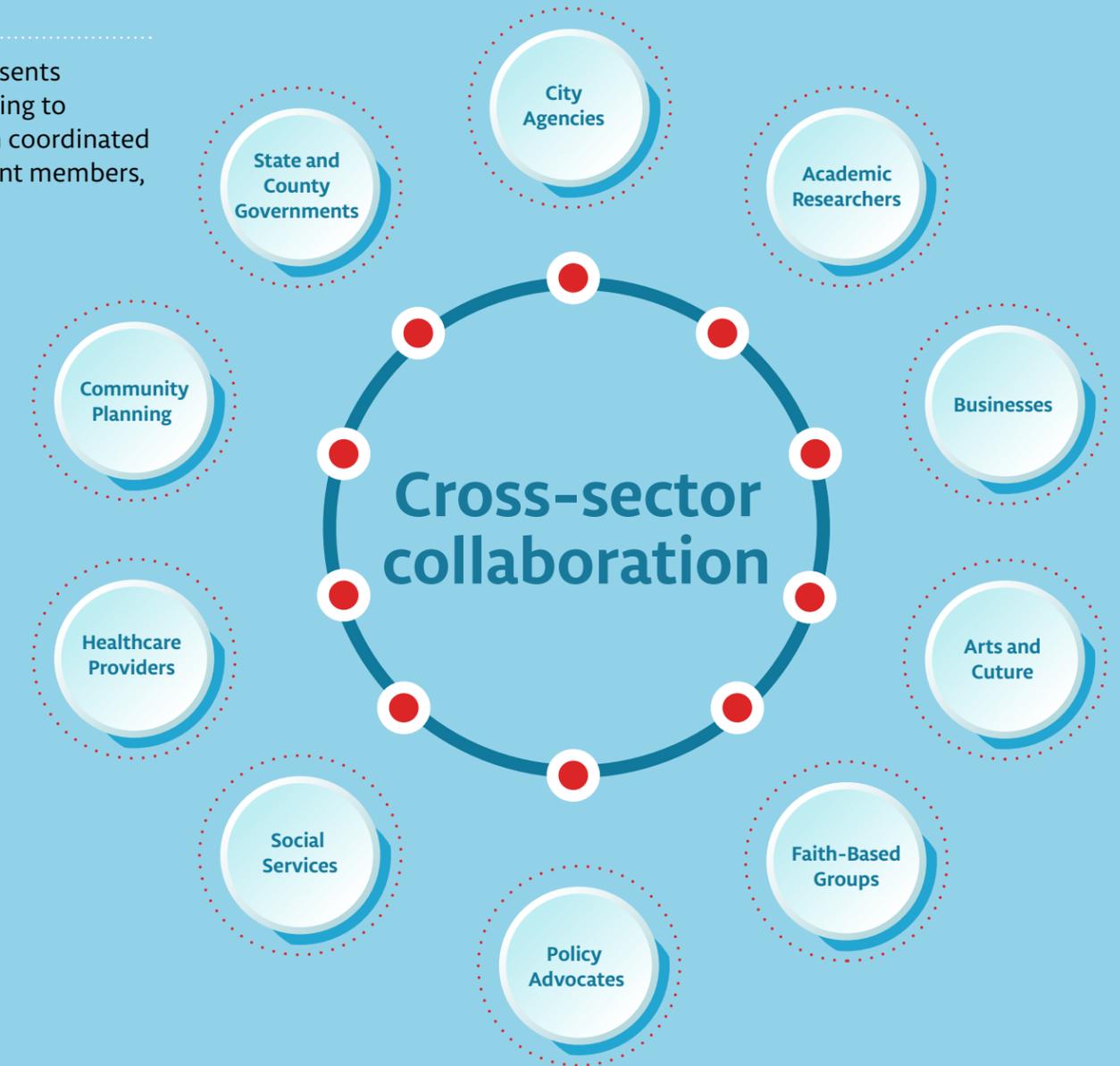
In 2016 we launched Healthy Chicago 2.0. The public health system went beyond our usual focus areas like improving treatment or access to care and included action items related to housing, education, public safety, economic development and the built environment – because we know these are truly at the root of health.

Since then Healthy Chicago 2.0 has guided action not just for CDPH, but for hundreds of partners – community groups, foundations, hospitals, public agencies and others. The plan includes more than 200 strategies across a broad range of health issues – a tall order in five years – and we aren't done yet. All of this important work and more must continue in order to achieve health equity in our city.

That's where Healthy Chicago 2025 comes in.

PARTNERSHIP FOR HEALTHY CHICAGO

We are a cross-sector coalition that represents Chicago's vast public health system, working to promote health and racial equity through coordinated action and planning. For a full list of current members, see Acknowledgments.



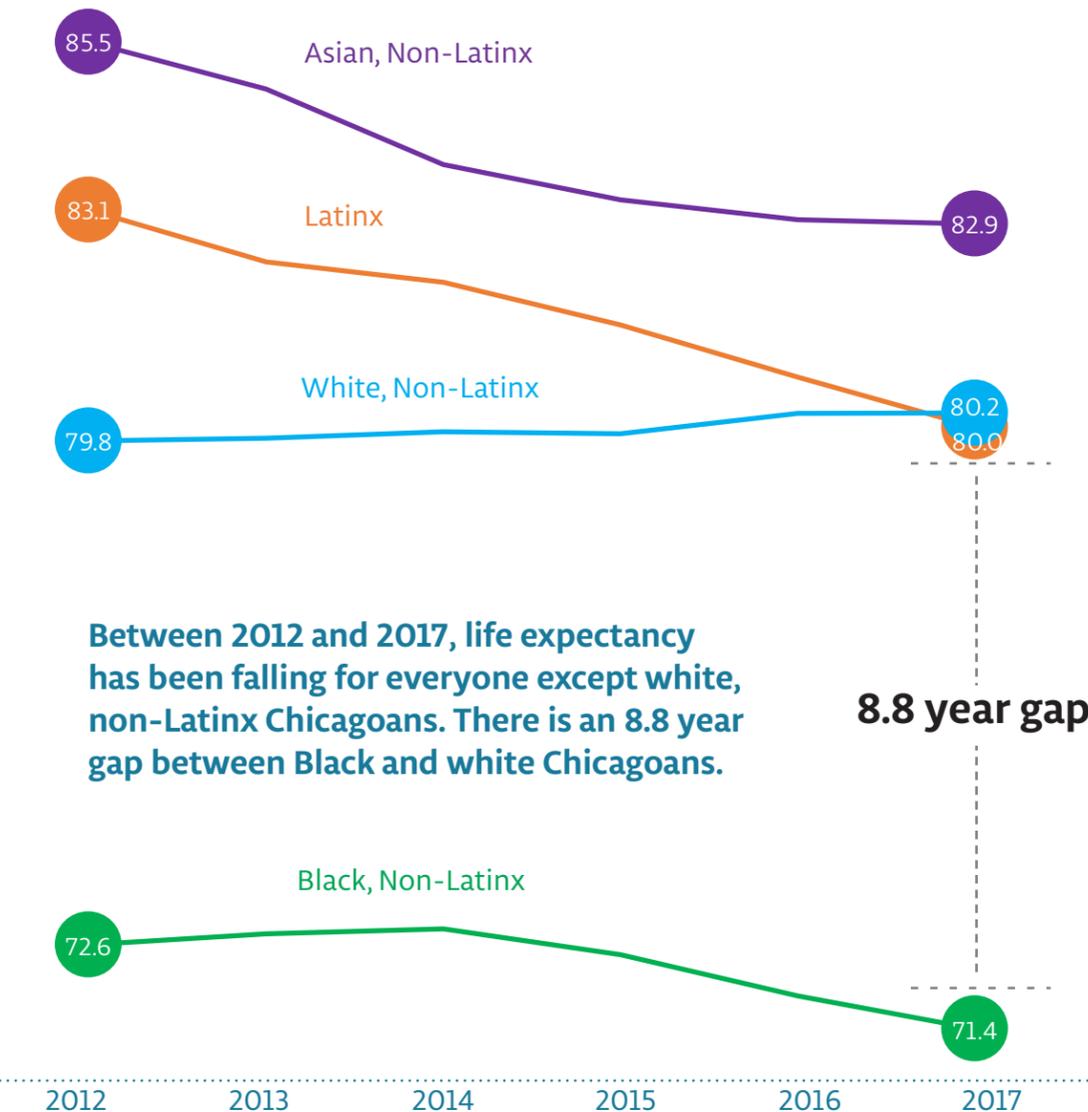
Facing Facts: The Life Expectancy Gap in Chicago

Building on the ongoing work of Healthy Chicago 2.0, our plan for the next five years is about closing the racial life expectancy gap. The color of your skin simply should not determine how long you live or your quality of life.

There's nothing natural or inevitable about these trends. We have the power to change them.



CHICAGO'S LIFE EXPECTANCY GAP, 2017



Between 2012 and 2017, life expectancy has been falling for everyone except white, non-Latinx Chicagoans. There is an 8.8 year gap between Black and white Chicagoans.

Top Five Drivers of the Gap





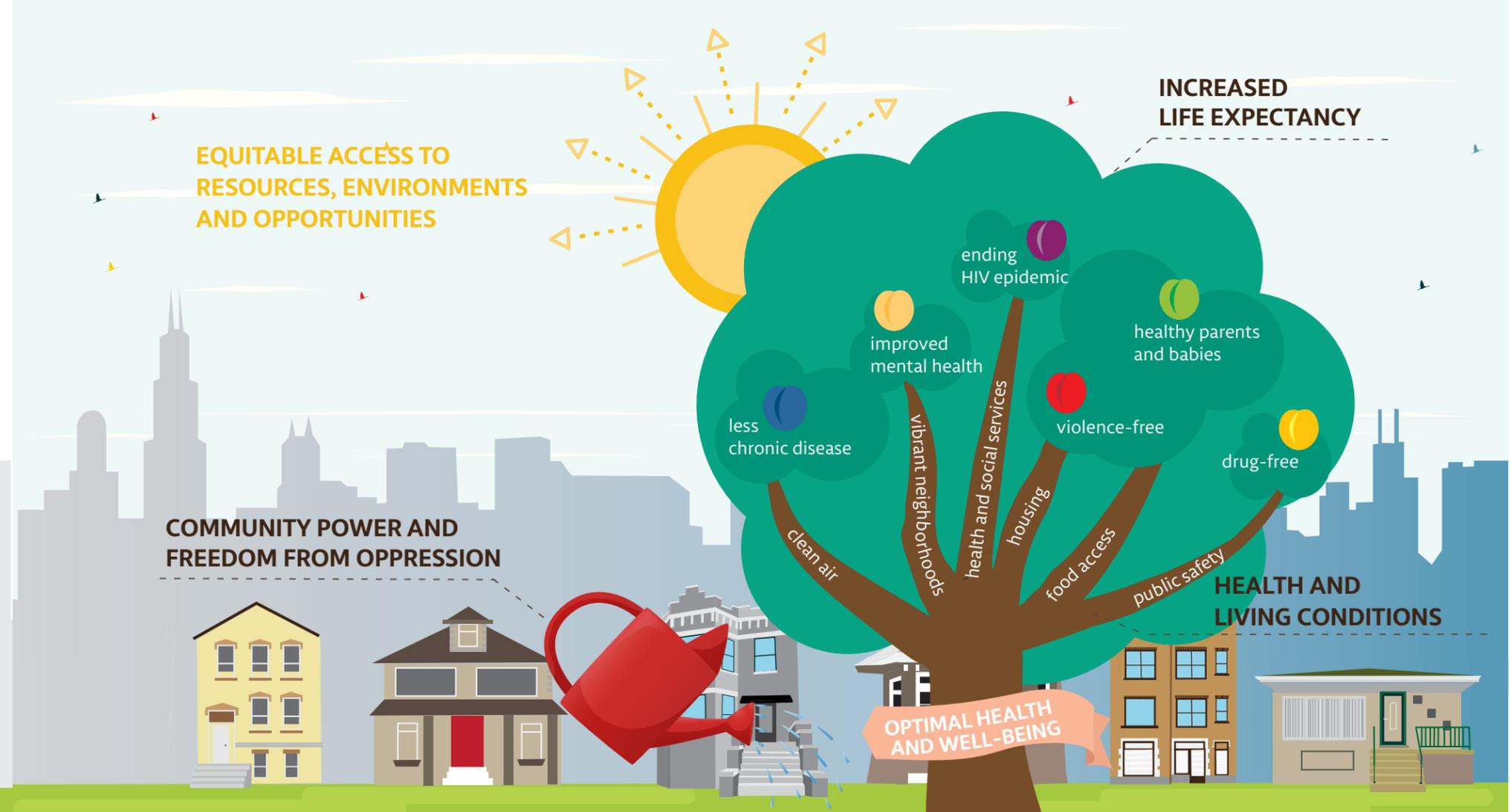
HEALTHY CHICAGO 2025 VISION

A city where 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.



From Healthy Chicago 2.0...

Healthy Chicago 2.0 directed public health partners toward strategies that change people's living conditions. So, for instance, instead of just treating diabetes or counseling people on what to eat, we also worked on strategies to increase access to healthy foods and create more walkable neighborhoods.



...to Healthy Chicago 2025

With Healthy Chicago 2025, we go deeper and recognize that social and institutional barriers must be removed in order to close Chicago's life expectancy gap. We'll take actions that support community power and transform systems that oppress people – to get at the root causes of health.

As we described differences in health and neighborhood conditions in Healthy Chicago 2.0, we shed light on the effects of decades of policy that segregated or displaced people by race and drove different levels of community investment across Chicago: Red-lining. School closures. Service reductions. Over-policing. Predatory lending.

Community Health Assessment

To better understand the relationship between policy choices and current health outcomes, CDPH and the Partnership conducted an in-depth assessment, together with community members and other stakeholders. We gathered information to answer questions at the core of our Healthy Chicago 2025 vision:

- 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?

The story that unfolded was about so much more than struggle or pain (although that was there, too). Our assessment also illuminated the power, beauty and resilience, in particular, of the South and West sides. We heard from business owners who have served their communities for decades, local organizations that provide essential services, organizers who engage and activate their neighbors and youth who are inspired to lead. The Healthy Chicago movement seeks to lift up and work with communities to build upon these many strengths.

ASSESSMENT PROCESS, 2019



What did organizations say?

We surveyed hundreds of organizations about the public health system's capacity to forward equity and forces affecting health and well-being. They committed to dismantle racism and become antiracist, multicultural agencies.

PUBLIC HEALTH SYSTEMS

Throughout the assessment, we considered essential questions like:

- How do we expand community influence in policy and decision-making so current Chicagoans have voice and choice?
- How do we ensure appropriate funding and support for Black and Latinx communities?



What did the data say?

Love data? We do, too. Check out the Healthy Chicago 2025 Data Compendium for tons of maps and data points that we used in our assessment.

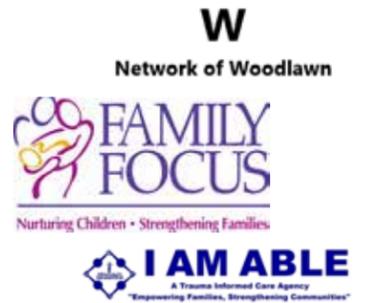
DATA



What did community members say?

We 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.

Thank you to our Community Feedback Session hosts!



COMMUNITY

Here's how we – the local public health system, including government, community organizations, academic institutions, businesses and others who support a Healthy Chicago – will make change, together, over the next five years and for generations to come.

Assessment themes	To close the racial life expectancy gap, we will...							
	<ul style="list-style-type: none"> •Improve systems of care for populations most affected by inequities •Further the health and vibrancy of neighborhoods •Strengthen community capacity and youth leadership •Transform policies and processes to foster anti-racist, multicultural systems 							
Assessment priority areas	Address inequities in...	 HOUSING	 FOOD ACCESS	 ENVIRONMENT	 PUBLIC SAFETY	 NEIGHBORHOOD PLANNING AND DEVELOPMENT	 HEALTH AND HUMAN SERVICES	 PUBLIC HEALTH SYSTEMS ORGANIZATIONS
Populations experiencing inequities	With a focus on...	Black, Latinx and low-income Chicagoans	Black, Latinx and low-income Chicagoans	Communities disproportionately burdened by pollution	Black Communities	Disinvested and gentrifying communities	Black, Latinx and low-income Chicagoans	Black and Latinx Chicagoans
Ideal states	So within one generation, all Chicagoans...	Have a healthy, affordable home	Have enough nutritious food and local food businesses thrive	Breathe clean air free of harmful pollutants	Are safe across the city and have trusting relationships with law enforcement	Live in vibrant neighborhoods that reflect their identities	Benefit from a full range of health and human services	Have voice and power in the public health system
Healthy Chicago 2025 vision	In a city where...	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.						



Although COVID-19 doesn't discriminate based on race, Black and Latinx Chicagoans were more likely to catch COVID-19 and die from it than white Chicagoans. Why?

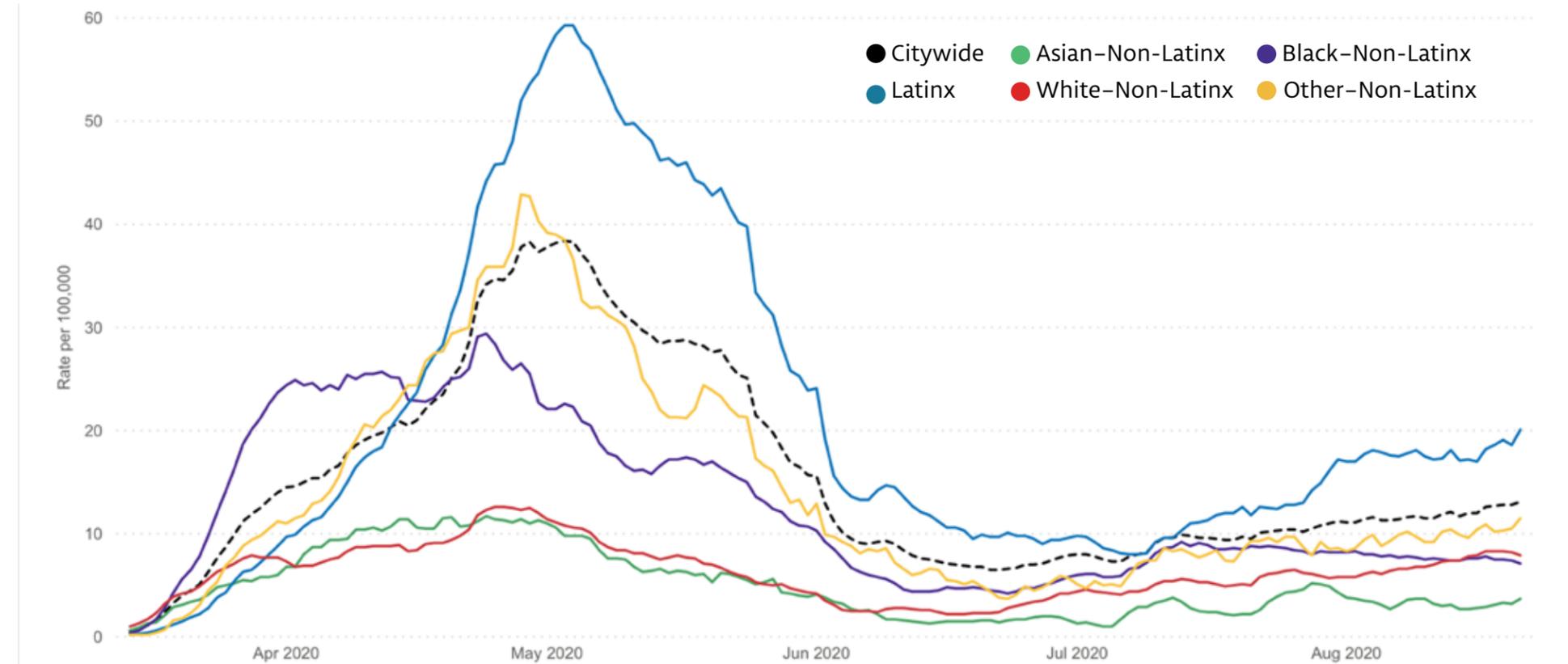
Understanding Root Causes of Health: COVID-19 Case Study

In 2020, our city confronted an unexpected and nearly unprecedented challenge: the COVID-19 pandemic.

We all had to act quickly and work together to save lives. Hospitals increased their capacity to care for a surge of patients. The City of Chicago and CDPH put out public health orders and guidance, asking people to take critical measures like stay at home, avoid large gatherings and wear face masks. CDPH used data to track where outbreaks were occurring, then began to test and trace people who were potentially exposed. Researchers started developing vaccines.

This is what people usually think of as public health – and for some Chicagoans, this was enough to help keep them from getting sick. But that wasn't the case for everyone. Let's take a closer look at COVID-19 cases and deaths in our area.

DAILY COVID CASE RATES BY RACE-ETHNICITY



Rising to The Challenge

For many Chicagoans, it wasn't so easy to stay home. In order to follow public health guidance, people needed access to stable housing, food, childcare and a continuing source of income. The pandemic laid bare what we already knew. Because our policies and systems disadvantage Black and Latinx Chicagoans, many people didn't have this kind of safety net in place when an emergency hit. Stemming the outbreak of COVID-19 required a different set of tools.



So the City put critical measures in place like eviction protections, small business grants and emergency food distribution systems. In many cases, community members themselves led the way to get public health messages out, deliver services and design initiatives to meet local needs. The City needed to trust and support them in this essential

work. COVID-19 clearly showed how policies to address the racial inequities that impact people's living conditions are public health, too.



With our Healthy Chicago 2025 plan, we are applying the lessons of COVID-19 to change how our city works – and who it works for.

PROMISING PRACTICE:

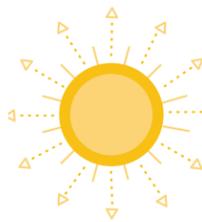


RACIAL EQUITY RAPID RESPONSE

Recognizing the immediate life-or-death impact of COVID-19 on Black and Latinx Chicagoans, the City and community-based partners jointly created Racial Equity Rapid Response teams to implement hyper-local strategies around education, communication, testing, treatment and resource support. The teams were designed to build community-driven groundwork for addressing longstanding racial and health inequities in the City with support from other cross-sector partners.

This section describes our community health assessment findings in more detail. To bring these ideas to life, you'll read about a fictionalized Chicago neighborhood in the year 2025. You'll see, through the lens of Jamir and his neighbors, the many ways in which people's life circumstances and community conditions can promote health.

How close are we to the vision of Jamir's neighborhood today? What changes do we need to make so that we all live in a Healthy Chicago by 2025?



The moment Jamir saw his Daddy walking toward the house, he began sprinting across the grass to reach him, his agility in sync with his excitement. Mike was smiling and so was Jamir, who was immediately swept up by his father and carried to the front porch.

“Look Daddy,” Jamir said, “look!” He was eager to show off the superhero bandage over his small bicep. Mike looked up at Papa Raymond and asked whether Jamir had cried when he got his vaccinations. “Not a bit,” the older man said with a smile. “I was mighty proud of him, sitting still just like the nurse asked. He’s getting big so fast.” Papa Raymond was Jamir’s great-grandfather and at 69 years young, the patriarch had seen many things, but he couldn’t get enough of seeing Jamir move through the world with such bold joy. That little boy was the patriarch’s heart. In Jamir’s cheeky smile, Papa Raymond saw the pay-off of fighting through the Jim Crow years when he himself had to keep his head down and the protests when he marched and kept his fist up. Now, in Jamir’s laughter, so loud and free, Papa saw happiness without burden, limit or fear.

Jamir was the promise for which Papa had worked many years, so that he could marry, buy a house and raise children. Those children had children and as they grew up, Papa grew older and sometimes bitter about the opportunities he couldn’t have and the places he wasn’t allowed. He saw his neighborhood decline from disinvestment and his people leave Chicago. Then along came a pandemic that harmed his community more than most. But from his front window, Papa watched as fear turned into focus. Young people demanded seismic changes to how the city operates and more opportunities they could chase and leverage. At the same time, watching his grandson Mike become a father renewed his faith about the future in the form of a baby named Jamir.

Jamir lives the Healthy Chicago 2025 way – in a city that strives to work for everyone, with policies that prioritize racial and health equity and create spaces for everyone to belong and thrive. As a result, Jamir faces fewer barriers and has more opportunities than Papa Raymond did.

While Chicago isn’t perfect, Jamir is well-cared for by his family and the community at large. He is active and creative in Park District programs designed for kids of all abilities, where no child is turned away. He is safe and trusting of others and able to enjoy a stable home because of banks’ fair lending practices. His brain grows with early childhood enrichment, thanks to prioritized school funding. Jamir has what all children should have, when people of all colors embrace him as their own.

When the Morales kids come out to play, Jamir hops from Mike’s lap and down the steps of the family’s handsome two-flat to join them in singing Orale (the alphabet song in Spanish). The new park across the street is filling up with neighbors, there is good energy in the air. It’s a summer day in the Chi and Papa, Mike and Jamir are here at their home, on their block, in their city, enjoying the peace and pulse.



To close the racial life expectancy gap, people must have a voice in decisions that affect them.

ASSESSMENT FINDINGS

Strengthen Community Capacity and Youth Leadership

Our assessment findings show that community members 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. The public health system needs to make it easier for people affected by inequities to get involved and rebuild trust so community members know that their solutions will be valued.



A DEEPER UNDERSTANDING

Historically, Black and Latinx communities have been pushed out of the political 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.

To challenge this dynamic, power structures need to support and include community leaders so that change-making 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.

Community cohesion, or the strength of relationships among community members, is an important asset within Chicago’s neighborhoods. Multiple focus groups and survey respondents stated that a shared sense of connection was one of their community’s greatest strengths. They emphasized that the knowledge and collective power of communities is often an untapped resource that should be solicited, cultivated and leveraged in order to develop effective solutions to improve the health and well-being of community members.

PROMISING PRACTICE

ELEVATED CHICAGO

Elevated Chicago, a collaboration of community-based and region-wide organizations, promotes equitable development around transit stations. As part of this effort, they created *Community Engagement Principles & Recommendations* for built environment planning and development. These principles are being applied to local projects to engage community, including young adults, more authentically, efficiently and inclusively.

MAYOR’S YOUTH COMMISSION

In 2019, Mayor Lightfoot launched the Mayor’s Youth Commission – a group of more than 30 students, ages 14-19, from throughout the city selected to advise the mayor and her team on issues that impact Chicago’s young people, including the City’s budget process.

“Institutions and community organizations need to come into the community, listen, be present and hear what the residents are talking about.”

Oakley Square Apartments focus group participant

Data Spotlight



These are findings from the data we collected for this assessment theme.

You can see more in the Data Compendium.

Young adults and those with lower incomes may face more barriers when it comes to participating in community meetings.

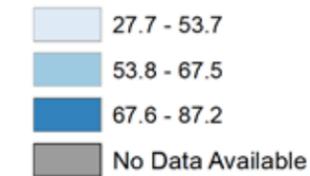
Source: Healthy Chicago Survey, 2018

Voter turnout tends to be higher in Chicago's lakefront neighborhoods. Adults in all neighborhoods need to be mobilized to help choose the city's leaders.

Source: Chicago Board of Elections, 2019

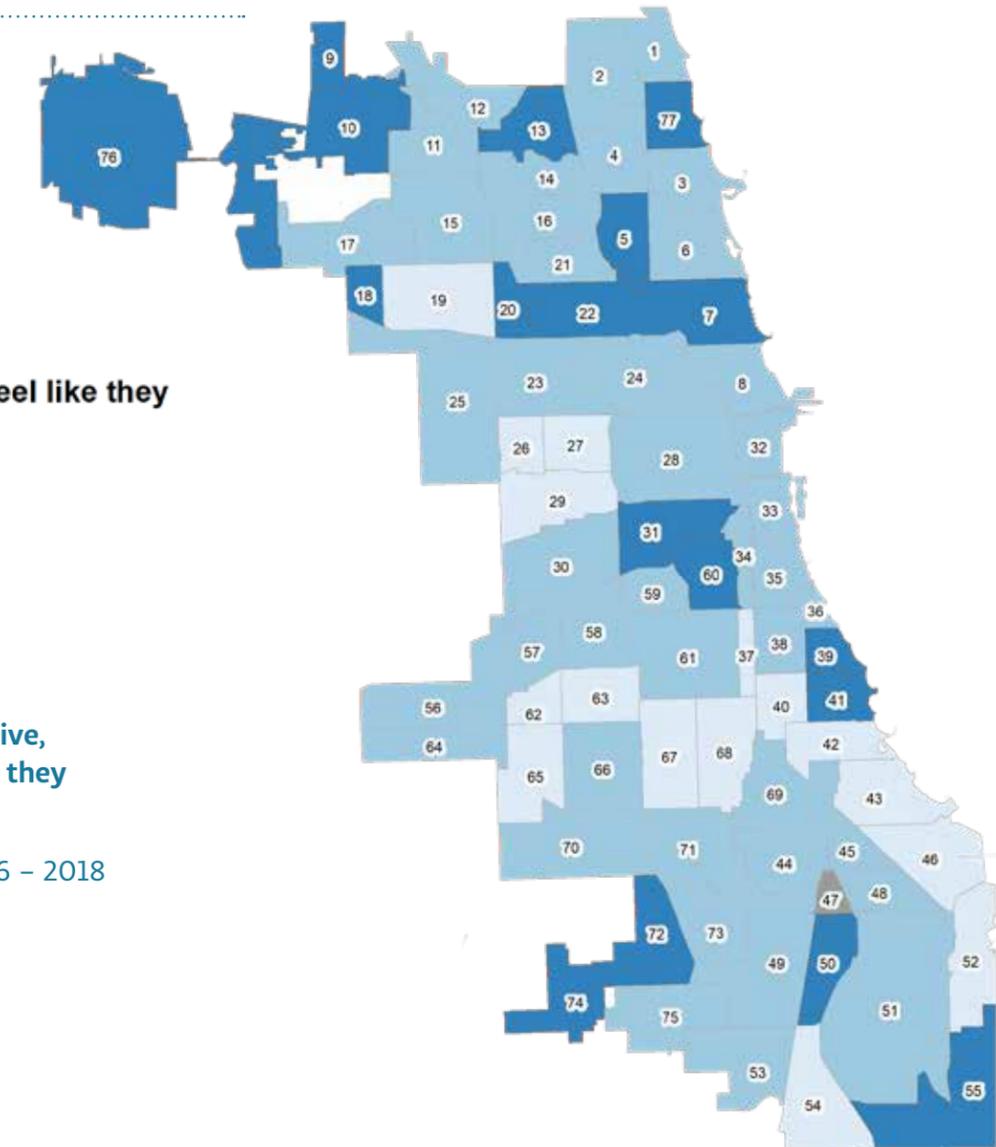
COMMUNITY BELONGING MAP

Percent of Chicago adults who feel like they are a part of their neighborhood



Though most adults like where they live, almost half of all adults don't feel like they are a part of their neighborhood.

Source: Healthy Chicago Survey, 2016 – 2018





At age 19, Maleek is a seasoned peace circle keeper – especially now that his second rotation as a circle facilitator is nearing its end. Leading a peace circle that helps young people be heard, be problem-solvers and be healed doesn't feel like work to Maleek – it feels like what he was born to do.

Maleek had spent most of 4th grade afraid to walk to school, afraid to wear a hoodie and afraid to go to the store. He had seen news stories about kids named Tamir and Laquan and he was affected. Quiet and easily embarrassed, he was always unsure of himself and hid his feelings well, tucked behind “yes ma’ams” and sweet hugs given to his mom. Teachers thought he was nice. His mom thought he was loving. He thought he was lonely. Then, his feelings began to seep, showing up in his grades and the way he cussed his friends and teachers. He grew bigger, louder, tougher and angrier. By 7th grade, his hugs had fully retreated and he was fueled by anger. Along came a pandemic... virtual school...and Breonna, Ahmaud, Tony and George. Maleek was ready to pop.

A social worker assigned to his school by a nonprofit organization kept him from exploding. During a virtual peace circle, Mr. Brunson found Maleek's face in the computer screen and said six words: “Tell me what's happening with you.” Placing a beautifully carved “talking stick” in front of the webcam, Mr. Brunson said the floor was his. Maleek opened up and was awe-struck by how his peers understood his deeply personal story of being born different and struggling with his identity until deciding to transition to the gender he felt was his all along. It turns out, he wasn't the only one afraid. Other kids shared their struggles and pain –having to hustle at intersections for money to eat, feeling terror every time police officers come around, or dealing with racist people when they leave their neighborhood to try to have fun.

Mr. Brunson called their experiences trauma and over time, he taught them a vocabulary and set of skills to express and manage their anger, grief and fears, alongside their hopes, dreams and plans. Together, they pursued pathways to healing.

Maleek lives the Healthy Chicago 2025 way – in a city that strives to support and listen to young people, rather than stereotype and silence them. Schools celebrate their individuality; corporations open doors to them and create career paths with them; neighborhoods and Chicagoans make room for their energy and culture. As a result, young adults feel valued and learn to use their voice and power for social good. And, if they are harmed, they have access to resources that help them heal, thrive and become whole.

Since that first circle, Maleek has participated in justice rallies, organized youth behind the idea of creating community space they could program themselves and cultivated relationships between his neighbors and the police. After high school graduation, he trained to lead peace circles. This summer, he is interning for a local store owner who needs help planning major renovations.

Maleek is a busy person, but always willing to slow down to greet young people in the neighborhood by saying, “Tell me what's happening with you.”



To reduce the racial life expectancy gap, community members highlighted that our systems of care should promote access to health and human services that are affordable, available close to home, high quality and culturally responsive. This is foundational to helping people manage chronic conditions and get support for behavioral health needs.

ASSESSMENT FINDINGS

Improve Systems of Care



“Patients need to have access to healthcare financially, geographically and logistically.”

NAMI Chicago focus group participant

A DEEPER UNDERSTANDING

Since the Affordable Care Act took effect in 2013 almost 275,000 Chicagoans obtained health insurance – a big step toward increasing access to care. However, almost 240,000 Chicagoans (10% of the population) still lack health insurance. Concerns about cost severely limit use of preventive care, both for people without insurance coverage and those with plans that require excessive out-of-pocket payments.

Socio-economic inequities such as segregation often determine how available services are in a community. When multiple types of services are needed – such as substance use treatment, childcare and food benefits – it is especially hard for people to

successfully navigate different systems to get help.

Race and ethnicity also play a critical role, as perceptions of discrimination in health care are associated with worse health outcomes. Focus group participants described disparities in quality including poor provider communication, negative remarks from physicians and delays in treatment for acute illnesses. Multiple participants indicated that their previous experiences with providers made them reluctant to seek needed medical care, use preventive services and trust different providers in the future. These findings emphasize the importance of culturally responsive services.

PROMISING PRACTICE:

FAMILY CONNECTS

Everyone deserves extra attention and encouragement when a newborn arrives. Family Connects Chicago is an in-home nursing service available to Chicago families with newborns. The service is simple: A registered nurse visits the home around three weeks after birth to check on parent who gave birth, baby and the whole family. Nurses provide a comprehensive and culturally respectful spectrum of in-home support, guidance and connections to resources—at no cost to the family.

Improve Systems of Care for Populations Most Affected by Inequities

Data Spotlight



These are findings from the data we collected for this assessment theme.

You can see more in the Data Compendium.

More people have and are satisfied with their health insurance, especially since the Affordable Care Act. However, too many Chicagoans live in environments or with systems not conducive to staying healthy.

Source: US Census Bureau; Healthy Chicago Survey, 2018

Diabetes-related hospitalizations vary by neighborhood in Chicago. The highest rates are found in the South and West sides of the city.

Sources: IDPH, Division of Patient Safety & Quality, Discharge Data, 2017; US Census Bureau, 2010 Census

It is very difficult for working parents to stay home to care for their families. 66% of low-income working parents have zero days of paid leave from work.

And parents without paid leave tend to have children with worse health.

Source: Healthy Chicago Survey, 2018

There were a total of 752 new HIV diagnoses among Chicago residents in 2017, the fewest since 1990. HIV viral suppression in Chicago has increased since 2012, with 48% of people living with HIV in Chicago who achieved viral suppression in 2017.

Source: CDPH, Enhanced HIV/AIDS Reporting System, 2011-2017

Most adults in Chicago report good health. Adults who identify as transgender or gender non-conforming are significantly less likely to report good health compared to cisgender adults.

Source: CDPH, Healthy Chicago Survey, 2014-2017



Isabel chuckled as she watched her baby enjoy being outside. Maya's round face scrunched in the cutest way with each breeze and her big eyes seemed to watch the leaves dance. Their daily trips to the park brought Isabel peace. Her pregnancy wasn't easy and neither was getting out of the house in the weeks

after Maya's birth. The transition had been hard on her wife Raina, too. Raina was always Isabel's rock, but she slipped away once the baby was born. She kept quiet, refusing to talk about her feelings. She threw herself into work, picking up every shift offered to her. She lost herself in community causes, attending lots of organizing meetings on immigrants' rights, even as things were disorganized and disconnected in her own home. Raina's distance worried Isabel, but she barely had enough energy to focus on anyone other than Maya and herself.

But things were getting better. Today was their eighth family counseling session and they now understood that Raina's behavior was fairly common. Like many new parents, she found difficult to "fit" into the relationship between birth parent and child. Communicating more, not less, would ease stress and keep them close. They liked their counselor and loved the location at the community health center, which was walkable from their apartment. They were referred there by the home-visit nurse from the City's Family Connects program, who saw baby Maya about a month after her birth for a health assessment. The nurse offered to speak to them in Spanish; her warm, soothing voice calmed the crying baby and nervous parents immediately. Having a health professional in the intimacy of their home gave Isabel and Raina the great start they needed as new parents and Isabel's immigration status didn't block her from accessing any of these healthy resources.

It's a sunny and warm day and the park is filling with people. Just as Maya starts getting fussy, Isabel spots the friends she's come to meet – a study group from her City Colleges program, some of whom also brought their small children. Most are on track to graduate, debt-free, at the end of the year and a couple of them have employers who have committed to moving them up once they've earned their degrees. These friends are the iron that sharpen Isabel's iron – they motivate her and their academic hustle has made her a better student. Isabel loves this circle of parents who help her manage the challenges of motherhood and marriage.

Isabel, Maya and Raina live the [Healthy Chicago 2025 way](#) – in a city where health and educational systems work together to make maternal, parental and infant health a priority, higher-education is accessible to all and policies support the financial and mental health needs of lower-wage workers.

Isabel and her friends reviewed class notes for about an hour, enduring brief interruptions of babies' needs that could be satisfied with things pulled from backpacks and baby totes. Just as they were closing their textbooks to take a break, Raina approached the group with a half-dozen paletas, asking "Who wants one?" The group erupted in happy applause and Raina passed out the frozen treats. Then, reaching for the baby, she said, "Enjoy your break. Maya's taking me for a walk."



Our assessment showed that the places people live, work and play impact many health outcomes. To close the racial life expectancy gap, we must change how resources and opportunities are distributed at the neighborhood level.

ASSESSMENT FINDINGS

Further the Health and Vibrancy of Neighborhoods

Neighborhood features such as walkability, transportation, housing, open spaces, access to food, presence of industry, business, arts and culture, and availability of goods and services influence everything from chronic disease to community safety. The City of Chicago has adopted a "health in all policies" approach to make sure that government works with community to shape our social, economic and physical environments in ways that promote health and racial equity.



PROMISING PRACTICE

INVEST SOUTH/WEST

The City's Invest South/West initiative brings together government, businesses, philanthropic organizations and community groups to make coordinated investments in ten neighborhoods on Chicago's South and West sides, giving Chicagoans more opportunities and driving inclusive, measurable growth. The goal is to re-activate neighborhood cores that have historically served as focal points for pedestrian activity, shopping, services, transportation, public spaces and quality-of-life amenities for local Chicagoans.

A DEEPER UNDERSTANDING

Poverty creates barriers to accessing quality health services, healthy food, recreation opportunities and other necessities needed for good health. Assessment data highlights that people of color experience higher rates of poverty than non-Hispanic whites, with nearly a third of Chicago's Black population living in poverty. There are inequities in the geographic distribution of poverty as well, directly linked to long-standing historical discrimination and segregation across the city. Communities with the highest poverty rates are primarily concentrated in the West and South sides of the city.

Community violence has many root causes such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, policing strategies and generational trauma. Research has shown exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress and an increased risk of poor health outcomes across a lifespan.

Violence also has a negative impact on the socio-economic conditions within communities that contribute to the widening of disparities.

continued

Data Spotlight



These are findings from the data we collected for this assessment theme.

You can see more in the Data Compendium.

Adults that feel safer in their neighborhood tend to be healthier. Non-Latinx Black people are much more likely to report violence in their neighborhood than other Chicagoans.

Healthy Chicago Survey, 2018

There are almost a quarter-million Chicagoans who have limited food access. Underserved areas are concentrated on the South Side and outlying neighborhoods of the city.

Source: Compendium p. 84, Dept. of Planning and USDA Food Access Research Atlas

Everybody doesn't breathe the same air. Air quality is worse in low-income neighborhoods located near industrial areas and major roadways.

Source: CDPH Air Quality and Health Report

A DEEPER UNDERSTANDING *(continued)*

Neighborhood planning and development – including zoning, green space and the public realm, adaptive reuse of existing buildings and new construction – strongly influences economic conditions, employment and educational opportunities. Disinvestment in some Chicago neighborhoods has led to a lack of opportunities for health and well-being, while an infusion of new investment in other neighborhoods has led to displacement of long-time Chicagoans.

Pollution due to industry and traffic affects some neighborhoods more than others – both because of the different pollution levels across the city and due to underlying social and health characteristics of community members that make them more vulnerable to pollution exposure.

Housing stability, affordability, quality and safety all affect health. Poor housing conditions are associated with a wide range of health outcomes including respiratory infections, asthma, lead poisoning, injuries and mental health. In Chicago, one in five adults usually or always worries about having enough money to pay their rent or mortgage. Increasing access to affordable housing is associated with increased household discretionary income, increased health insurance coverage, decreased need for emergency care, decreased personal debt, increased savings for home ownership and educational attainment.

Having limited or uncertain **access to nutritious food** impacts health in several ways. The combination of stress and poor nutrition can make individuals more likely to develop chronic diseases and make disease management more difficult. Worsening health problems and the associated medical care leaves households with less money for nutrition and other basic needs. Low-income communities of color are less likely to have access to supermarkets and have a higher density of fast-food restaurants and other sources of unhealthy food such as convenience stores. Programs such as the statewide Supplemental Nutrition Assistance Program (SNAP), local food pantries, summer meals, after-school programs, shelters and food banks provide important assistance to low-income individuals and families that struggle to access adequate nutrition.

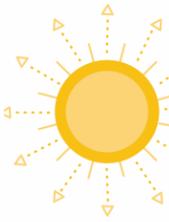
“On the West Side there isn't much funding to create better opportunities like schools and jobs.”

Breakthrough Urban Ministries focus group participant

PROMISING PRACTICE

WALKABILITY INITIATIVES

Community groups across Chicago are leading walkability assessments to develop locally driven solutions for making the public way in their neighborhoods safer, more accessible for people with physical disabilities and better for getting to transit and recreation sites. City departments and agencies are collaborating to support these community-driven priorities to improve walkability and accessibility.



Juliana's walk to her grocery store took a little longer today – there's always more foot traffic on Saturdays, but today the sidewalks were bustling because of the community meeting happening in the park. She loved seeing her neighbors out and about. She'd just chatted with Raina, who came in to buy some paletas de hielo and now Mike and Jamir were coming her way. In the park, Joanie and Charles were setting up the concert and Maleek was in a peace circle with young people. Her heart warmed with the thought of two words: la comunidad (the community).

She could remember when the neighborhood wasn't walkable and when distrust, not warmth, blanketed the street. Five years ago, few storefronts were open, people didn't feel safe and the street was lined with unattractive, empty lots toward the train station. Small businesses owners and street vendors like her, who depended on the boulevard for their livelihoods, were doing their best to revitalize the area, but progress was slow. Then, the pandemic and protests hit like a one-two punch. People were dying. Renters and property owners were worried. Shoppers stayed away. Fear hovered.

But then, love showed up in the form of community solidarity, selflessness and action. Juliana and neighbors organized food giveaways, checked on seniors and other vulnerable people and held events to keep kids safe and busy. They looked for large-scale help and the City responded with policies to support the neighborhood. Funders and banks stepped up their commitments with planning grants, recoverable loans and pro bono advisors. The renaissance was real and Juliana was a part of the change.

With her store unharmed by riots, a humble Juliana felt a duty to show the community appreciation. The idea of the Fresh Orchard Market Food Co-op was born.

Papa Raymond was one of the co-op's first members and once word got out that he bought shares for his grandchildren and great-grandchildren, dozens of other neighbors became shareholders, too. In its second year, the market expanded thanks to a small-business grant from the City, adding a seasonal farmer's market, children's garden and outdoor patio seating.

Fresh Orchard Market Co-Op thrives the Healthy Chicago 2025 way, in a city where Chicagoans can find essential resources and services within a short walk, bus or train ride from home and where commercial corridors include locally owned businesses that contribute to the vitality, culture and affordability of communities.

As the market's general manager, Juliana has turned the co-op into a model corner store – one where ingredients for whole, fresh meals can be purchased, where employees are paid a living wage and where small-batch food companies can get products on shelves.

A block from the market, a developer is building its second six-story affordable housing apartment building on land that once sat empty. A museum purchased an empty lot and installed an outdoor sculpture garden with panels by community muralists. New street lighting, bike paths and crosswalks have further enhanced streets. It's all beautiful and it's all for the people who live here now – la comunidad.



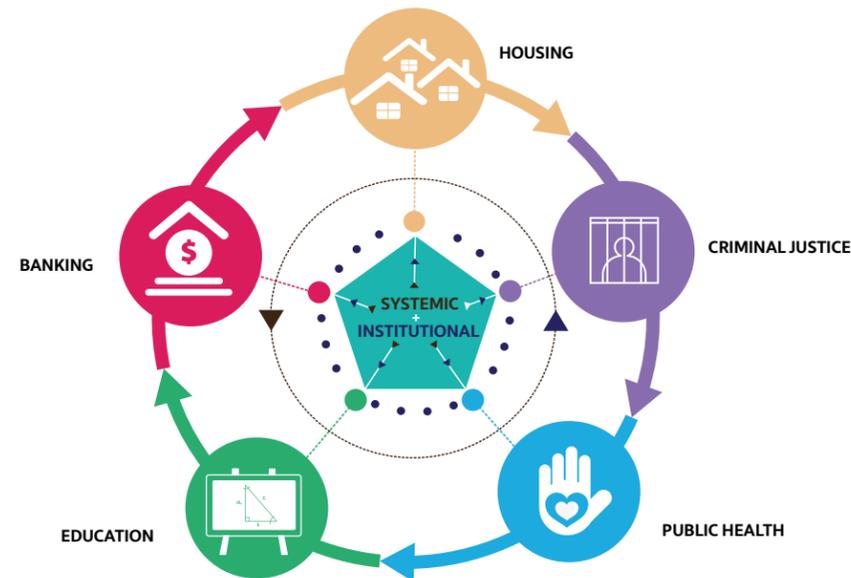
The public and private sectors are beginning to confront their responsibility for denying people of color the opportunity to attain their highest level of health. Through Healthy Chicago 2025, we will support and amplify these important efforts.

ASSESSMENT THEME

Transform Policies and Processes to Foster Antiracist, Multicultural Systems

Closing the racial life expectancy gap will require fundamental changes to the systems, policies and practices that shape our social, economic and physical environments.

- SYSTEMIC RACISM**
Ongoing racial inequalities maintained by society
- INSTITUTIONAL RACISM**
Discriminatory policies and practices within organizations and institutions



Modeled after *What Racism Looks Like: An Infographic*. Frank Porter Graham Child Development Institute



PROMISING PRACTICE:

WEST SIDE UNITED

Health care institutions come together with Chicagoans, educators, non-profits, businesses, government agencies and faith-based institutions to make their neighborhoods stronger, healthier and more vibrant places to live by creating pathways to employment and investing in neighborhood businesses. Since 2017, West Side United has hired more than 1,800 local Chicagoans and invested \$6.5 million into community businesses.

A DEEPER UNDERSTANDING

Some people believe that racism is a rare problem of isolated, individual attitudes and actions or, most damagingly, that racism is a thing of the past. But that is because racist policies and practices are so intertwined in our systems that it is difficult to see them as anything other than “normal.” In fact, they are a source of traumatic stress and poor health outcomes for many Chicagoans.

During our assessments, Chicagoans spoke about Chicago’s long history of racism and segregation. Although policies that overtly discriminated based on race have been outlawed, their legacy exists in other shapes and forms today. The residual impact is

apparent in the wealth gap between white, Black and Latinx Chicagoans and in disparities in employment, housing and educational opportunity, bank lending, healthcare access, incarceration rates, immigration arrests and more. These policies continue to be a driving force behind the conditions of our neighborhoods and quality of life. In other words, they are a root cause of our racial life expectancy gap.

Community members are calling for Chicagoans – and the systems and institutions that are meant to serve our city – to engage in collective healing, repair and the restoration of our communities.



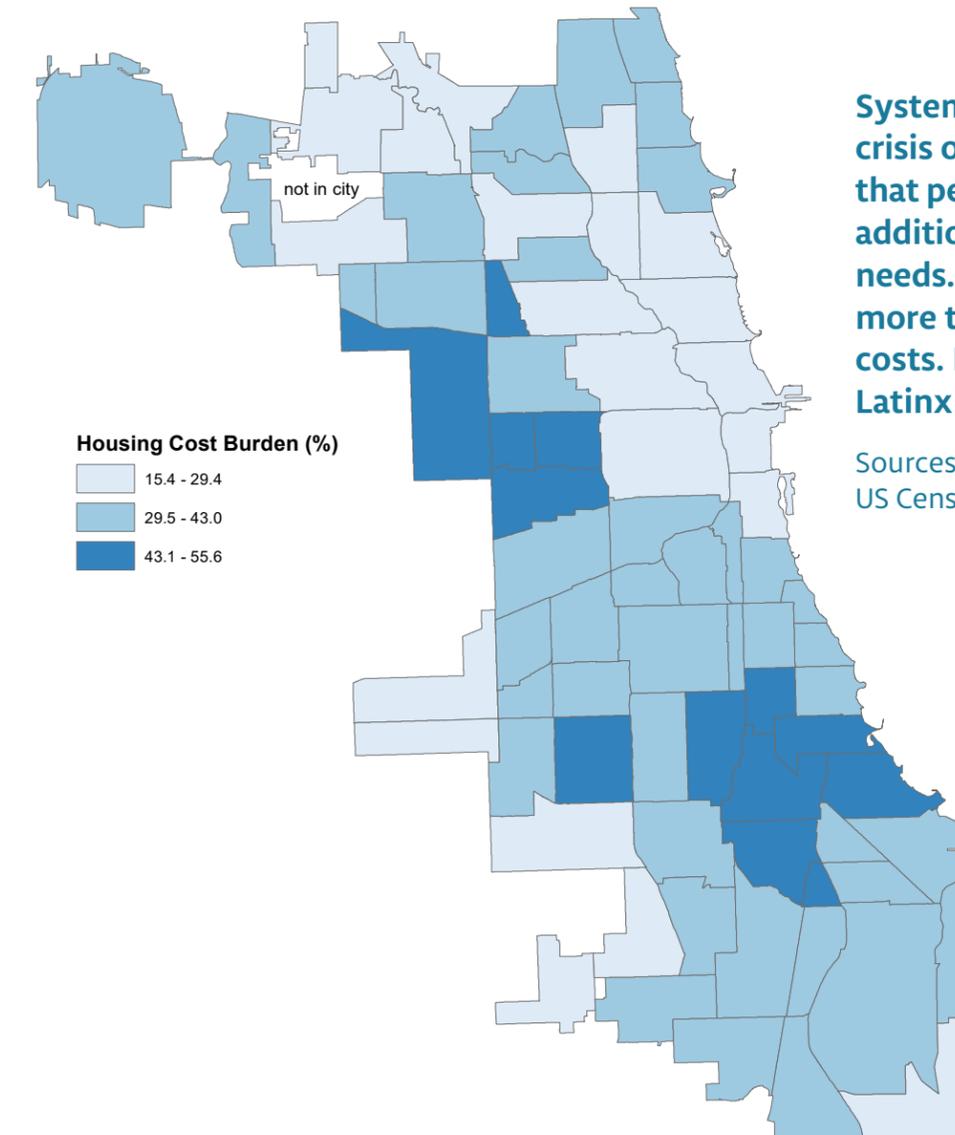
Data Spotlight

How do we measure racism? At the structural or institutional level, we have to break down data to compare how different racial groups fare. Even supposedly race-neutral laws, programs or practices can result in vastly different outcomes for Black and Latinx populations.

For our assessment, we looked at data that start to show how policies and systems disadvantage some Chicagoans. We highlight a few examples here. Visit the Healthy Chicago Data Compendium for a lot more information that can help us understand how underlying social and institutional inequities may be contributing to the life expectancy gap.



HOUSING COST BURDEN BY COMMUNITY AREA, 2018



Systemic racial segregation and the foreclosure crisis of the late 2000's created housing inequities that persist today. Chicago requires at least 119,000 additional units of affordable housing to meet current needs. Almost one-third of households in the city spend more than 30% of their monthly income on housing costs. Most of these neighborhoods are in Black and Latinx communities.

Sources: Institute for Housing Studies at DePaul University, 2019 US Census Bureau, American Community Survey, 2018

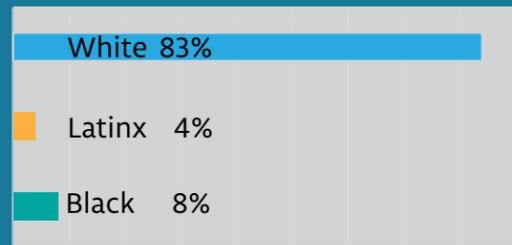
Within the top 50 Chicago companies, on average more than 3 out of every 4 board members and c-suite executives are white.

Source: *Inside Inclusion* featuring the Corporate Diversity Profile, Chicago United, 2018

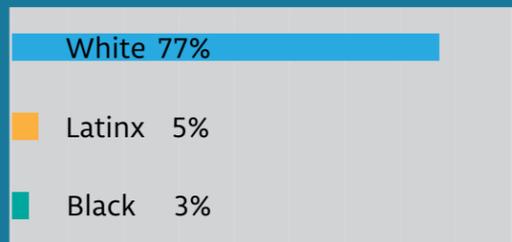
While only 30% of the Chicago's population, Non-Latinx Blacks account for more than half of all traffic stops, automobile searches and tickets issued.

Source: <https://illinoistrafficstops.com/>

BOARD MEMBERSHIP IN CHICAGO'S TOP 50 COMPANIES



EXECUTIVE LEADERSHIP IN CHICAGO'S TOP 50 COMPANIES



PROMISING PRACTICE:

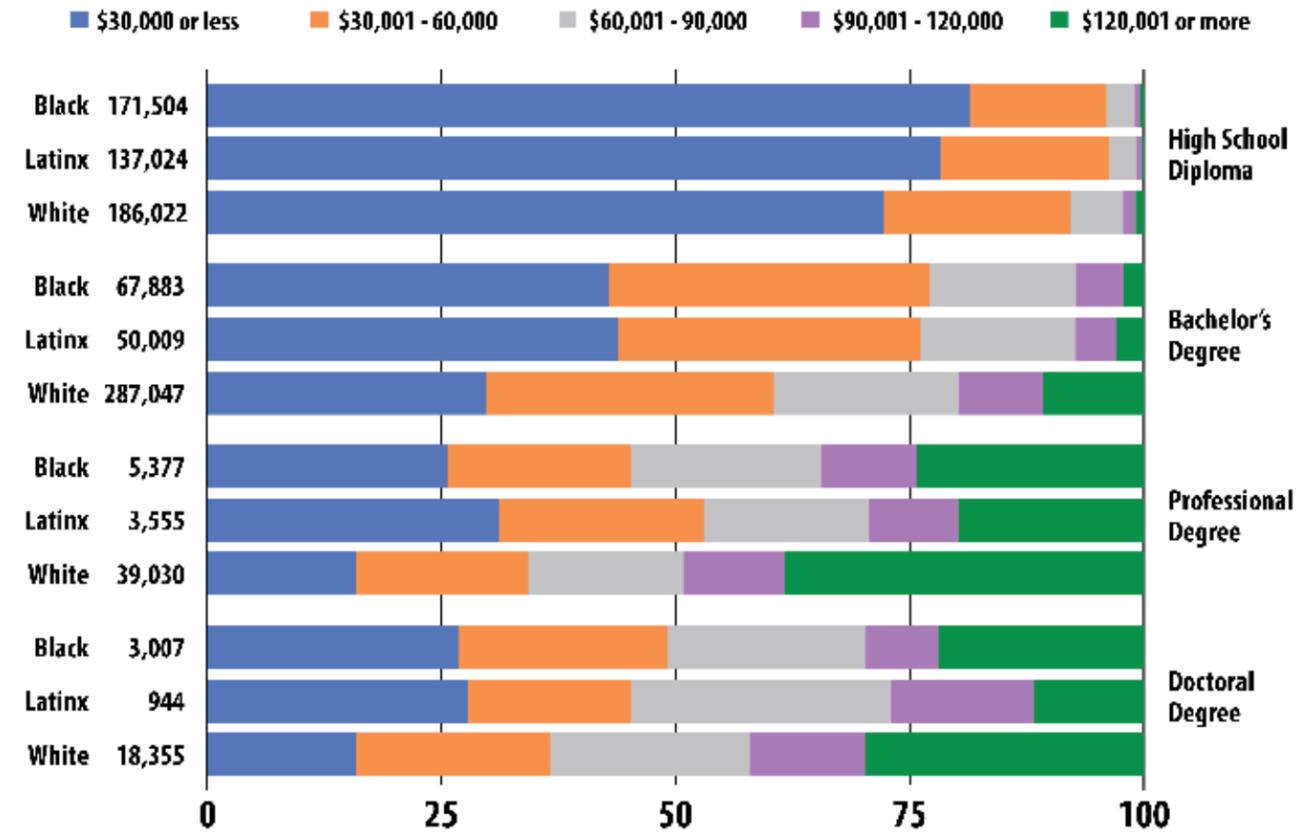
INSTITUTIONALIZING EQUITY IN CITY GOVERNMENT

When Mayor Lightfoot took office, the City of Chicago established an Office of Equity & Racial Justice and hired its first Chief Equity Officer to examine systemic racism that exists in Chicago – particularly within our City government operations – and develop policies to help correct those racial disparities. The City took another important “step” in 2020, when Mayor Lightfoot announced her commitment to reduce income inequality and build wealth through the Solutions Toward Ending Poverty (STEP) agenda. Through policy changes, the City is increasing economic opportunities and driving investments to South and West side neighborhoods.

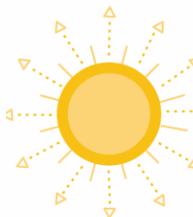
RACIAL AND ETHNIC INCOME DISTRIBUTION IN CHICAGO BY EDUCATION ATTAINMENT

At every level of education from high school to a doctoral degree, Black and Latinx workers earn less than white workers with comparable education. Increased education does not reduce income disparities.

Source: American Community Survey, 2011 - 2015



Source: Institute for Research on Race and Public Policy, University of Illinois at Chicago



Joanie and Charles have worked together long enough to understand each other pretty well – they share inside jokes, catchphrases and, often, points of view. As the two of them stood under the park’s newly built sun shelter and gazed at the park filled with people, they didn’t have to say a word to understand one another’s excitement. Still, Charles couldn’t stay silent. “I love it when plans come together,” he said. “And people, too,” Joanie responded and they both nodded.

Today culminates years of planning for the community’s first multi-purpose performing arts space. From the first open meeting to the ground-breaking to the community design sessions, more than 500 people had been involved – representing neighbors, small business owners, corporate executives, elected officials, bankers, urban planners and artists. Joanie and Charles worked hand in hand with the City to make inclusion and diversity tenets of this project. They solicited bids from certified minority and women-owned developers and required the general contractor to offer jobs to returning citizens. They recruited trained artists and “street” muralists to adorn interior and exterior walls. They began the construction phase by inviting Indigenous leaders to acknowledge the sacredness and ownership of the ground upon which the structure would go.

For Joanie and Charles, this project represents what happens with everyone’s energy is of one accord – when people of color and their white allies and accomplices advance a community’s vision together. These colleagues grew up very differently – she in the city, he in the suburbs, both in areas segregated by color and income. But their similar interests in policy change and anti-racism led their paths to cross when they participated in a protest for racial justice five years ago.

Joanie had moved back to her childhood home for her ailing father, who died not long after; he was in his late 60s. Charles had moved

here because he valued the community’s diversity; his father had long ago lived in the neighborhood but now, at age 84, lives six miles away in an area that has never gone without ground-breaking, construction cranes and other signs of active community investments. Now, they work together at a nonprofit agency that helps organizations pursue and achieve antiracist practices – doing their part to address the life gap of their fathers.

Joanie and Charles live the [Healthy Chicago 2025 way](#), where every member of every community matters, where public and private systems pursue policies that un-do harm and disenfranchisement and where public health data and practices can chart a course for solving problems and extending lives.

And so on this bright Saturday morning, hundreds of people are gathering for a rally and concert at the outdoor band shell, the first of several transit-oriented developments planned for the park surrounded by two bus stops, an elevated train station, several small businesses, a vibrant elementary school and vacant parcel of land whose future use is a hot topic. Neighbors have prioritized the need for more affordable housing, an all-season indoor walking track for seniors and more robust youth programs. They also want a neighborhood banking center as an alternative to check-cashing stores and community-owned pharmacies to meet their medical needs. The rally’s agenda includes a host of community speakers sharing details of these bold plans. First up to the mic: a 5-year-old child named Jamir, who welcomes everyone to his beautiful community.





Healthy Chicago 2025 is a plan for the local public health system – including community groups, government agencies, businesses, faith-based organizations, researchers, community development professionals, health and social service providers and others – to eliminate the racial life expectancy gap and help all Chicagoans enjoy longer, safer, healthier lives. Now that you’ve learned about our journey, assessment and vision, read about our approach to making change. In the next five years, here’s how we will work on key strategies and hold ourselves collectively accountable.

The work of Healthy Chicago 2025 requires a new approach, both to the process for how we make change and the values that guide our actions. This is how we'll ensure across all our priority areas that Chicagoans – especially Black and Latinx – have voice and choice in decisions that affect them and that disinvested communities receive equitable funding and support.

Closing the Life Expectancy Gap – the Healthy Chicago 2025 Way

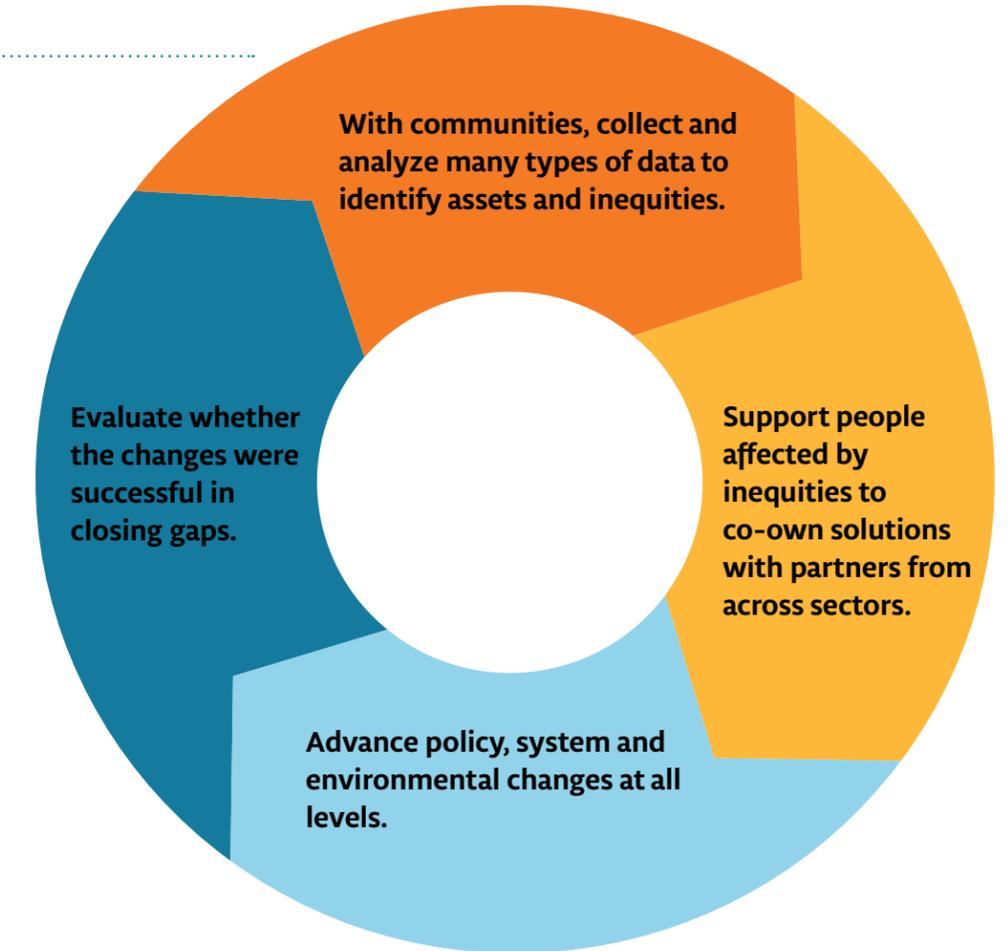
OUR GUIDING PRINCIPLES

The public health system commits to adopting these six values as the guiding principles for our work.

<p>Antiracism</p> <p>We actively challenge and redress racist systems through our process and strategies.</p>	<p>Asset-based</p> <p>We highlight community strengths and culture as we tell our stories.</p>	<p>Equity-focused</p> <p>We consider who benefits and who is burdened by our proposed solutions.</p>	<p>Trauma-informed</p> <p>We recognize that trauma affects all individuals, communities, organizations and systems and we support resilience and healing.</p>
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OUR APPROACH

The local health system will use this change process to develop and implement actions to close the racial life expectancy gap



<p>Capital building</p> <p>We promote community wealth, affordability and belonging.</p>	<p>Community-led</p> <p>We make sure that community members, including youth, have power in decision-making.</p>
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Here's how we – the local public health system, including government, community organizations, academic institutions, businesses and others who support a Healthy Chicago – will make change, together, over the next five years and for generations to come.

Assessment themes

- Improve systems of care for populations most affected by inequities
- Further the health and vibrancy of neighborhoods
- Strengthen community capacity and youth leadership
- Transform policies and processes to foster antiracist, multicultural systems

Assessment priority areas	Assessment themes			
	Populations experiencing inequities	Plan for change	Equity measures* <small>* To be included in Chicago's Equity Dashboard</small>	Ideal state
<p>HOUSING</p> 	Black, Latinx and Low-Income Chicagoans	<ul style="list-style-type: none"> • Evaluate and align funding across home assessment and repair programs. • Use health data to prioritize buildings for proactive healthy homes inspections. • Train developers to co-create health action plans with residents. • Apply health criteria to housing resource allocations, including the City's Qualified Allocation Plan, Low-Income Housing Trust Fund, and TIF. 	<ul style="list-style-type: none"> • Reduce health hazards in the home environment • Increase availability of affordable and supportive housing 	Within one generation, all Chicagoans have a healthy, affordable home

Assessment priority areas	Populations experiencing inequities	Plan for change	Equity measures*	Ideal state
<p>FOOD ACCESS</p> 	Black, Latinx and Low-Income Chicagoans	<ul style="list-style-type: none"> • Publish a food environment map. • Establish a food policy initiative and advisory group to advance food equity and justice. • Use public health data to strengthen food policy, plans, and practices to increase equitable access to healthy food, strengthen the food safety net, and support local food producers and businesses. 	<ul style="list-style-type: none"> • Increase healthy food access and food security • Increase investment in local food producers and businesses 	Within one generation, all Chicagoans have access to nutritious food and local food businesses thrive
<p>ENVIRONMENT</p> 	Communities disproportionately burdened by pollution	<ul style="list-style-type: none"> • Refine the Air Quality and Health Index and pursue new data sources with community input. • Form environmental equity working group. • Assess the cumulative impact of pollution at the local level. • Enhance policies related to zoning, environmental regulation, enforcement, and community participation. 	<ul style="list-style-type: none"> • Reduce exposure to pollution • Increase buffers between sensitive/residential and industrial uses 	Within one generation, all Chicagoans breathe clean air and are protected from harmful pollutants

Populations experiencing inequities	Plan for change	Equity measures*	Ideal state
PUBLIC SAFETY  Black communities	<ul style="list-style-type: none"> • Provide support and resources for community members, with a focus on youth, to lead public safety initiatives. • Make physical improvements to neighborhood spaces to promote mental wellness and prevent violence. • Advance a reform agenda that includes increased police accountability and reductions in negative engagement between community and policing systems. 	<ul style="list-style-type: none"> • Reduce exposure to violence • Increase perceptions of safety and police accountability 	Within one generation, all Chicagoans are safe throughout the city and have trusting relationships with law enforcement
NEIGHBORHOOD PLANNING AND DEVELOPMENT  Disinvested and gentrifying communities	<ul style="list-style-type: none"> • Embed health equity measures and strategies in the Citywide Plan, TIF, Invest South/West and equitable transit-oriented development. • Train City personnel and support community partners to conduct Health and Race Equity Impact Assessments (HREIA) and walkability assessments. • Conduct HREIA and apply findings to decision-making. 	<ul style="list-style-type: none"> • Increase public and private investment • Increase community power in planning processes 	Within one generation, all Chicagoans live in vibrant neighborhoods that reflect their identities and priorities

Populations experiencing inequities	Plan for change	Equity measures*	Ideal state
HEALTH AND HUMAN SERVICES  Black and Latinx Chicagoans	<ul style="list-style-type: none"> • Establish and promote a comprehensive resource information and referral system. • Support community alignment boards that identify and address access and service gaps. • Advocate to increase comprehensive and culturally appropriate healthcare for all, including removing eligibility barriers, sustainable reimbursement rates, and expanded coverage for preventive services and root causes. 	<ul style="list-style-type: none"> • Increase access to comprehensive and culturally appropriate healthcare (behavioral health, HIV, maternal/ infant health, and chronic disease) and social services 	Within one generation, all Chicagoans benefit from a full range of health and human services
PUBLIC HEALTH SYSTEM ORGANIZATIONS  Black and Latinx Chicagoans	<ul style="list-style-type: none"> • Assess current practices, develop organizational goals, and participate in learning activities to advance diversity, equity, and inclusion within the public health system. • Adopt community engagement standards and processes. • Strengthen community leadership in public health coalitions that address racial equity efforts, including the Partnership for Healthy Chicago. 	<ul style="list-style-type: none"> • Increase diversity of workforce/ leadership • Increase local investments • Increase community engagement capacity 	Within one generation, all Chicagoans have voice and power in the public health system

As the local public health system works to address the root causes of health, CDPH is also adopting the Healthy Chicago 2025 way to guide key initiatives in each of these areas. Here are just a few examples of this approach in action.

Case Study: Healthy Chicago 2025 Way at CDPH

Chronic Disease

Cross Sector Solutions

The Chicago Collaboration to Advance Research, Equity and Systems to Prevent Diabetes (Chicago CARES) is a multi-sector effort to expand access to evidence-based diabetes prevention programs in Chicago community areas that have a disproportionate burden of type 2 diabetes. Chicago CARES implements systems to train and support lifestyle coaches, facilitate referrals to programs and advance Medicaid/payor coverage for these critical services.

Community Co-Ownership

Through the Public Health Institute of Metropolitan Chicago (PHIMC) and in partnership

with Elevated Chicago, CDPH awarded grants to six community-based organizations to improve community walkability within a ½ mile radius of train stations. The funded projects promote safety, physical activity, social connectedness and the use of more active modes of transportation like walking and public transit.

Policy Change

The City of Chicago has taken aggressive policy action to prevent tobacco use, including prohibiting anyone under the age of 21 from selling or purchasing tobacco, banning the sale of flavored tobacco products and new tobacco licenses within 500 feet of high schools and requiring warning signs on retailer doors.

Maternal and Infant Health

Data

CDPH issued the 2019 Maternal Morbidity & Mortality in Chicago data report, which showed that Black women and women living in communities with higher economic hardship bear the largest burden of maternal morbidity and mortality.

Cross Sector Solutions

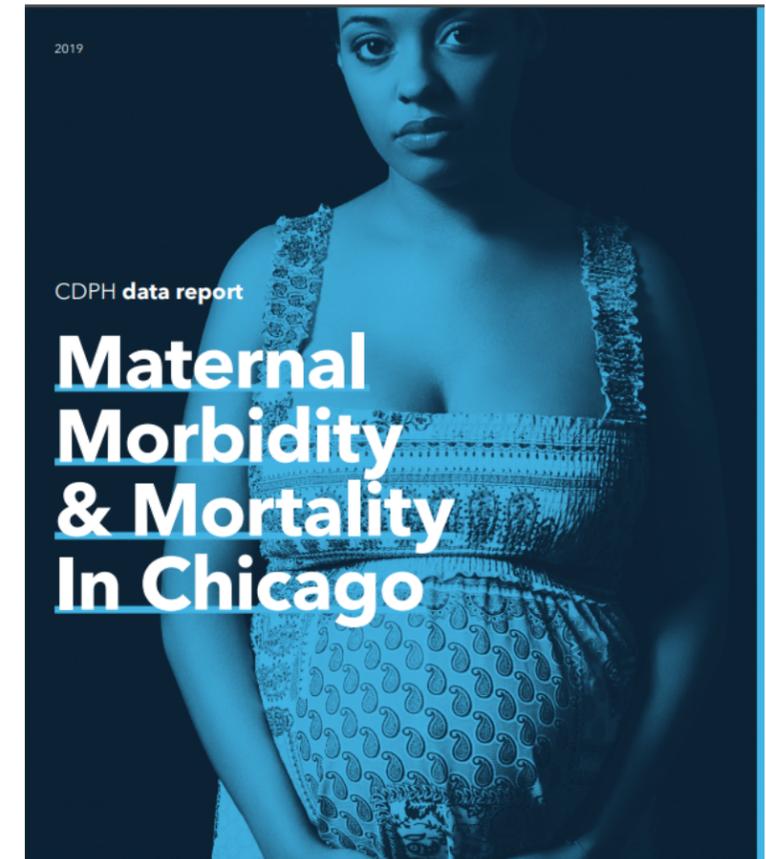
The Family Connects Chicago program, introduced in November 2019 after more than a year of community engagement and planning, offers nurse home visits to all families during the vulnerable weeks following the birth of a baby and, based on the family's needs, provides connection to coordinated community resources. CDPH is piloting the program with four birthing hospitals serving families predominately from the West and South sides.

Community Co-Ownership

Three community alignment boards convene local providers and individuals to ensure that families have access to needed resources identified through home visits with families in their regions.

Evaluation

Local foundations organized to fund the UIC Center of Excellence in Maternal and Child Health to evaluate implementation of the Family Connects pilot.



HIV

Data

Through funding for the Trans Accountability Project, CDPH's partners are defining barriers to HIV treatment for the transgender and gender non-conforming (TGNC) community, centering the experiences and expertise of Black and Latina Trans women through community forums.

Cross Sector Solutions

CDPH's integrated HIV services portfolio makes more than \$45 million annually in strategic investments aligned with the Getting to Zero Illinois plan. Services include HIV screening, access to anti-retroviral medication for pre-exposure prophylaxis (PrEP) and treatment, medical care, supportive services, housing and community development.

Community Co-Ownership

HIV investments are determined based on extensive engagement and feedback from the Chicago Area HIV Integrated Services Council (CAHISC), a 42-member body of volunteers and appointed members comprised of providers and consumers of HIV services, as well as federal and local government liaisons.



Getting to Zero Illinois is a state-wide initiative to end the HIV epidemic in the state by 2030. Through partnerships with community-based organizations, health care providers, government agencies, people living with HIV and others, we can dramatically shift HIV in Illinois. AIDS Foundation of Chicago and the Illinois and Chicago Departments of Public Health coordinate the Getting to Zero Illinois project.

Mental Health

Cross Sector Solutions

Under the Framework for Mental Health Equity, the City of Chicago will invest more than \$26 million in 2021 in critical areas like outpatient mental health services in communities of high need, coordination of trauma-informed victim services for people impacted by violence and the expansion of community-based treatment teams for people living with serious mental illness (SMI) and co-occurring disorders.

System Change

CDPH is implementing a novel mental health co-responder pilot project in two Chicago police districts in which mental health professionals will respond to mental health crisis calls alongside a Crisis Intervention Trained (CIT) CPD patrol officer.



There were 7,301 opioid-related EMS responses and 573 opioid-related deaths in Chicago in January-June 2020. This is a 60% increase in opioid-related EMS responses and a 55% increase in deaths compared to 2019.

Substance Use

Data

CDPH issues a monthly Opioid Overdose Report with near real-time data so interventions can be targeted where they are needed most.

Cross Sector Solutions

Ten area hospitals participate in a learning collaborative to ensure that people who come to the ER due to overdose are engaged in a treatment program. Starting in 2021, CDPH will support a similar collaborative for outpatient and community-based providers.

Community Co-Ownership

CDPH and community partners from the South and West sides lead regional task forces to coordinate overdose response strategies at the neighborhood level.

System Change

In 2020, CDPH expanded a deflection and diversion program so people arrested with under 1 gram of heroin or cocaine are offered treatment instead of arrest across all police districts.

Racial Equity Transformation

For several years, CDPH has embraced racial equity as a departmental value. Staff receive training on dismantling racist systems and equity requirements are integrated into the department's grants, contracts and RFPs. CDPH also recently hired its first Chief Racial Equity Officer, who will make improvements across the department – particularly related to recruitment and hiring, budgeting, procurement, communications and public engagement – to ensure that CDPH is addressing institutional racism across all aspects of its work.

To close the racial life expectancy gap, people affected by inequities must have power to decide how we measure and monitor our city's progress. With Healthy Chicago 2025, we commit to sharing resources, credit, results and knowledge as we identify community needs and assets, conduct research and analyze data.

Measuring Impact

NEW Healthy Chicago 2025 Measures

Through our assessment process, we identified a set of over-arching indicators to measure key outcomes we are collectively working toward with Healthy Chicago 2025.

Ongoing Healthy Chicago 2.0 Measures

CDPH will continue to track the 75+ Healthy Chicago 2.0 indicators. You can find the most recent data on the Chicago Health Atlas (chicagohealthatlas.org).

- Chicago
- Asian, Non-Latinx
- Black, Non-Latinx
- Latinx
- White, Non-Latinx
- Lowest Community Area
- Highest Community Area

INDICATOR 1: LIFE EXPECTANCY

Increase life expectancy for Black Chicagoans and reverse declines in Latinx and Asian populations



INDICATOR 2: PERCENTAGE OF ADULTS WHO REPORT GOOD HEALTH

Improve overall health status for Black and Latinx Chicagoans



INDICATOR 3: PERCENTAGE OF ADULTS LIVING IN HIGH ECONOMIC HARDSHIP

Increase economic well-being for Black and Latinx Chicagoans



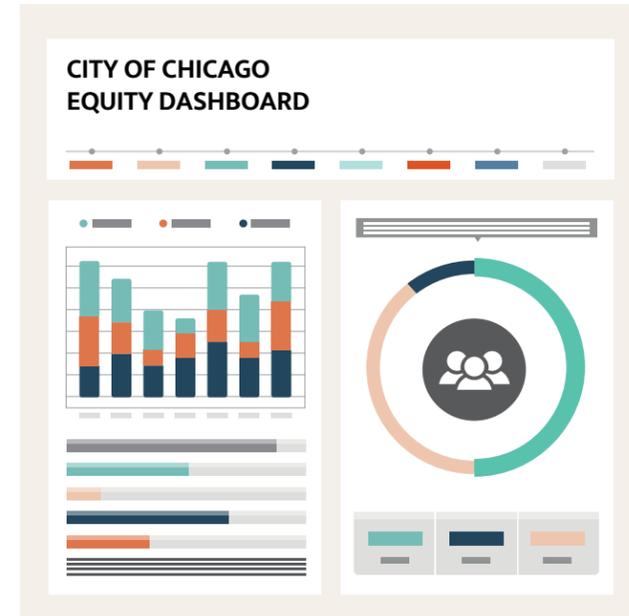
INDICATOR 4: PERCENTAGE OF ADULTS WHO REPORT ANY PSYCHOLOGICAL DISTRESS WHO HAVE UNMET BEHAVIORAL HEALTH NEEDS

Increase access to behavioral health treatment for all Chicagoans, with a focus on Black, Latinx and Asian populations



COMING NEXT: CHICAGO'S EQUITY DASHBOARD

Over the next year, the City of Chicago will engage community members and other experts to co-create Chicago's first-ever equity dashboard. This will guide not only Healthy Chicago 2025 implementation, but also the work of the Mayor's Office for Equity & Racial Justice and the creation of Chicago's Citywide Plan, ensuring that broad, comprehensive measures of health and racial equity serve as everyone's North Star in the planning, implementation and evaluation of City programs and services. We will identify specific metrics and targets - from measures of structural and institutional equity to living conditions and health outcomes. We will establish a data collection process and issue a baseline dashboard and report. The dashboard will be available to the public so we can all track progress towards achieving equity.



PROMISING PRACTICE:

CHICAGO CONSORTIUM FOR COMMUNITY ENGAGEMENT (C3)

The C3 is a network of local academic institutions, CDPH and other stakeholders that have formally collaborated for over a decade on community-engaged research to improve health equity across Chicago. In the coming years, C3 will advance a Healthy Chicago 2025 research agenda focused on a broad set of priority areas and leverage its resources to answer key research questions and evaluate the City's efforts to achieve health and racial equity.

We all know children like Jamir, with dreams and worries so much bigger than their size. We recognize families like Isabel and Raina that are keeping their kids safe and caring for each other. We are inspired by the Maleeks and Julianas, the Joanies and Charleses, who are forces for good on our blocks. And we see our city reflected in their stories.

So what will it take to make a healthy Chicago? How can each of us do our part? Here are some ideas.

The true potential of the Healthy Chicago movement is to use our collective power to close the racial life expectancy gap.

WHAT WILL YOU DO?

Connect with us at <https://www.chicago.gov/city/en/depts/cdph.html>



We Are #OneHealthyChi

Connect with us on social media. Use **#OneHealthyChi** to tell us how you're making Chicago a city where 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.

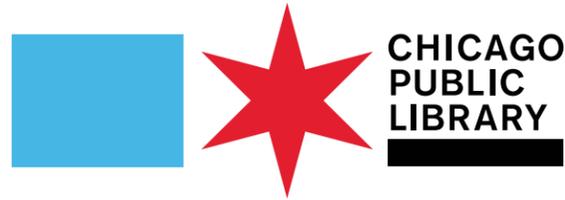


HOW TO BE ANTIRACIST

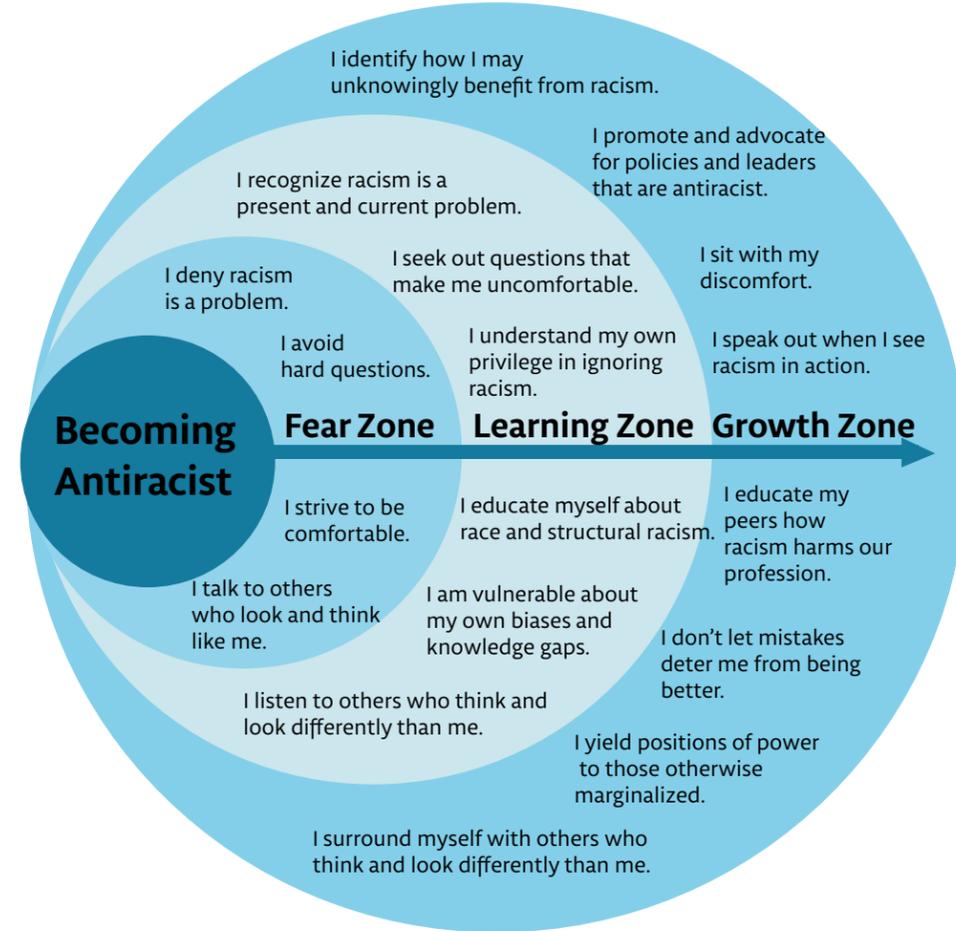
“One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist. There is no in-between safe space of 'not racist.'”

– Ibram X. Kendi

To become antiracist takes conscious effort. Dr. Kendi’s book, *How to Be an Antiracist*, outlines specific steps we can take to move from fear to growth on this journey and see each other as fully human.



Check out additional antiracism resources for all ages at Chicago Public Library, chipublib.org/BlackLivesMatter.



Source: surgeryredesign.com



Racial and cultural differences seen as deficits → Tolerant of racial and cultural differences → Racial and cultural differences seen as assets

EXCLUSIVE	PASSIVE	SYMBOLIC CHANGE	HOW TO BE AN ANTIRACIST ORGANIZATION		
<p>Intentional, public exclusion of people of color (POC)</p> <p>Public racism at all levels of institution</p> <p>Includes both formal/written policies and informal teachings</p>	<p>Tolerant of limited number of POC if they have the right credentials and beliefs</p> <p>May still privately limit or exclude POC despite public policies</p> <p>Continues to maintain white power and privilege through its formal policies and practices</p>	<p>Makes official policy pronouncements about diversity</p> <p>Sees itself as a non-racist institution where POC are welcome</p> <p>Recruits a minority voice on committees, but not if they are outspoken or disagree with the official position</p>	<p>Across Chicago, business and organizations are making strides in transforming their policies and practices by following models like this one.</p>		
		<p>IDENTITY CHANGE</p> <p>Analyzes systemic racism within institution; actively seeks to become anti-racist</p> <p>Conducts anti-racism training following the lead from POC</p> <p>Understands and takes steps to eliminate White privilege at all levels of institution</p>	<p>STRUCTURAL CHANGE</p> <p>Restructures institution to fully incorporate POC at all levels of power</p> <p>Institution is guided by the worldview, cultures and lifestyles of POC</p> <p>Institution is known for its own anti-racist commitment and its work to dismantle racism in the wider community</p>	<p>FULLY INCLUSIVE</p> <p>Institution lives with full participation and shared power with POC in determining mission structure, policies and practices</p> <p>Sense of restored community and mutual caring</p>	

Image modeled after Crossroads Ministry’s *Continuum to Becoming an Antiracist Multicultural Institution* (Chicago)

Partnership for Healthy Chicago Members

Arts Alliance Illinois
Center for Faith and Community Health/Advocate Health Care
Chicago Board of Health
Chicago Department of Family and Support Services
Chicago Department of Public Health
Chicago Housing Authority
Chicago Metropolitan Agency for Planning
Chicago Park District
Chicago Police Department
Chicago Public Schools
Consortium to Lower Obesity in Chicago Children
Cook County Department of Public Health
Cook County Health
Forefront
Health and Medicine Policy

Research Group
Heartland Alliance- Human Care Services
Illinois Community Health Worker Association/HealthConnect One
Illinois Community Health Worker Association/University of Chicago
Illinois Department of Public Health
Illinois Partners for Human Services
Illinois Primary Health Care Association
Illinois Public Health Institute
Institute of Medicine-Chicago
LISC Chicago
Loyola University Chicago School of Law; Beazley Institute for Health Law and Policy
Mayor's Office for People with Disabilities
Mayor's Office of Equity and Racial Justice

Metropolitan Planning Council
Metropolitan Tenants Organization
NAMI- National Alliance for Mental Illness-Chicago
National Resources Defense Council
Northwestern-Center for Community Health
Oral Health Forum
Playworks
Public Health Institute of Metropolitan Chicago
Respiratory Health Association
Sinai Urban Health Institute
United Way of Metropolitan Chicago
University of Illinois School of Public Health
World Business Chicago
YWCA-North Shore/Chicago Equity Network

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Assets, Information and Services
Aviation
Buildings
Business Affairs and Consumer Protection
Chicago Park District

Chicago Public Library
Chicago Public Schools
Commission on Human Relations
Cultural Affairs and Special Events
Family & Support Services
Fire

Housing
Mayor's Office for People with Disabilities
Mayor's Office of Equity and Racial Justice
Planning and Development
Police
Transportation

Alliance for Health Equity

In 2019, the Alliance for Health Equity hospital collaborative ("Alliance") completed a Community Health Needs Assessment (CHNA) for Chicago and Suburban Cook County. The Alliance and the Partnership for Healthy Chicago worked together to conduct our respective assessments so that local hospitals' strategic priorities are aligned with citywide and regional efforts to improve community health. The Illinois Public Health Institute (IPHI) led an extensive community input process, which included surveys and focus groups referenced in Healthy Chicago 2025. We are thankful to the Alliance and IPHI for their work on the CHNA, much of which has been adapted and incorporated in this plan.

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 Chicago Department of Public Health
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Chicago Hispanic Health Coalition
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 Metropolitan Tenants Organization
 Metropolitan Water Reclamation District of Greater Chicago
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