

Memo to the Transition Team
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Health and Human Services Transition Committee

Prompt: Define and operationalize the optimal role for the Chicago Department of Public Health

Potential Initiative:

Building on the health equity commitment advanced in CDPH's Healthy Chicago 2.0, create an Office of Equity and Social Justice with Cabinet-level status that would have all departments represented and report directly to the Mayor.

By infusing equity, transparency, accountability, diversity, inclusion, and transformation, the initiative would ensure that all of these values are "baked into" the policies and operations of our city across departments.

As Dr. Camara Jones, the former President of the American Public Health Association says:

"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."

Within the first 100 days of the Mayor's tenure, she can establish an Office of Equity and Social Justice, and begin the search for the right person to lead the team.

The Office can be modeled off of the Seattle King County office of Equity and Social Justice.

The Chicago Office should be charged with developing a strategic plan that focuses on the goal of creating a city in which structural racism and historical discrimination are squarely faced, all people have equitable opportunities to thrive, and investments are made:

- upstream where needs are greatest
- in community partnerships, and
- in employees.

And done with accountable and transparent leadership.

The Office should reflect the best of our city's shared values. Policies that are fair, inclusive, collaborative, responsive, adaptive, transparent and people focused will be positioned to address root causes that allow racist, homophobic, sexist, anti-immigrant, and religious prejudice to fester without being reactive to problems and crises. In that way, instead of communities being left behind or forsaken, a better quality of life and greater prosperity in all of our communities will be front and center.

After the first 100 days, the Office should be tasked with developing tools and resources to guide the city's agencies. The Office will be responsible for conducting an Equity Impact Review tool to identify, evaluate and communicate the potential

impact of a policy or program on equity. Other tools can include a community engagement guide, translation and interpretation resources, and an implicit bias toolkit.

So many of the city's thorniest problems can be addressed through cross-department collaborations and shared values that are examined and developed through an equity-in-all-policies approach.

- **Violence prevention:** The policy will allow for the recognition that to address violence in our city we need to collectively work on strategies in public health, education, restorative justice, policing, and housing.
- **Lead:** The policy will demand coordination to address lead paint in housing (the leading cause of lead poisoning and addressed in part through proactive housing inspections) between the health department, the housing department and the Chicago Department of Family Support Services.
- **Making Chicago a "livable city for all":** New York in particular has committed itself to becoming an age-friendly city, thereby a livable city for all residents. This involves policy and program development collaboratively created by the department on aging, disability, transportation, streets and sanitation, public health and housing.
- **Supporting people returning from prison to thrive:** The vast majority of people released from prison are returning to primarily the most disinvested communities in our city. To support these individuals, collaboration between housing, workforce development, community development, CPD, and public health at a minimum will be required.
- **Compassion fatigue and worker burn out:** First responders, healthcare workers, teachers, police and other public and private workers are suffering, burning out, and committing suicide at alarming rates. Responding to their trauma is critical and will require a collaboration between public health, family and support services, education, CPD, and others.
- **Workforce readiness:** We have growing needs for a well-educated and prepared workforce and we are not producing the diverse quantity or quality of people ready to serve in many of the available jobs. We need a coordinated, creative set of policies that will require investment and collaboration between education, workforce development, and transportation.
- **Becoming a trauma-informed city:** CDPH has taken bold steps toward creating a trauma-informed city. These efforts to modify both policy and program must be supported and expanded throughout all city departments.
- **Economic development in Chicago's neighborhoods:** Addressing economic development will require an appreciation of innovative assets-based research by the transportation, economic development, workforce development departments and more.
- **Regional leadership around critical issues (Great Lakes, economy, etc.):** The city faces regional challenges such as demographic shifts of people of color leaving the city, regional transportation coordination, and public health imperatives that cross city/county boundaries.

These are just a few of the issues facing our city where solutions and remediation will be most successful if we take an equity lens to policy development and if we require departments to work collaboratively and with community voices at the table.

Challenges: Taking an equity-in-all-policies approach to improving the health and vitality of all residents and communities will be threatening to the status quo. It will inevitably require allocating TIF and other public funding in new ways. It will require departments that haven't worked together to address problems collectively and this will be uncomfortable.

Health & Medicine Policy Research Group stands ready to assist the new administration to implement this and other health and human service reforms.