

# Creating a Health Equity Agenda for the City of Chicago's 2019 Municipal Elections

Forum Report on Issues, Needs, and Policy Ideas

Health & Medicine  
POLICY RESEARCH GROUP

Authors:

Yuliana López and Wesley Epplin

## Introduction

On Wednesday, December 12<sup>th</sup>, 2018, Health & Medicine Policy Research Group (Health & Medicine) held a town hall meeting, *Creating a Healthy Equity Agenda for Chicago's Elections*, part of our *Chicago Forum for Justice in Health Policy* series. Health & Medicine convened approximately 100 stakeholders from a range of sectors including public health, housing, transportation, education, and health care, among others. Participants were invited to provide testimony and raise challenges to health equity that we hope new state and local leadership will address. Attendees were asked to identify overarching problems within their sectors and discuss their impact at different levels of government—neighborhood, city, county, regional, state, and national.

After the keynote address, working in small groups, participants discussed possible solutions to health inequities. In discussing possible solutions, attendees were asked to consider who is most affected by the identified issue and what groups of individuals must be involved when developing solutions. As a collective, attendees shared thoughtful ideas that aim to advance a health equity agenda for Chicago.

This report summarizes the most emergent issues and recommendations shared by participants. While the topics covered herein are expansive, this is not an exhaustive list of items for a health equity agenda. There were 43 written submissions and approximately 100 individuals were engaged. These issues were primarily derived from engaged participants, forum testimony, and written comments. They can be a beginning point for elected officials seeking to advance health and health equity more broadly. The report is divided into ten areas, each listing *Issues and Needs* as well as *Policy Ideas and Approaches*. In writing the report, the authors have sought to reflect the ideas of participants, to ensure that ideas align with

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**Health & Medicine** is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Co-founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. Health & Medicine conducts research, educates, and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people.

advancing health equity, to add necessary details as needed, and to remove ideas shared that did not seem to be aligned with health equity.

This report will be shared with mayoral and city council candidates, health equity organizers and advocates, and public agencies. We hope that readers and their organizations will use this as an opportunity to reflect on the inequities raised in this paper, their causes, and ideas for potential solutions, and to continue to work and organize to advance health justice for all Chicagoans.

### Understanding Health Equity

For the purposes of reading and understanding this report, the following definition of **health equity** may be useful, as it helps captures the degree to which just circumstances across people’s lived experiences are necessary for advancing health equity. This definition was developed by Dr. Camara Jones.

*Health equity is a process of assurance of the conditions for optimal health for all people. It requires at least three things: valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. Health inequities will be eliminated when health equity is achieved.<sup>i</sup>*

### Social Determinants of Health Framework

The **social determinants of health** are the “conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk.”<sup>ii</sup> Social determinants of health are shaped by the distribution of money, power, and resources.<sup>iii</sup> “**Structural determinants of health inequities**, more simply referred to as **structural inequities**, refer to the systemic disadvantage of one social group compared to other groups with whom they coexist and the term encompasses policy, law, governance, and culture and refers to race, ethnicity, gender on gender identity, class, sexual orientation, and other domains.”<sup>iv</sup> References to social identities are needed to highlight the ways in which structural inequities not only disadvantage some groups of people, but also advantage other groups and impact health outcomes and health inequities for everyone. These identities should be considered in relationship to systems of oppression, such as racism, class inequity, genderism, sexism, heterosexism, ageism, ableism, and nativism, particularly as we seek to develop equitable public policies and practice to advance equitable circumstances.

The following resources can provide more background on the relationship of social determinants of health and structural inequities to health equity:

- [A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2](#)
- [Beyond the Clinic: A National Health Equity Review Implications for our local safety net](#)

## Economic Justice

Ensuring all individuals have the economic resources needed to be healthy and support their families to live with dignity is necessary for health equity.

### Issues and Needs

- Current minimum wage is not sufficient for cost of living in Chicago
- Lack of employment opportunities based in communities
- Inequitable workers' rights, disproportionately affects workers of color and low-income workers
- Rise of contracted, temporary, and low-wage jobs that lack benefits, stable schedules, or opportunities for advancement has led to a massive increase in precariously employed individuals and both underemployment and unemployment
- Worker dissatisfaction and burnout
- Worker harassment and worker injury
- Lack of affordable childcare
- Protection, including worker safety and job security, for healthcare and home care workers
- Enforcement of paid sick day policies
- More paid civic opportunities for youth
- A stronger pipeline programs for youth to enter medical, health, and other top professions

### Policy Ideas and Approaches

- Ensure that all workers have access to the resources needed to live healthy lives, including a thrivable wage, health insurance, retirement benefits, paid sick leave, stable schedules, and protection from discrimination, harassment, and exploitation
- Establish a minimum, thrivable wage for all Chicagoans at \$15 per hour
- Create more job opportunities within communities, especially for youth
- Require mandatory minimum paid vacation and paid maternity leave, free education, and access to reproductive healthcare
- Assess employment opportunities within communities of color and form plans in response to unmet needs
- Support workers' rights to organize and unionize
- Free, universal public childcare and early education for all families, regardless of income
- Provide health insurance and other supports to stabilize the employment of community healthcare workers
- Use Tax Increment Financing (TIF) funding to create new employment for community members within their communities
- Help advance policy and initiatives to make workplace both healthy and safe
- Advocate for diversity in health workforce and workforce development more broadly
- Implement loan forgiveness or repayment program for health care professionals working in underserved healthcare areas

## Equitable Education

Health equity requires that all students' health, social, and emotional wellbeing is supported. Equitable education creates opportunities for people to participate fully in society, to have gainful and meaningful employment, and to support their own health.

### Issues and Needs

- Chicago Public Schools (CPS) do not receive equal distribution of services, resources, and quality education
- Inequitable opportunities and resources are clear between schools within communities of color versus schools in downtown area and north side
- Increase of lack in funds for majority of schools in communities of color
- Unhealthy and inadequate food options provided at schools with majority student body of color; students who must stay for extracurriculars go hungry most of the day
- Asthma-related school absenteeism is linked to lower academic performance, especially among students of color
- Low-income families cannot afford a high-quality education for their students
- Major decrease in number of certified school nurses, licensed practical nurses, and other clinicians at schools
- Shortage of social workers and counselors
- Lack of behavioral health care and mental health resources for youth
- Poorly funded school-based health centers
- Desperately need student health programs in schools
- Poor funding of after school programs for students attending underserved areas
- School closures in south and west side communities have largely impacted students and families of color

### Policy Ideas and Approaches

- Must establish an elected representative school board for CPS and City Colleges
- Increase budget for education, after school programs, special education, and parent-student health programs and classes
- Increase positions and fully fund full-time nurses, social workers, and mental health counselors at each school, especially in historically underserved communities
- Increase trauma-informed care; require trauma-informed training for all CPS staff
- Create incentives for teachers of colors to work at underserved communities such as loan forgiveness programs and mentorship
- Ensure all schools provide healthy lunch options to their students; provide dinner options for students staying for extracurriculars
- Increase number of school-based health centers
- Use schools to provide after-school mental health services for students, their families, and other community members
- Pull money from City's policing budget (\$4 million/day) to invest in neighborhood safety efforts, mental health services, youth jobs and recreation
- Incorporate public health and social justice into school curriculum

*"We had 300 certified school nurses serving 600 public schools; now, we have 110 serving about 500 schools."*

*—School nurse*

## Environmental Justice

Health equity requires that living and working environments are safe for all individuals. Healthy, safe social and physical environments affect the overall health of the community. The built environment influences health by providing or preventing opportunities for physical activity, adequate transportation, and social connectedness.<sup>v</sup>

### Issues and Needs

- Toxic air pollution and other environmental health hazards are disproportionately prevalent in low-income communities and communities of color<sup>vi</sup>
- The Better Government Association and Natural Resources Defense Council released a citywide map demonstrating heavy presence of scrap yards, distribution warehouses, and other polluting businesses in communities with large concentrations of African Americans and Latinx families<sup>vii</sup>

*“Any health equity agenda would be incomplete without ensuring that environmental justice is included as a health priority”*

—Nurse

- Families of color are disproportionately affected by nearby manufacturing and transportation-related developments
- Many of Chicago’s industrial corridors are located near parks and residential neighborhoods, home to families of color
- High lead exposure in paint in older homes contribute to lead exposure; unrepaired lead service lines lead to lead in drinking water
- Disinvestment in healthy built environment in communities of color including parks, streets, sidewalks, and other public spaces
- Lack of safe space for community building and engagement
- Numerous city-owned abandoned buildings within low-income communities negatively affect the safety and environment of the community

### Policy Ideas and Approaches

- Institutionalize health equity in all policies by, for example, requiring health equity impact statement for policies under consideration
- Uphold the tenets and principles outlined in the Executive Order 12898—Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations<sup>viii</sup>
- Rethink planning and zoning policies that have placed polluting factories within impacted communities; environmental justice advocates, researchers, and community members must be present in policy development
- Require environmental monitoring of areas impacted by pollution and enforce anti-pollution laws
- Stop locating polluting industries and waste disposal sites in low-income communities
- Increase funding for Lead Poisoning Prevention program and citywide remediation
- Support healthy community building by funding air, water, and land cleanup programs
- Invest in public space development such as parks and streets in south side and south-west communities
- Perform walkability assessments
- Invest in the infrastructure of abandoned city-owned buildings and use them for community programming and building
- Pass an ordinance for proactive apartment rental inspection program
- Create safe spaces within communities of most need

## Healthy Food Access

Ensuring all individuals have access to healthy and affordable food within their communities is essential to health equity.

### Issues and Needs

- Communities of color do not have large supermarkets within walking distance
- Lack of healthy and affordable food in underserved communities remains a challenge in many parts of Chicago

### Policy Ideas and Approaches

- Expand public services assistance and conduct food insecurity screening in low-income communities
- Promote good food purchasing programs
- Improve food quality for students

## Transportation

Health equity requires ensuring all individuals have safe and affordable access to transportation to access needs.

### Issues and Needs

- Lack of transportation to access healthcare needs
- Transportation access is not equitable for all Chicagoans
- Areas that lack transportation access also have lack of jobs and opportunity, and transportation should link people to jobs

### Policy Ideas and Approaches

- Provide transportation to help people access healthcare needs—clinics, hospitals, health centers
- Expand public transportation and access
- City needs to invest in innovative, regional transportation improvements
- Increase public transportation and increase employment and opportunity in disinvested communities

## Governance, Systems, and Agencies

Strategies at the governance, system, and agency level can ensure equitable policies, strategies, and approaches to improve the health of all individuals.

### Issues and Needs

- Lack of City Council accountability and transparency
- Siloed systems and communities are slowing and hurting progress towards health equity
- Crisis intervention services are siloed
- Lack of community input and representation on important health discussions
- Over-policing of communities of color
- Structural violence, including systemic racism such as racial profiling
- Years of unaddressed trauma
- Social isolation, particularly for older adults and people with disabilities
- Increase of suburban poverty as people are displaced from the city

*“Elected officials must figure out how can we lift up the entire system to better serve families and have communities at the table when they implement policies”*  
—Community organizer

### Policy Ideas and Approaches

- Require quorum for all City Council votes
- Better transparency for City Council, such as by having a webcast of all City Council and committee meetings and make available online
- Inner city communities and leaders must work with suburbs to learn from each other
- City should collaborate with appropriate sectors to invest in health programs and promote health and wellness
- Chicago Department of Public Health needs to be involved and have a higher presence within communities
- City should state their opposition to pending changes to the federal "public charge" rule, protect sanctuary cities from federal reprisal, and expand access to IL benefit programs
- City should work with Chicago Police officials to prevent profiling by police
- Eliminate the loopholes which permit Chicago Police Department (CPD) to cooperate with Immigration and Customs Enforcement (ICE) in terrorizing and deportation; CPD should stop sharing people's information with third parties such as ICE
- City leaders must acknowledge structural violence caused by structural determinants of health inequities and systems of oppression to move toward equitable policies and leadership
- City needs stronger commitment to becoming trauma-informed
- City needs to acknowledge our history to find common solutions
- Build space for consistent communication between community members and policymakers to discuss safety and health
- Build connections and coalitions to create changes and ensure representation
- Make eliminating racism a priority for Chicago by setting benchmarks, collecting data, and conducting analysis of progress on regular basis; see racial equity impact assessment conducted by King County, WA as an example



## Health Inequities

Health inequities are differences in health status and outcomes that are unfair, unjust, and remediable. Advancing health equity, by definition, requires readdressing health inequities.

### Issues and Needs

- Health inequities are longstanding in Chicago and are caused by systemic inequities and systems of oppression
- Inequities in healthcare services and health outcomes are disproportionately experienced by people of color
- 17-year life expectancy gap across community areas in 2016<sup>ix</sup>
- Healthcare is often unaffordable for low-income residents
- Lasting impacts of city's 2012 mental health clinic closures
- High rates of chronic diseases—diabetes, heart disease, stroke, and obesity—in communities of color
- City's asthma hospitalization rate among children, 0-5 years of age, is double the national rate, with African American and Latinx children disproportionately affected
- Lack of access to urgent care facilities and culturally-competent interpreters in healthcare settings
- Disinvestment and underinvestment in community mental healthcare needs

### Policy Ideas and Approaches

- Provide healthcare coverage for all, including undocumented adults, and ensure improved access to care in Medicaid
- State needs to move toward single-payer, universal healthcare for all Chicagoans, regardless of immigration status
- Improve the Medicaid eligibility determination and renewal system
- Increase reimbursement rates to secure participation of additional providers in Medicaid
- City can fund community-based outreach and enrollment assistance
- Invest in health programs in underinvested areas of the city
- Provide health educational programs, especially related to mental health and refugee trauma, for community members and health professionals
- Increase funding and staffing for healthcare safety-net services
- Provide re-entry support services to residents returning from the justice system upon their release including housing, job training, and mental health services
- Conduct a city-wide analysis to identify healthcare shortage areas
- Invest in interpreters, and enforce rules that do not allow for provider to discuss health concerns in another language from patients
- Fund mental health services and school-based violence prevention programs



## Equitable Housing

Ensuring all people have healthy and affordable housing that supports their wellbeing is essential for health equity.

### Issues and Needs

- Rent has drastically increased in communities of color leading to rapid displacement and gentrification
- Lack of affordable, healthy housing for families
- Red lining, disinvestment, racism, and segregation are perpetuated to this day
- Stigma around affordable housing creates another layer of difficulty in navigating the housing system
- People cannot afford housing, and available affordable housing does not reflect family needs
- Many older homes contain lead in paint and water pipes
- City's planning does not reflect the needs of community
- Loan access remains inequitable, impossible for many low-income families
- Segregation negatively impacts distribution of resources, opportunity, and wealth

*"This is a story of two cities: the north side and south side."  
—Community member*

### Policy Ideas and Approaches

- Make public, healthy, equitable, diverse housing a policy goal
- Need affordable housing options that include two to three bedroom units for families (truly family-sized housing)
- City needs to support legislation that would lift the ban on rent control

- Once Illinois law is changed, pass rent control in Chicago
- Pass ordinance that would list what can be considered as just causes for evictions
- Require developers to build affordable housing in all developments
- City needs to acknowledge redlining, disinvestment/underinvestment, and racism underlying our lack of affordable housing
- Need investments in affordable housing for communities experiencing gentrification
- Remove stigma around what is defined as affordable housing
- Demand no "offsite affordable housing", no buyouts for Affordable Requirements Ordinance
- Set aside land for public housing
- Healthcare and hospitals paying for housing programs may be able to be expanded (example: UI hospital paying for housing)
- Invest in housing across south and west sides
- Need a strategic plan that replaces/repairs infrastructure that adds lead to our water
- Provide remediation grants and proactive inspections to identify homes with lead hazards poisoning
- Create green jobs for Black and Brown communities by building infrastructure including remediation of lead contamination
- City housing plan needs to reflect the needs of the community, including affordable wages, and secure necessary funds to accomplish goals
- Improve access to housing loans for people who have been historically left out of such opportunities
- Create opportunity for collaborations between different wards and neighborhoods to work on housing issues

## Tax, Budget, Funding

Advancing health equity requires ensuring tax systems and budgets are equitable for all neighborhoods and investing in underserved communities.

### Issues and Needs

- Need secure funding for transportation services for all communities
- Local taxes with a regressive impact are increasing, which contributes to Black and Brown and low-income families leaving Chicago
- Current overall tax structure is inequitable, with Illinois' state and local taxes ranking 8<sup>th</sup> most regressive nationally<sup>x</sup>
- Flat income tax at state level is a problem and is inequitable
- Tax system needs to redistribute wealth to promote equity for lower income people and the working class
- Lack of sufficient revenue contributes to poor funding of safety net services and austerity budgeting
- Unfair disinvestments in communities of color is evident in public spaces, including schools, parks, and stores

### Policy Ideas and Approaches

- Reconfigure the tax structure to raise taxes on higher income earners and lower taxes on middle and lower income earners by: 1) Instituting a progressive income tax system at the state level, and: 2) Fixing the broken property tax systems, which has been shown to be unfair, burdening people of color (structural racism) and people living in poverty (classism)<sup>xi</sup>
- Increase funding for safety net services
- Reform use of Tax Increment Financing (TIF) by: 1) Using TIF funding to fund new primary care facilities with mental and dental health included based on need; 2) Allow use of TIF funds for health, both physical and mental, services in schools; 4) Have transparency with TIF funding decisions; 5) Require TIF funds to be used for our schools, parks, and other spaces of public engagement; 6) Redistribute TIF funding from downtown area to the south and west sides; and 7) Use TIF funding and other state funding to create more jobs
- Invest in basic infrastructure—parks, schools, streets in an equitable manner
- Public parks need to have equitable programming in all parts of the city, and the city parks must be held accountable for providing such programming

## Equitable Health Services

Ensure that health services that keep communities healthy and safe are prioritized.

### Issues and Needs

- There are many areas where healthcare is inaccessible in terms of geographic access, quality care, and services
- Lack of early childhood health services
- Need better training for the people who serve Chicagoans and to increase hiring from communities
- Need more access to speciality care—mental health and oral healthcare
- Need financial support for healthcare staff
- Lack of funding for substance abuse programs and support
- Some healthcare clinics do not want to see patients with Medicaid
- Lack of mental health support; the 2012 closure of mental health clinics in communities of color has hurt our communities

### Policy Ideas and Approaches

- Expand key early childhood services (Early Intervention and Family Home Visiting)
- Train police and others that serve the City to better handle mental health cases
- Ensure the healthcare needs of uninsured, immigrants, minorities, veterans, and LGBTQ+ groups are met
- Increase funding for behavioral health services, oral health services, case managers, and navigators
- Need to increase and promote free care/walk-in care services throughout City
- Increase funding to FQHC and other healthcare organizations to strengthen the safety net
- Pass incentives for health care systems to invest in underserved communities
- Provide training of FQHC staff in evidence-based interventions such as mindfulness, meditation, and yoga
- Have Medicaid reimburse for holistic services such as non-medical health and wellness services
- Improve coverage via Medicaid program by funding navigators to help people enroll
- Create and maintain programs to educate populations about health and accessing care (students, elders, church, etc.)
- Increase health literacy workshops
- Expand primary care to include mental health and dental services
- Ensure adequate incentives for providers to choose to become mental healthcare providers, such as loan forgiveness for providing services at schools
- Rebuild community mental health infrastructure
- Expand oral healthcare coverage and services

## Closing & Acknowledgments

Achieving healthy communities requires political engagement to reach the three requirements of health equity: 1) Valuing all individuals and populations equally, 2) Recognizing and rectifying historical injustices, and 3) Providing resources according to need. To advance our progress towards an equitable city, building power to demand equitable distribution of resources is essential. Those affected by these issues and inequities must be at strategic planning tables. New opportunities for collaboration and support for a more equitable Chicago will present themselves as a new Mayor and many new City Council members take office.

Health & Medicine remains excited about the prospects of a more equitable Chicago and that this forum report may be useful to others seeking to advance health equity and social justice in public policy and practice.

Health & Medicine would like to thank forum attendees for their time and feedback in sharing their input for a health equity agenda. We acknowledge those working to advance health equity to better the health for all. We also wish to thank the Chicago Community Trust and Polk Bros. Foundation for their support of the *Chicago Forum for Justice in Health Policy*.

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