

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 and Safety, Meeting #4

September 21, 2021, 6:00 PM | 2 hours

Documented by: Erin Rusmi

---

### MEETING MATERIALS

[Agenda <Link to Agenda>](#)

[Presentation <Link to presentation>](#)

### ATTENDEES

- Romina Castillo
- Jazmine Valadez
- Alex Meixner
- Chloe Gurin-Sands
- Emily Harwell
- Jade Flagg
- Marlita White
- Todd Wyatt
- Wesley Epplin
- Catherine (Captioner)
- Alexandria Willis
- David Mena
- Francine Dillard
- Katelyn Johnson
- Sheri Cohen
- Victoria Barrett
- Kate McMahon
- Sophie Chishty
- Brianna Lawrence
- Elias Kassa
- Gloria I. Rivera
- Kelsey Di Pirro
- Stephanie Liou



MEETING GOAL

*The goal of the meeting was to edit the guiding questions and definition statement of the Public Health and Safety pillar with feedback from community members.*

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 | Structural racism is a root cause of health inequity in Chicago. The guiding questions are intended to help understand the impacts of a proposed policy through this lens.
- 2 | One participant was dissatisfied with the proportion of meeting time officials spent talking as opposed to listening to the community. She suggested materials be made available before the meeting, with a ten-minute overview and the rest of the two hours focused on community input and discussion. Several others agreed, out loud or in the chat, and facilitators seemed responsive.
- 3 | Outside of these pillar meetings, artists are facilitating activities to gather more pillar-specific community input on public health and safety.

## CONVERSATION HIGHLIGHTS

*“We don’t have a lot of access to different resources [...] in many ways we are looking at hopelessness [...] Even life expectancy, I’m going to keep harping on the asthma and the bronchitis because of the toxic waste dump down the street. We have a body of water, but because it’s buried by ugly trees that don’t have good smells, nobody can have a sense of an oasis [...] With the police targeting these particular communities, a lot of men and women, Black and brown, are being taken away from our families. The education system is not the best either [...] food swamps and food deserts, literally the list goes on, especially from the communities that I’m from, West Pullman and Roseland [...] They have to be part of the conversation. We can’t leave them out.”*

**Brianna Lawrence** | Organized Clutter and Design, Founder and CEO

*“Racial and economic injustices are root causes of health inequities, including violence. Advancing racial and economic justice is essential for reducing this and other health inequities.”*

**Wesley Epplin** | Health and Medicine Policy Research Group, Policy Director

*“Pretend that there was going to be an investment of a trail or some new land used for green open space. You could say, well, that’s great for health, because it might increase physical activity. It can be a safe place to gather for people and that increases social cohesion and sense of community. But if you applied a Health and Race Equity Assessment lens to that you could say, ‘Who is likely to receive those benefits and who is likely to be burdened?’ You might consider things like risk of displacement from gentrification and/or areas of the city that have been historically disinvested in, so those resources might not be available and accessible to folks. When you add those pieces you can see how we might be able to really shift and shape how policies are developed in a different way.”*

**Kate McMahon** | Chicago Department of Public Health, Director

*“Romina [Castillo] addressed again that today was another ‘talking at’ session where we barely had any time to really process anything. I’m just thinking for next session and all the sessions to follow, similar to school, that we would get the homework ahead of time. That means any of the breakout questions we’ll be asked we get that ahead of time, along with the material [...] I just want to be part of the storming process of what these questions are going to be when we are tasked to bring together communities to answer these questions [...] I don’t really feel like I’m contributing in this space.”*

**Brianna Lawrence** | Organized Clutter and Design, Founder and CEO

*“I really appreciated that equity requires us to change the way that we do business but we also have to repair the harm caused by the previous plans and the harm that has shaped the maps that we just saw [...] The city’s normal way of doing business is to throw some people in a room, talk at us, get some ideas—maybe—and then go into their own world to create policy. I’d also want to know what the commitment is to ensuring that the folks who are in this phase are a part of the policy setting next.”*

**Katelyn Johnson** | Black Roots Alliance, Executive Director

## NOTES

### Kickoff and Introductions

- Romina Castillo facilitated the meeting. Alexandria Willis and Gloria I. Rivera presented the Artists’ Report Out. Kate McMahon gave an overview of the Health and Race Equity Impact Assessment. Wesley Epplin spoke about overarching trends and next steps.
- The meeting started with participants reflecting on the question, “How have historical inequities impacted public health or safety in your neighborhood?”
  - “Access, exposure, life expectancy, obesity, diabetes, high blood pressure, asthma/bronchitis, mass incarceration, subpar education and the list goes on!” said Brianna Lawrence.
  - “Closure of public schools, especially elementary schools in neighborhoods of color, has hurt communities, community health, public health and, as a result, public safety,” said Victoria Barrett, CMAP.
  - “I live in South Loop and take care of patients from Pilsen, Bridgeport and Bronzeville and we are all still figuring out what to do with the recent closure of Mercy Hospital!” said Stephanie Liou.

- “Historical inequities have shaped who lives in the neighborhoods I’m from, what resources and opportunities are available to them and those neighborhoods, and whose priorities are put first,” said David Mena.

## Overview

- The first phase of the process was choosing the pillars in fall 2020.
- The current phase for fall 2021 is research and engagement. Two hundred eighty-five selected individuals and organizations are participating. Artist-led activities, designed to involve the wider community, are ongoing.
- The group intends to discuss policy recommendations in winter 2021.

## Artists’ Report Out

- Events that have taken place so far include a community brainstorming session on what could be done with a vacant corner and a yoga event to address the difference between health and wellness.
- An ongoing photo voice series asks people to capture health-related pictures of their day-to-day lives. A showcase and community conversation will take place on Saturday.
- Other engagement activities in the works include a board game in which participants first add health challenges (like depression or a death in the family) to the board, then fill remaining spaces with the resources needed to address them. Community members and healthcare workers will be invited to participate. “Our Role in Safe Communities,” a private conversation with police officers and Project Hood participants, will discuss participants’ roles and expectations for creating and maintaining a safe community. The Project Hood conversation will happen first, and the police officers will discuss the ideas that come out of that meeting.
- Brianna Lawrence suggested that the city could do a better job with outreach for these events. They could connect with schools, libraries, and other public institutions. With the city more actively spreading the word, the events may be taken more seriously and better attended.
- In response to Kate’s question, “Has anything surprised you?”, one of the artists spoke about school violence, such as huge brawls in the schools that adults aren’t breaking up. One prevention idea to come out of an engagement activity was for parents and grandparents to make lunch at the schools. This could strengthen bonds between families, schools, and communities, provide parents with job training, and provide students with meals that are closer to the diet of the community.

## Breakout Session

- Two breakout rooms made changes to the pillar’s guiding questions. The current draft of the guiding questions includes:
  - How can we ensure equitable, high-quality, trauma-informed, culturally responsive, and timely and ongoing physical and mental healthcare services?
  - How can we ensure equitable accessibility and safe freedom of movement?
  - How can we reallocate city funds, space, and resources away from the criminal legal system toward community-led public safety initiatives?

- How can we have an equitable distribution of the social determinants of health to address underlying root causes of health inequities?
- How can we promote environmental justice through equitable decision-making from planners, developers, and communities?
- How can we ensure an anti-racist lens in all decision making and institutionalize shared power, with accountability from elected and appointed officials?
- A third breakout room refined the definition of the Public Health and Safety pillar. After removing the wording “wellbeing and crisis” (because there have been numerous crises throughout Chicago’s history) the group threw out the old definition and started over. The drafting process emphasized language about health inequities.
- How do we address the root causes, level the playing field in terms of resources, and invest in a targeted way? How do we reframe what it means to be safe and recognize the interdependence between this and other pillars? One group member suggested bringing people to the table who relate to the issues from personal experience. They searched for verbs to include that signify “progress,” like “strive for,” “work toward,” “overhaul” or “redress.”
- The current version of the definition is: “We Will’s Public Health and Safety pillar seeks to acknowledge and correct the historical and contemporary injustices responsible for both health and safety inequities, and to create opportunities for every Chicagoan to be healthy and safe.”

### **Overarching Trends**

- These are trends relevant to all pillars and are meant to be addressed holistically with many agencies and stakeholders involved.
- Redlining - the loss of wealth due to predatory housing contracts that continues to harm the South and West sides of Chicago.
- Racism and multi-generational barriers to economic and social capital have resulted in a life expectancy gap of 8.8 years between white and Black Chicagoans.
- All the maps looked the same, highlighting the effects of racism and segregation in Chicago. Maps demonstrated investment measured by new building permits per capita, hardship measured by poverty rates, education, unemployment, and “other factors”, and neighborhood safety measured by the percent of adults who feel safe in their neighborhood.
- There has been an overall loss of Black Chicagoans, especially in long-established South and West Side neighborhoods, with some growth in other neighborhoods, including downtown. The white population has increased overall. The Latinx population has increased across the city, but decreased in historic neighborhoods due to gentrification. There has been growth in Asian population overall.

### **Health and Race Equity Impact Assessment (HREIA)**

- The discussion of how to integrate HREIA into We Will Chicago is ongoing.
- A slide titled “Understanding Root Causes” featured a pyramid with social inequities at the bottom, then, in ascending order, institutional inequities, living conditions, risk behaviors, death/ injury and mortality at the top.

- Equity is both an outcome and a process. The objective of the HREIA is to support equity as a process, using a set of questions to help understand the potential impacts of a proposed plan or policy and provide recommendations to make them more racially equitable, reduce harm, and maximize the benefits.
- The HREIA project team works with a 10-member Community Accountability Committee. The member groups are mostly on Chicago's South and West sides, with a variety of different areas of expertise.
- The top 5 guiding questions so far are:
  - How can we ensure equitable, high-quality, trauma-informed, culturally responsive and timely physical and mental healthcare services?
  - How can we ensure equitable accessibility and safe freedom of movement?
  - How can we reallocate city funds, space, and resources away from the criminal legal system toward community-led public safety initiatives?
  - How can we have equitable distribution of the social determinants of health to address underlying root causes of health inequities?
  - How can we ensure an anti-racist lens in all decision making and institutionalize shared power, with accountability from elected and appointed officials?
- The guiding questions will consider community-level impacts, like healthy and affordable food and preventative care, and individual or family level impacts, like chronic disease and "risk behaviors" such as substance use.
- An example of analyzing a new green open space proposal would look at potential benefits (it might increase physical activity and provide a place to gather) but apply health and race impact assessment and ask who will benefit or be harmed (maybe it will contribute to gentrification and the current residents will be pushed out instead of benefitting from the space).
- Use of the guiding questions will follow a process like this current draft:
  - Define the problem or opportunity
  - Acknowledge history
  - Shift power
  - Review numbers and narratives
  - Assess health equity
  - Measure the benefits and burdens
  - Embrace accountability and commit to action

### **How This Will Be Used**

- Alongside the HREIA, "historical reckoning" and "assets and opportunities" are lenses to be used for public health and safety planning.



- Another measure of health inequities is years of potential life lost. Some neighborhoods have a rate of 15,000+ years per 100,000 people, while some have fewer than 2,000 per 100,000 people.
- Inequities in exercise opportunity, food quality, pollution, work stress and general stress cause a disparity in heart disease mortality rates by ethnicity.
- Unjust policing and racial and economic injustices are root causes of violence.

## Open Discussion

- Facilitators asked participants what data on assets and strengths they would like to see at the next meeting. Some spoke about inequity comparison data they would like to see and another participant suggested changes to the meeting process.
  - “Where have people been forced to bank?” Marlita White asked. “Proximity to check cashing facilities, data on user fees, fines, seizures, and ticketing by community, and perhaps examples of community financed resources (case studies), beyond lives lost. Can we see impact of violent injury (such as permanent impairment, etc.)?”
  - “Mental health access details,” Stephanie Liou said.
  - “Public spaces, artists, murals in the communities (assets, way of showing assets), outreach data for mental health work in communities,” said Sheri Cohen.
  - “Impacts of policies on communities,” said Alex Meixner.
  - Brianna Lawrence requested material and questions ahead of time to allow for more discussion and less being ‘talked at’ in meetings, “I just want to be part of the storming process...” Lawrence said. “I don’t really feel like I’m contributing in this space,” She feels they need a centralized document for all info to be shared in.

## RESOURCES

### **Chicago United for Equity Racial Equity Impact Assessment (REIA)**

[The steps and questions of the REIA which will be used to consider the potential impact of each proposed policy on racial equity.](#)

### **Health and Medicine Policy Research Group's Trauma-Informed Policy Making Tool**

[An explanation and principles of trauma-informed policy making.](#)

### **Human Impact Partner’s Health Impact Assessment Guide**

[A handbook, published in 2011, for conducting a Health Impact Assessment.](#)

## NEXT STEPS

- According to the Pillar Meetings and HREIA Integration calendar, the next Public Health and Safety meeting will focus on assessing trends and conditions, introducing HREIA, and reviewing past plans. This seems a little repetitive to me, but I think it means introducing a more finalized version of the guiding questions that is less of a draft than today’s version.

- One meeting attendee, Brianna Lawrence, asked that reading materials be made available in a centralized document before each meeting, so the presentation portion can be less than ten minutes and the rest of the meeting can be used for discussion. Many participants agreed and the facilitators appeared to take this comment seriously.