

This meeting summary was produced by City Bureau Documenters, in accordance with our editorial independence policy, with financial support from the city of Chicago. If you believe anything in these notes is inaccurate, please email City Bureau at [documenters@citybureau.org](mailto:documenters@citybureau.org) with "Correction Request" in the subject line.

## Public Health + Safety Meeting #10

February, 2022, 6:00PM | 2 hours

*Documented by: Stephen Yoshida*

---

### ATTENDEES

- Romina Castillo
- Kate McMahon
- Sheri Cohen
- Nesha Breashears
- Alex Meixner
- Alexander Heaton
- Sophie Chishty
- David Mena
- Marlita White
- Victoria Barrett
- Chloe Gurin-Sands
- Alex Meixner
- Wesley Epplin
- Brianna Lawrence
- Alexandria Willis
- Katelyn Johnson
- Todd Wyatt



## MEETING GOAL

*Review and build consensus on policies drafted by the research team corresponding with guiding questions #1 and #2. Review metrics for guiding question #3 and #4 and workshop policies for those questions.*

## WHERE WE ARE



Step 1

**We Are***Setting the Stage*

Step 2

**We Have and Need***Develop A Policy Toolkit*

Step 3

**We Will***Set Policy Framework*

## KEY TAKEAWAYS

- 1 | Since January of 2020, the Chicago Department of Public Health has been operating at half staff – due to turnover, bureaucracy, slow hiring, and lack of funding.
- 2 | The working group reviewed and commented on the progress and revisions made by the Department of Planning and Development and the research group.
- 3 | Members of the breakout group, dealing with guiding question three, discussed the importance of carrying on the kinds of discussions and relationship building set in motion through the We Will Chicago Plan and into the future.

#### CONVERSATION HIGHLIGHTS

*“I’ve had conversation in communities like West Chatham, Auburn-Gresham, Roseland, and West Pullman [are having conversations about health and safety]. They need at least the bare minimum of what everybody else has: a grocery store, a pharmacy, a quality gas station – at least one of these things that often don’t exist in these places. We came to the agreement that we need at least the bare minimum. That’s how we talk about ‘access.’”*

**Brianna Lawrence** | Coalition on Urban Girls – Chicago

*“I work with a lot of cross-sector and cross-government partners and with cross-government partners like Transportation, Housing, Planning and Development, etc., life expectancy is often what moves them to a health objective. They can understand ‘this is unacceptable, this is unjust’ and I have found that perhaps they may not know their place but they want to find their place in a different outcome. I think there’s organizing and narrative power in it too.”*

**Kate McMahon** | Chicago Department of Public Health Office of Health Equity in All Policies, Director

*“We’re also talking about expanding walking, biking, and access to transit and what metrics are included – and those can be tough ones. They can be helpful in understanding not just commute mode but also if we are succeeding in attracting people to those modes because they have health outcomes.”*

**Victoria Barrett** | Chicago Metropolitan Agency for Planning, Transportation Planner

*“The Department of Planning and Development has asked us to tell them what we want, not how we want it.”*

**Wesley Epplin** | Company, title

## NOTES

## Introduction

- Third meeting of five that deals with policy frameworks and metrics for success.
- The Department of Planning and Development (DPD) refined language for accessibility to the public - DPD edits changed guiding questions into goals.

 EDITING APPROACH

1. Turn guiding questions into goals.
  - Goals are overarching and apply to everything unless the goal is intended to be focused on a specific priority
  - Objectives help define priorities for the goals
2. State specific identities when the goal/objective is not about a geographic area.
3. Make language clear and concise.
4. Use “community areas” or geographies such as the South and West sides when the intent is to refer to populations clustered or impacted in a specific area.
5. Avoid vague terms such as “brown, historically marginalized, vulnerable, under-served.”
6. Use measurable terms.
7. Final editing decisions follow the AP (Associated Press) Style Guide.

6

## Community partners update

- Katelyn Johnson with Blackroots Alliance has a community meeting next week - community members are concerned what the priorities will be and how the city plans to approach the complex web of interconnected problems the city faces around health and safety.
- Brianna Lawrence with Coalition on Urban Girls – Chicago gave a high level rundown of conversations she had at a public health and safety meeting other pillar members were invited to. She said they discussed how many neighborhoods–Chatham, Auburn Gresham, Roseland and West Pullman–are going without access to basics for health and safety. Lawrence summarized with the question, “can these communities have at least the bare minimum of what everyone else has?”

Break out group working sessions reviewing policies corresponding with guiding questions 1 and 2. These policies were drafted by the pillar members and revised by DPD and research leads. Pillar members reviewed the language and accuracy of the policies and made suggestions. The pillar working group is using a shared document that groups policies with each objective derived from the original guiding questions.

- Group one reviewed policies for question #1 “How can we ensure equitable and affordable healthcare services for all Chicagoans?”

- Brianna Lawrence asks a clarifying question about the term “transit oriented development,” which means building housing and making housing affordable near transit.
- Kate McMahon notes the absence policies and actions related to integrating anti-racist practices in health care and its importance for the guiding question.
- Facilitator Romina Castillo says the research team will continue to refine and incorporate suggestions into these policies. Castillo also clarifies that Wesley Epplin is the person to direct questions on metrics in response to Sheri Cohen’s question asking who is pulling data on current initiatives/programs.
- Group two reviewed policies for question #2: “How can we ensure equitable accessibility and safe freedom of movement with opportunities that promote optimal health and well-being for all Chicagoans?”

Research team lead, Wesley Epplin, gives a pillar metrics presentation for guiding questions #3 and #4 . Epplin frames the conversation noting racism and class inequity are among root causes for health inequities.

- Epplin reviews metrics for guiding question #3: How can we reallocate City funds, space, and resources away from the criminal legal system toward community-led public safety initiatives?
  - Metrics:opioid related mortality by race to demonstrate the worsening overdose death crisis particularly along racial lines due to the “structural racism and class inequity” at the root at health inequities; quantifying racialized disparity in the Chicago Police Department’s use of force against Black people; percentage of low income children with an incarcerated parent; percentage of adults reporting violence at least once per week by race
  - Pillar members ask about how data was collected for these metrics.
  - Pillar members focus on the metric “Percent of low-income children with a parent in jail or prison by census tract” noting its disconnect with intended outcomes and serving as a proxy for measuring adverse childhood experiences.
- Metrics for guiding question #4: How can we allocate resources that address the root causes of health inequities to ensure equitable outcomes in all communities?
  - Metrics: life expectancy by race/ethnicity and community area; years of potential life lost by race/ethnicity; years of potential life lost by race; emergency asthma emergency room visits by race; ratio of 95th percentile income to 20th percentile income by year
  - Pillar member suggest adding hypertension rates by race/ethnicity
  - Marlita White also suggests looking into quality adjusted life years in addition to potential life lost.
  - Victoria Barrett also asks how metrics can incorporate mental health access.

Policy creation: Breakout group sessions work on developing policies for guiding questions #3 and #4

- Working group reviewed the work done by the research team represented by Wesley Epplin
- Group discussed establishing dedicated public funding for public health which has been gutted over the past several decades. This requires sustained investment in public sector health infrastructure, rather than the volatile funding cycles that arise when resources are only available during public health emergencies. This requires hiring staff and staff that reflect the community at all levels, not just consultants contracted to fill in capacity gaps left by decades of austerity
- The group has named a strong public sector that is responsive to community identified priorities. This also requires increased, sustained funding for public sector employees and not consultants
- Since January of 2020 the Chicago Department of Public Health has been operating at half staff. Which means some workers are doing the jobs of three or four people.
- Community partner and working group member Brianna Lawrence expressed her desire to be able to work more in-depth than the group was able to describing it as “speed racing.”
  - Lawrence said: “We can’t even get through one question for real, in-depth. I think if we had a coalition that would do this work for an extended amount of time and carry it on, I think we would see a lot of improvement.” She has enjoyed the process and building community but wishes the process could be continued and deepened in the community.
  - This spurred a discussion and new policy suggestion about how the work being taken on by the group could continue – for instance through organizing through and around the CDPH’s health equity zones. The group expressed a desire to pursue this work beyond just putting words into a Google document and into building networks of accountability, trust, and dialogue in all corners of the city.
- Facilitator Romina Casillo spoke about a pattern in the working group of being rushed and not being able to make advances in the group’s work. She asked participants to review and comment on the working documents for the previous guiding questions.

#### RESOURCES

##### HEALTH CHICAGO 2025 HEALTH ATLAS

[Link to data portal](#)

##### CHICAGO DEPARTMENT OF PUBLIC HEALTH – HEALTH CHICAGO 2025 WEBSITE

[Link to website with full report](#)

##### CDPH HEALTHY CHICAGO EQUITY ZONES.

[A new initiative launched by CDPH. Link to website](#)

##### EQUITYNYC

[New York City’s equity data portal](#)

##### THE NATIONAL ACADEMIES OF SCIENCE: FOR THE PUBLIC’S HEALTH: INVESTING IN A HEALTHIER FUTURE

[Funding Sources and Structures to Build Public Health](#)

**CHICAGO'S FOOD EQUITY COUNCIL AND AGENDA**

[Link to report](#)

**CHICAGO'S ETOD POLICY PLAN**

[Equitable Transit Oriented Development](#)

**NEXT STEPS**

- Team members will continue considering and sharing metrics for their policy suggestions.
- Facilitator Romina Casillo spoke about a pattern in the working group of being rushed and not being able to make advances in the group's work. She asked participants to review and comment on the working documents for the previous guiding questions.
- The next meeting will be March 22, 2022.