



# **Healthy Chicago 2.0:**

***Working in Partnership to Achieve Health Equity***

**Saint Anthony Hospital Community Health Improvement  
Committee**

**September 15, 2015**

*Jaime Dirksen, Managing Deputy Commissioner*

*Sheri Cohen, Senior Health Planning Analyst*

# Presentation Outline

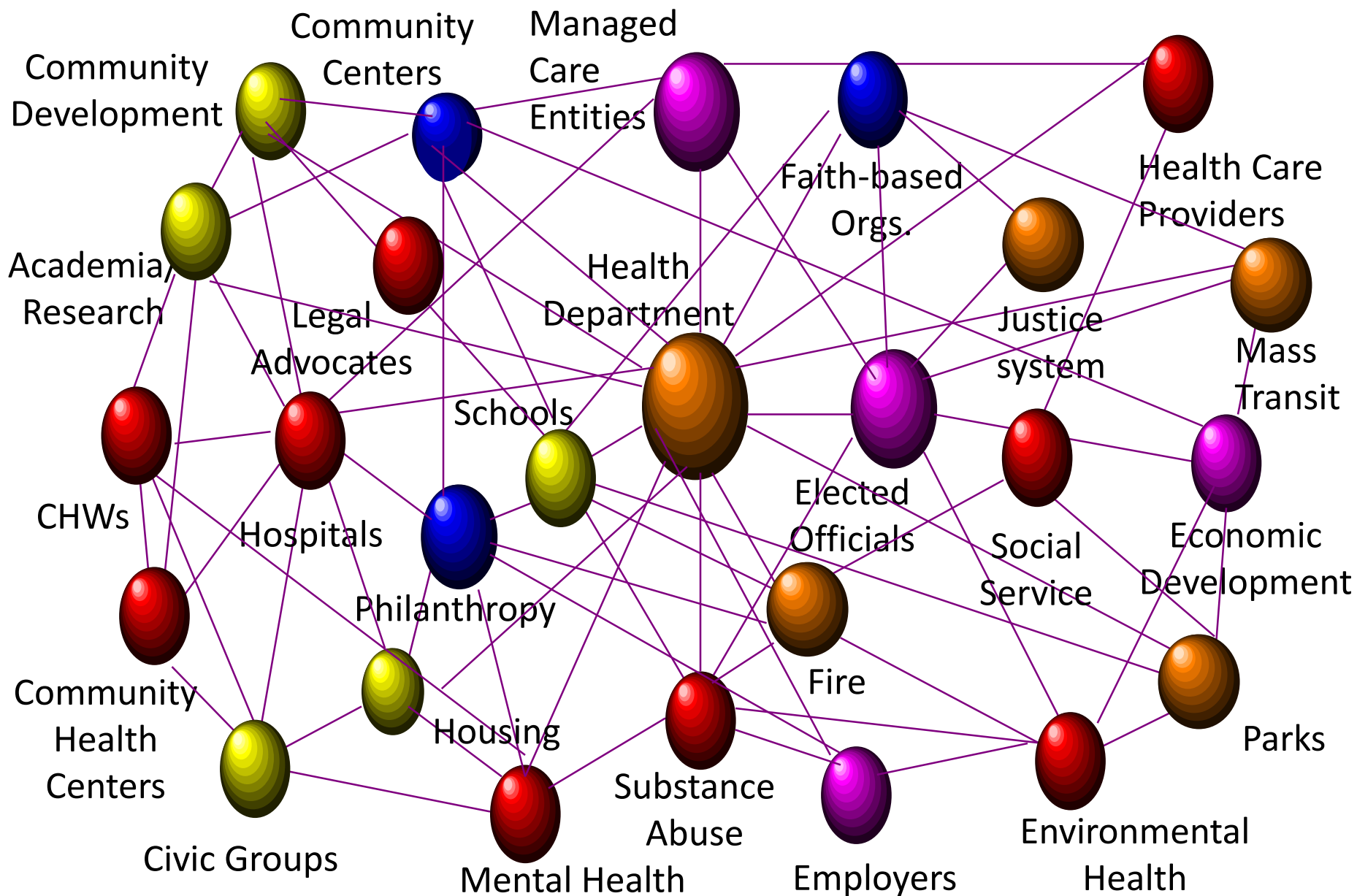
- Chicago Department of Public Health
- Overview of Healthy Chicago 2.0
- Small Group work
- Report out and Discussion

# Community Health Assessment and Improvement Plans



- One of the Ten Essential Public Health Services
- Required component:
  - Public Health Accreditation
  - Illinois Local Public Health Department Certification
- Collaborating with hospitals on assessment and planning efforts:
  - Healthy Chicago Hospital Collaborative
  - Health Impact Collective of Cook County

# Local Public Health System



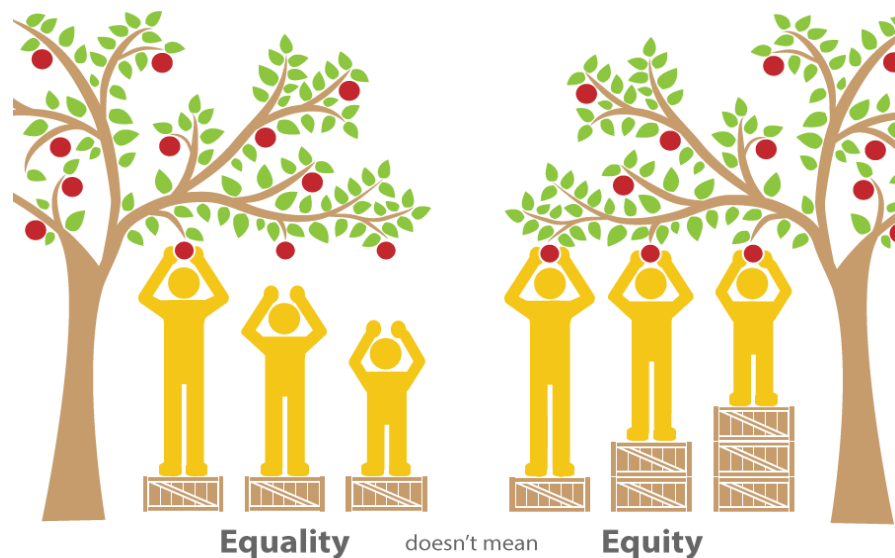
# Partnership for Healthy Chicago



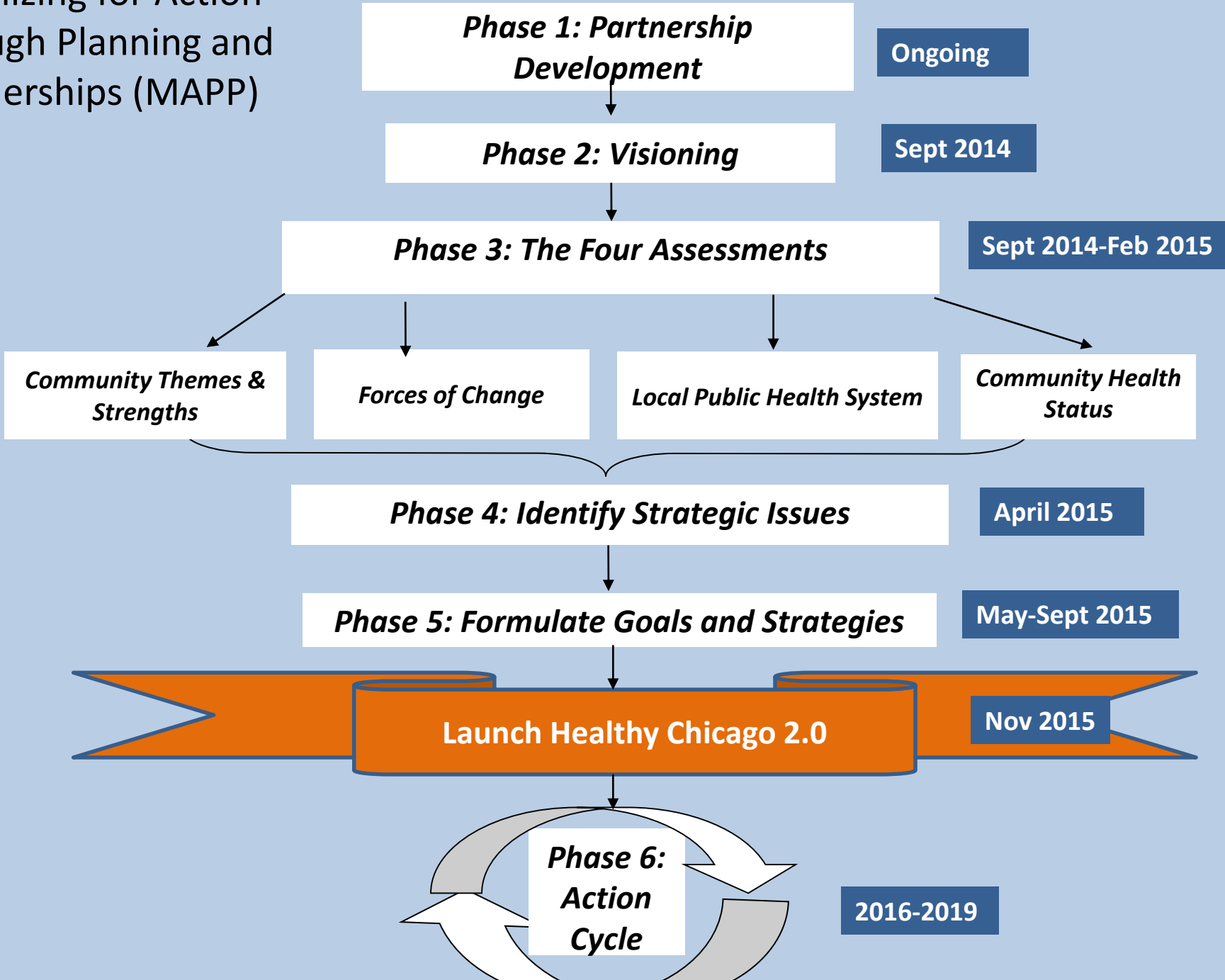
# Healthy Chicago 2.0 Vision

*“A city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being”*

## Focus on Health Equity



# Mobilizing for Action through Planning and Partnerships (MAPP)



# Community Health Status Assessment

**Goal:** To analyze community health & quality of life indicators.

## **Process:**

- ~10 million records of health data (2001 -2014)
- Data Committee and UIC School of Public Health
- Social determinant lens to health data at the neighborhood level

## **Use of indices to identify inequities:**

- Social and Economic Hardship Index
- Child Opportunity Index
- Educational Opportunity Index



# Community Themes & Strengths Assessment

**Goal:** To obtain feedback from community and other stakeholders on:

- Strengths/attributes of neighborhood/Chicago
- Barriers to health and well-being
- Strategies to improve health

**Process:** Mixed Data Collection Methods

1. Community Conversations (~ 300 participants)
2. Online Neighborhood Survey (~1,000 respondents)
3. Smaller focus groups (~50 participants)
4. Oral Histories (5 participants)

In collaboration with University of Illinois at Chicago School of Public Health

# Forces of Change Assessment

**Goal:** To identify forces (trends, factors, or events) that are or will influence the health and quality of life of the community and the local public health system.

- Threats
- Opportunities

## **Process:**

- Gathered data at Community Conversations
- Partnership for Healthy Chicago further developed responses

# Local Public Health System Assessment

**Goal:** Score the system's capacity to perform the Ten Essential Public Health Services, including: strengths, Weaknesses and opportunities



## Process:

- Convened 75 public health stakeholders and subject matter experts for day-long meeting on Feb 24, 2015
- Worked in 5 groups to discuss and score the system

# Identified Strategic Issues

- Overarching strategic issues emerged from all four assessments and vision
  - Three Community Conversations
  - Partnership for Healthy Chicago
- Partnership and CDPH staff ranked strategic issues

*Strategic Issue:  
Fundamental  
policy choice or  
critical challenge  
that must be  
addressed for a  
community to  
achieve the vision*

# Sixteen Strategic Issues

- Improve **community safety**
- Improve **access** to/seamless continuum of **healthcare/social supports**
- Improve community health through **advocacy, leadership & community involvement**
- Engage/align system partners to inform **funding, programming, and collaboration**
- Drive **economic development** for marginalized populations and communities
- Reduce **chronic disease disparities**
- Improve **mental health system**
- Strengthen **data accessibility**, collection efforts and dissemination
- Increase access to **affordable and safe housing**
- Employ innovative **communication strategies** to reduce inequities and improve health
- Build on **strengths and assets of communities** and building community capacity
- Ensure **the decision makers/government, funders and leadership** work to reduce inequities
- Advocate for equitable **educational policies and funding**
- Develop a collaborative city-wide **public health research agenda**
- Improve **maternal, infant, child and adolescent health** status
- Reduce & control **infectious diseases**

# Ten Action Areas

1. Access to Health Care & Human Services
2. Chronic Disease Prevention & Control
3. Community Development
4. Data & Research
5. Education
6. Infectious Disease
7. Maternal, Infant, Child & Adolescent Health
8. Mental Health & Substance Use
9. Partnerships & Community Engagement
10. Violence & Injury Prevention

# Action Teams

- Created Action Teams for each priority area
  - Solicited stakeholders/community residents
  - Over 200 individuals participated in Action Teams
- Teams meet from May-August to develop specific goals, objectives and strategies for their action area
- Teams are prioritizing strategies and finalizing measurable outcomes

# Possible Plan Outcomes

## **System Improvements:**

- Increase capacity of health services/supports to achieve health equity
- Develop a Chicago-wide health research agenda
- Improve surveillance of community-level screening for specific cancers, hypertension, diabetes, adult obesity

## **Health Status**

- Decrease preventable hospitalizations
- Increased perceived health status

## **Policy Work**

- Pass a Health in All Policies resolution
- Be a Trauma-informed City

## **Community Conditions**

- Increase the number of Chicagoans living in stable, safe, and healthy housing.
- Improve economic opportunity



# Food Access-- Are you

A-currently implementing

B-interested in implementing

C-interested in leading

- **Monitor and support licensed childcare centers to comply** with requirements put forth in **Rule 407** (IL-DCSF licensing requirements) related to nutrition, physical activity, screen time, and breastfeeding
- Implement strategies to **decrease the relative price differentials between healthy and less healthy foods and beverages.**
- **Improve access to retail stores that sell high-quality fruits and vegetables** or increase the availability of high-quality fruits and vegetables at retail stores in underserved communities
- Monitor and support the **implementation of new USDA Smart Snacks in schools**
- **Promote and support schools** to implement the nutrition-related elements of **CPS's School Wellness Policies and Learn Well.**
- **Increase the capacity of school staff to implement nutrition education** strategies and **promote fruit and vegetable consumption** through professional development opportunities and nutrition education/promotion materials that can be distributed and/or displayed in schools
- **Implement an excise tax on sugar-sweetened beverages** across Illinois with a portion of the revenue going to obesity prevention and preventive services

# Physical Activity-- Are you:

A-currently Implementing

B-interested in implementing

C-interested in leading

- Monitor the implementation of **Chicago's Complete Streets policy** and **codify it through city ordinance**
- **Increase the use of DIVY bikes** for work-related transportation by expanding use among low-use populations
- **Support improvements to the built environment** through transportation and land use policies, plans and projects that enable safe, routine walking, biking and transit use for daily travel.
- **Maintain daily physical education (PE) in K-12.** Quality PE for 30 minutes/day (elementary schools) and 45 minutes per day (secondary), At least half of which is MVPA, This can be accomplished by implementing Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting less active games with more active games). Physical education lesson plans that incorporate fitness and circuit training activities. Additional school-based MVPA could be implemented through recess and dedicated classroom PA, e.g., classroom PA breaks or active lessons

# Other feedback

- What do you see that is missing?
  - Policy opportunities?
  - Public awareness campaigns?

# Next Steps

- Conduct Community Feedback Sessions
- Online plan review and feedback
- Release Healthy Chicago 2.0 in November
  - Launch event
  - Community launch events
- Develop detailed work plans for each Action area for Year 1
- Monitor implementation
- Share Progress Annually

# cityofchicago.org/health

**HEALTHY CHICAGO**  
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Department Facts

About Us:  
Mission  
Leadership  
Our Structure

City Services

I Want To...

- Apply For
- Check Status Of
- Find/Get
- Pay For/Buy
- Register
- Report/File
- Request
- Sign up for/Volunteer

CDPH Quick Links

- Join Email List
- Freedom of Information Request (FOIA)
- Healthy Chicago 2.0**
- Household Chemicals & Computer Recycling

Department: Public Health

Featured Services and Programs

- Healthy Chicago: Transforming the health of our city
- Influenza: Information about Influenza
- Bed Bug: Bed Bug Education

GET THE FACTS:  
INVASIVE MENINGOCOCCAL DISEASE

Alerts (Public Health)

- May 12, 2015 Applications are Being Accepted for Consumer Peer Request for Proposal - Healthy Families of Illinois P
- Jun 5, 2015

Most Recent News (Public Health)

- Jun 8, 2015 City of Chicago Proclaims June 5 as National Long T Day

City of Chicago The City of Chicago's Official Site

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Keyword Search

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City Service

Service Facts

Department: Public Health  
Healthy Chicago

City Services

I Want To...

- Apply For
- Check Status Of
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- Register
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- Request
- Sign up for/Volunteer

Service

## Healthy Chicago 2.0: Community Health Assessment and Improvement Plan

**OVERVIEW**

This plan, Healthy Chicago 2.0, is utilizing the "Mobilizing for Action through Planning and Partnerships (MAPP)" model, which was developed by the Centers of Disease Control and Prevention (CDC) and the National Association for County and City Health Officials (NACCHO). Healthy Chicago 2.0 is a four year plan that will outline goals and strategies for Chicago Department of Public Health (CDPH) and public health stakeholders to implement and work towards improving the health of Chicago residents and communities.

**HEALTHY EQUITY FOCUS**

The plan development process and implementation will have a special health equity lens to address disparities and inequities among vulnerable populations and improve health status for all. Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life, quality of life, rates of disease, disability, and death; severity of disease; and access to treatment (Centers for Disease Control and Prevention).

**PARTNERSHIP DEVELOPMENT**

The Partnership for Healthy Chicago (Partnership) is a public-private partnership of stakeholders working to strengthen the public health system. The Partnership first convened in 1998 as part of the National Turning Point Demonstration Project through the W.K. Kellogg and Robert Wood Johnson Foundations and has continued to meet since then, conducting several strategic plans and implementing the priorities identified within the plans.

Members of the Partnership represent entities that contribute to the health of the city residents, including: governmental agencies; provider, hospital, health center associations; schools and academia, research and policy organizations; faith and business communities; and community and social service organizations. The Partnership for Healthy Chicago is co-chaired by the CDPH and one partner organization. CDPH staffs the Partnership.

**COMMUNITY THEMES & STRENGTHS**

An analysis of community feedback on the strengths and areas for improvement in their community and Chicago. Data was collected through an online survey, focus groups and

Department Main Office  
**Public Health**  
Phone: 312.747.9884  
Toll Free:  
TTY: 312.747.2374

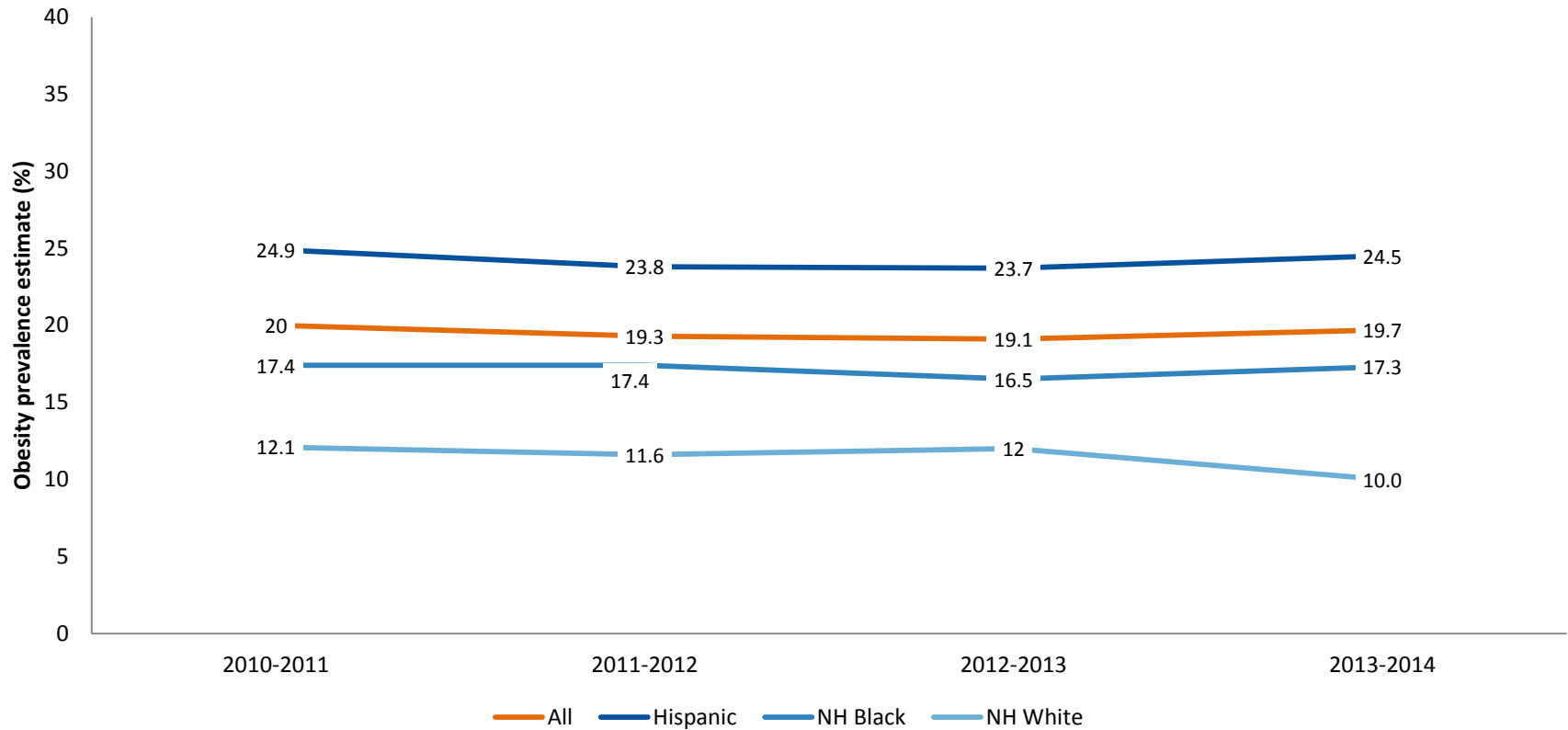
Contact Us  
333 S. State Street  
Room 200  
Chicago, IL 60604 (For 24-hour assistance or to report a public health issue, call 311.)  
Get Directions

Map

# How to get involved

- Sign up for Healthy Chicago 2.0 listserv
- Promote strategies identified in 2.0
- Attend a community launch event
- Own a strategy and join an Action Team

# Obese, Kindergarten



## Gender

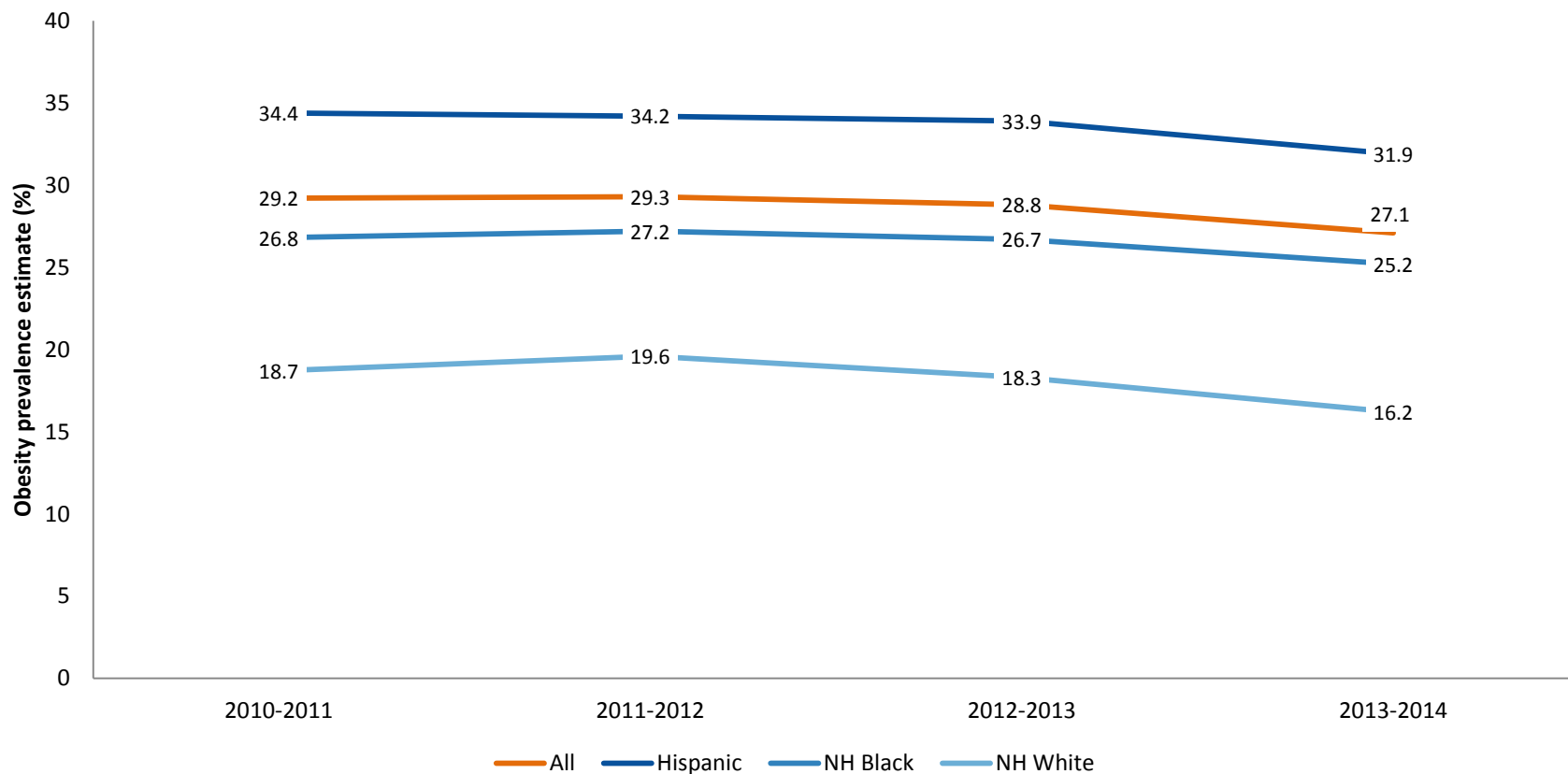
Male	20.5%
Female	18.8%

## Race-Ethnicity\*

Hispanic	24.5%
NH Black	17.3%
NH White	10.0%

\*Significant difference

# Obese, 6<sup>th</sup> grade



## Gender\*

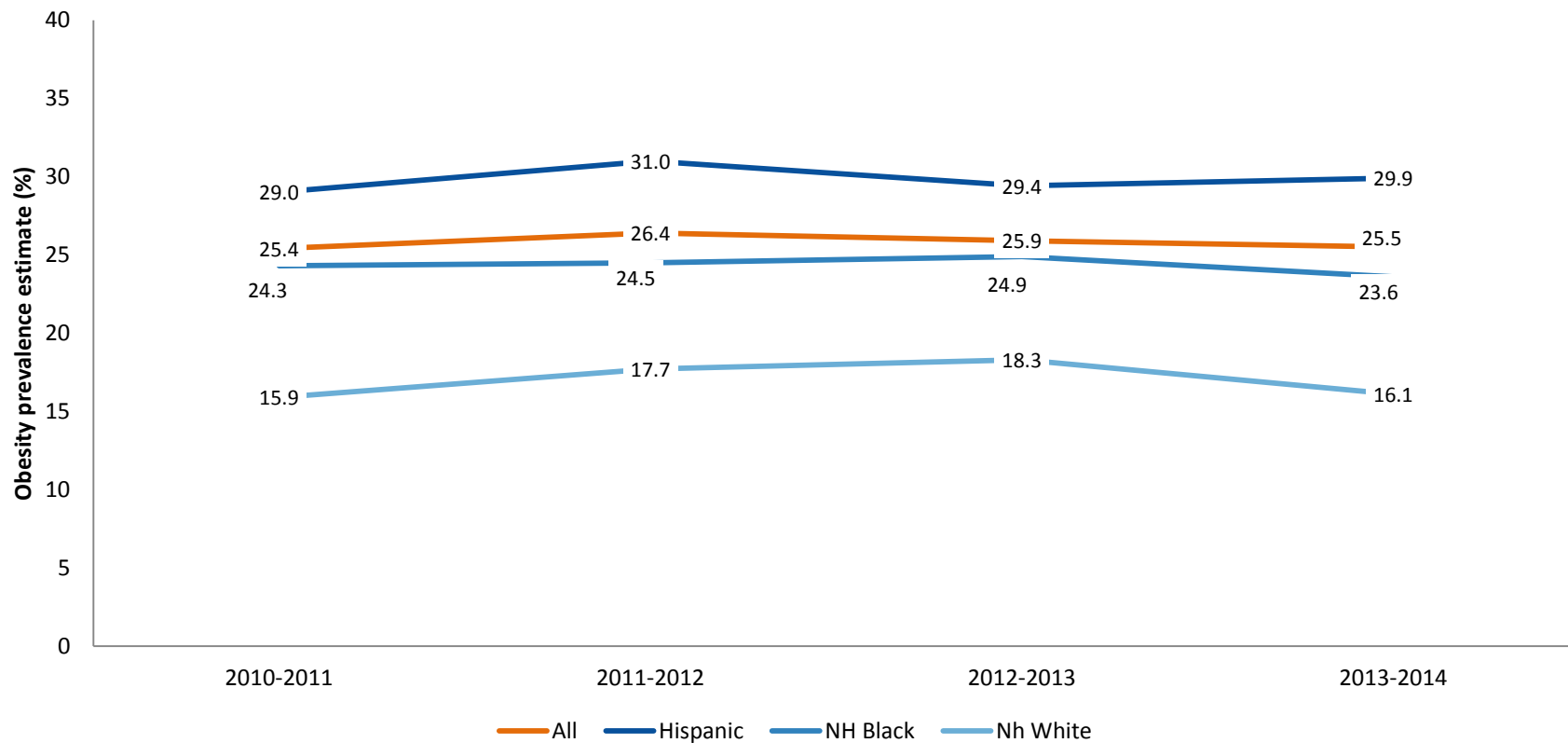
Male	29.7%
Female	24.5%

## Race-Ethnicity\*

Hispanic	31.9%
NH Black	25.2%
NH White	16.2%



# Obese, 9<sup>th</sup> grade



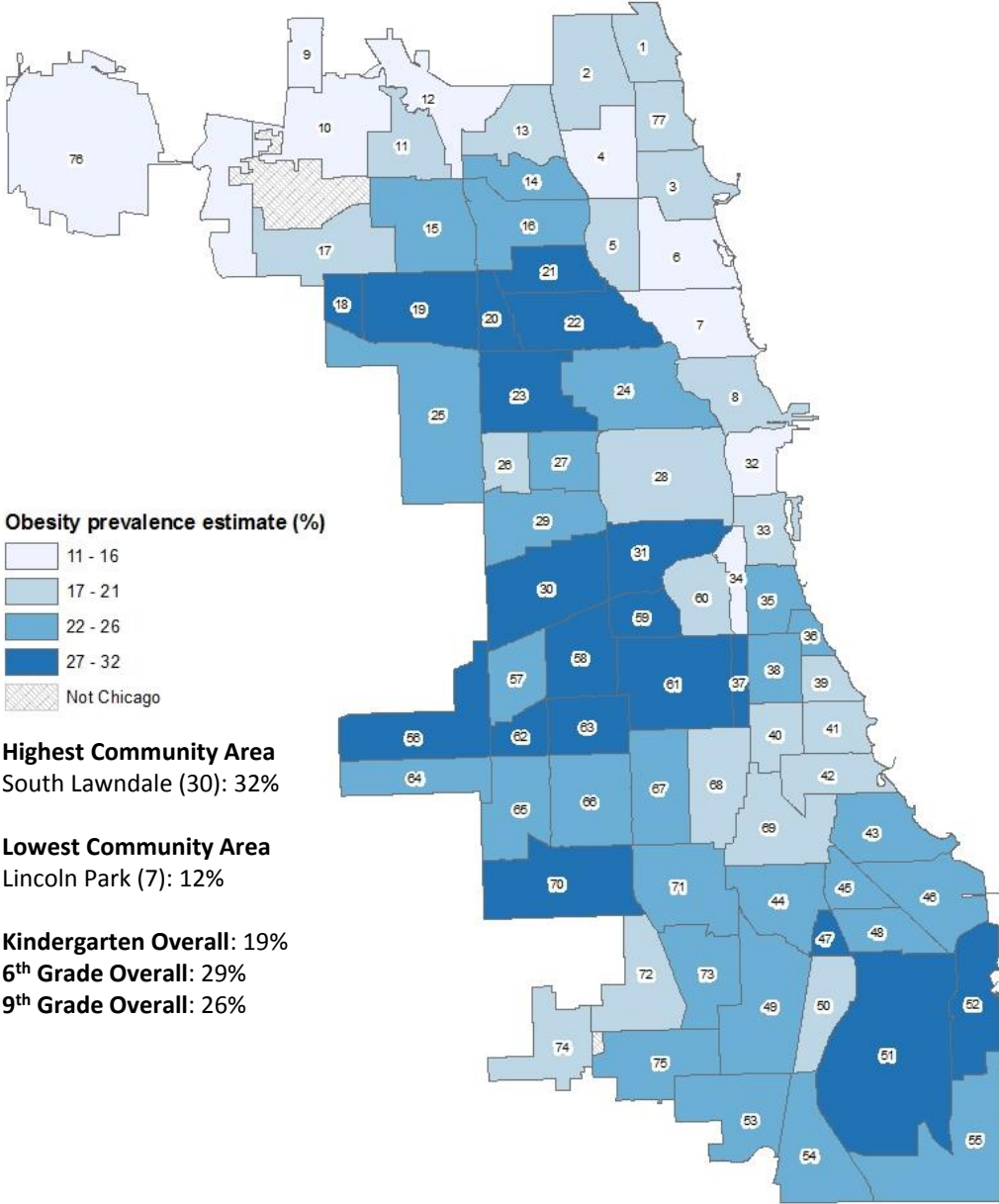
## Gender\*

Male	27.1%
Female	23.9%

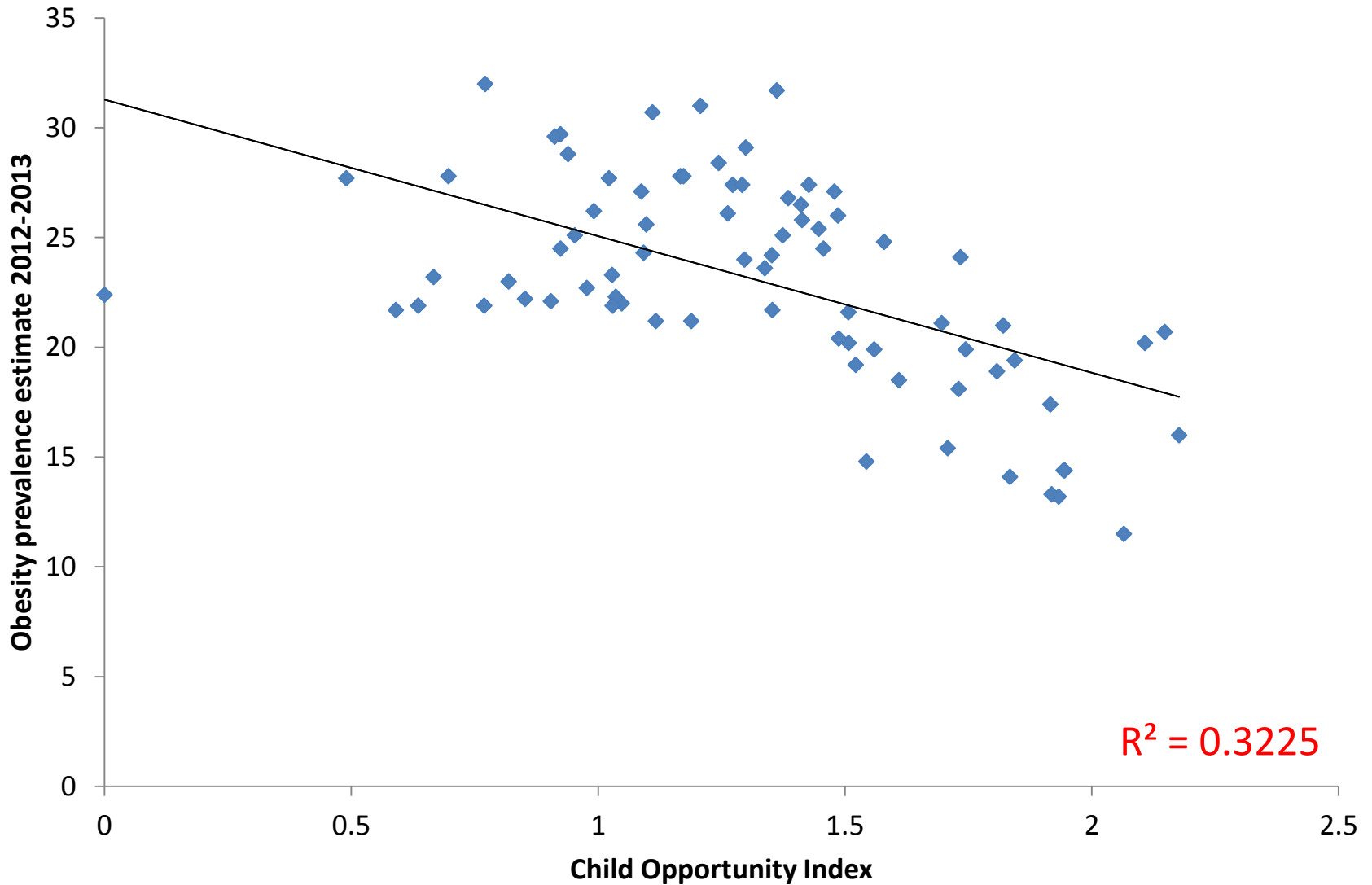
## Race-Ethnicity\*

Hispanic	29.9%
NH Black	23.6%
NH White	16.1%

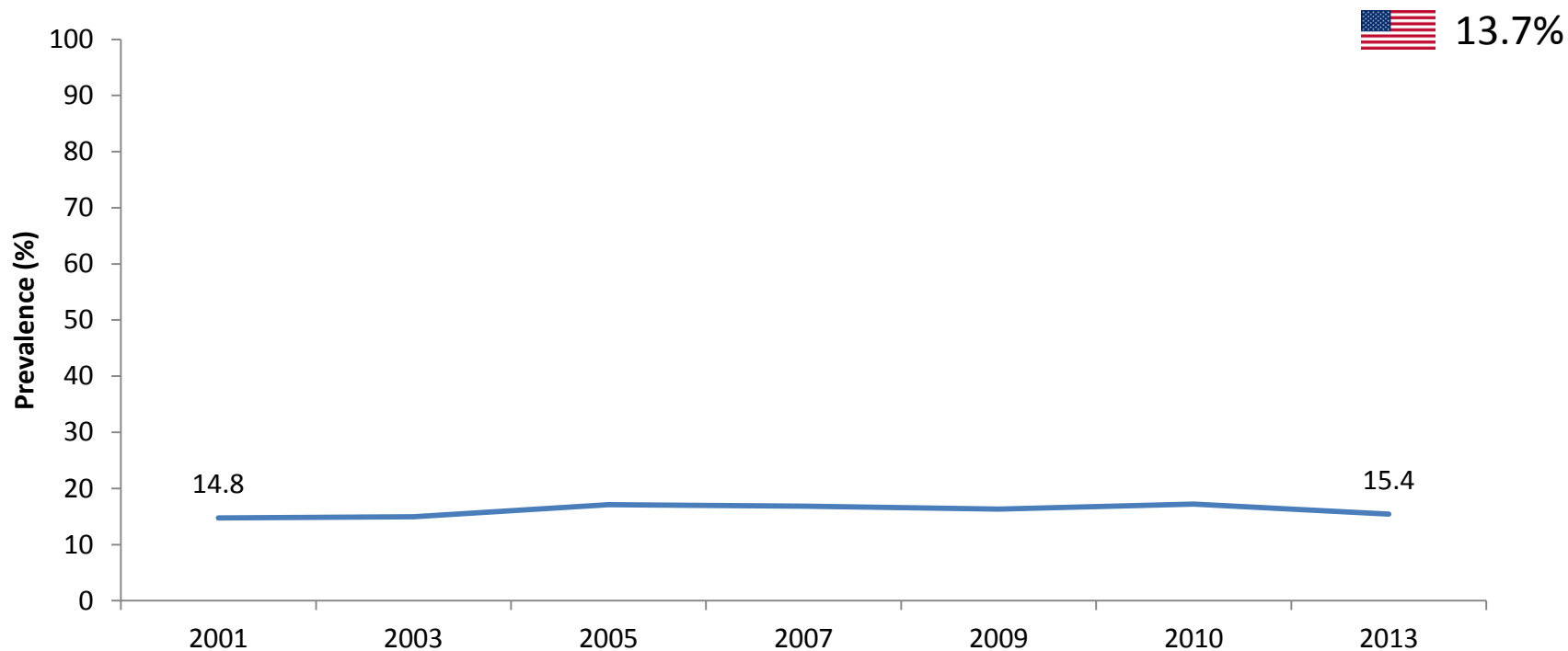
# Obesity in Kindergarteners, Sixth and Ninth Graders



# Child Opportunity and Obesity in Kindergarteners, Sixth and Ninth Graders



# Obesity among high schoolers



## Gender

Male	17.1%
Female	13.8%

## Race-Ethnicity\*

Hispanic	17.2%
NH Black	16.2%
NH White	5.7%

## Grade

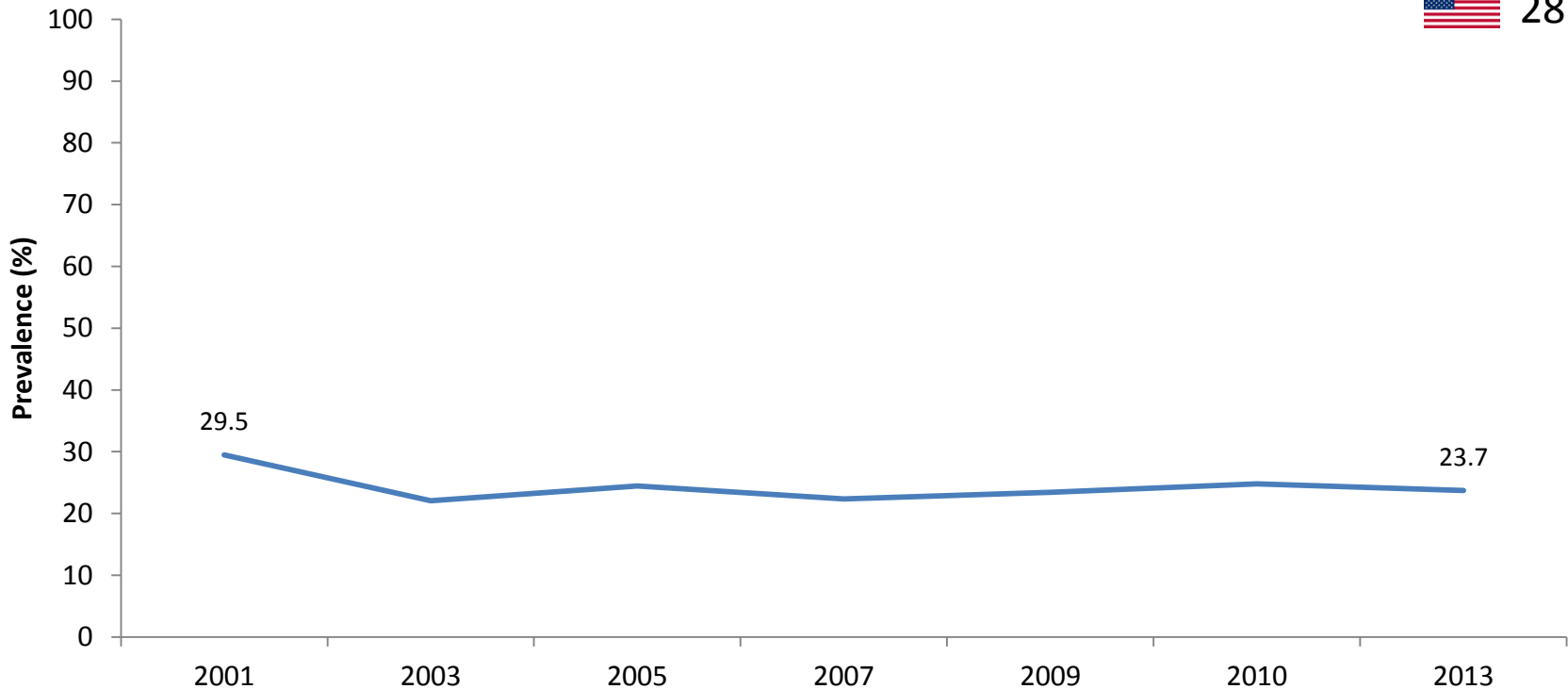
9 <sup>th</sup>	15.5%
10 <sup>th</sup>	15.3%
11 <sup>th</sup>	14.1%
12 <sup>th</sup>	16.9%

## Sexual Identity\*

Heterosexual	13.5%
LGB/ unsure	27.7%

# Ate vegetables daily

 28.5%



## Gender

Male	25.7%
Female	21.6%

## Race-Ethnicity\*

Hispanic	19.7%
NH Black	24.4%
NH White	33.1%

## Grade

9 <sup>th</sup>	20.5%
10 <sup>th</sup>	24.3%
11 <sup>th</sup>	25.0%
12 <sup>th</sup>	24.6%

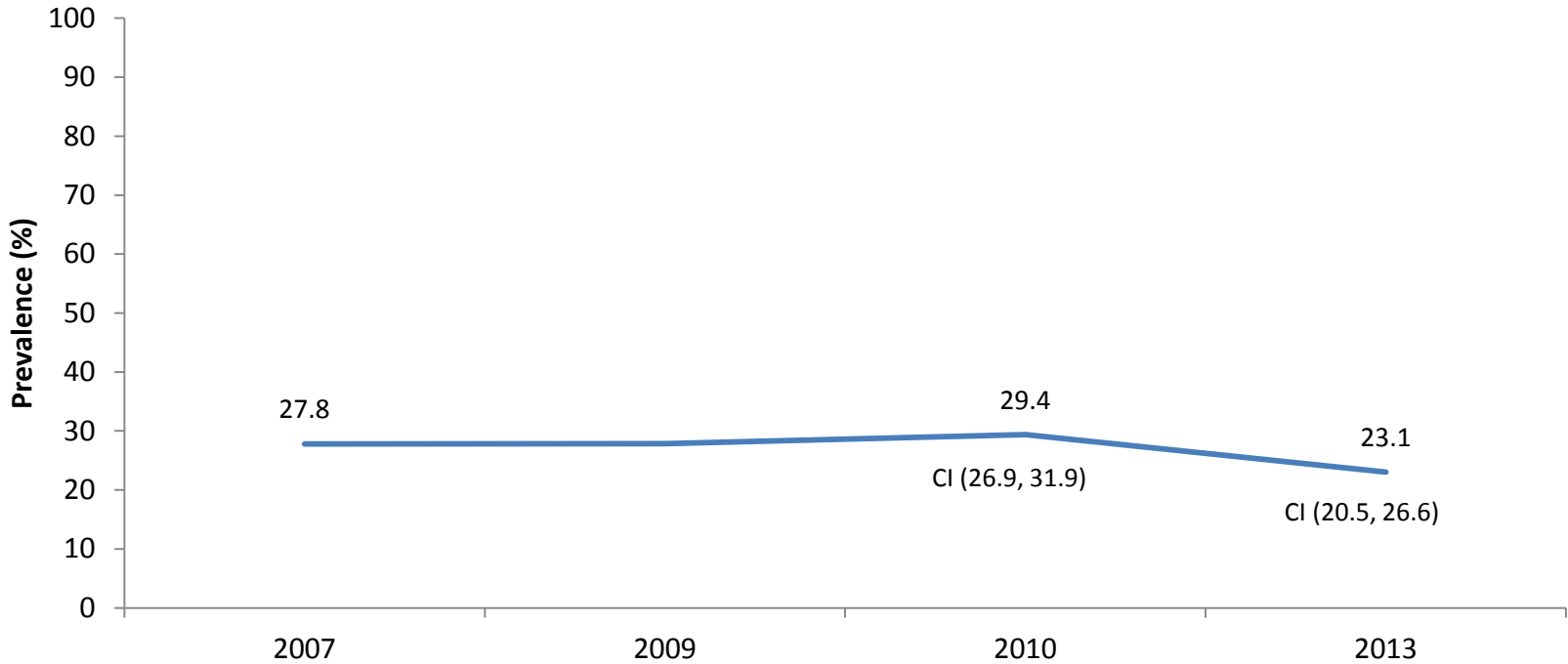
## Sexual Identity

Heterosexual	22.1%
LGB/ unsure	29.4%

\*Significant difference

# Drank soda or pop daily

 27.0%



## Gender

Male	25.4%
Female	20.7%

## Race-Ethnicity\*

Hispanic	21.2%
NH Black	28.1%
NH White	16.4%

## Grade

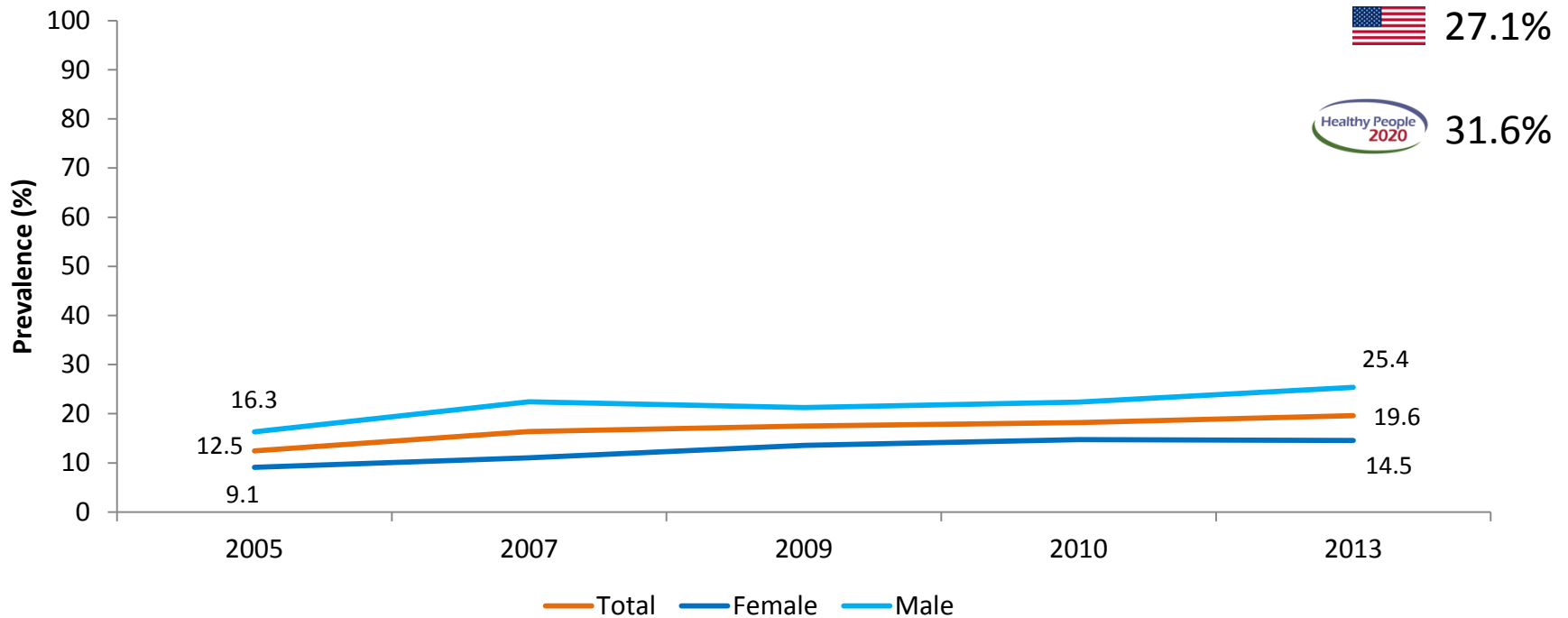
9 <sup>th</sup>	21.3%
10 <sup>th</sup>	25.9%
11 <sup>th</sup>	22.7%
12 <sup>th</sup>	22.8%

## Sexual Identity

Heterosexual	23.1%
LGB/ unsure	22.5%

\*Significant difference

# Physically active for 60 minutes per day



## Gender\*

Male	25.4%
Female	14.5%

## Race-Ethnicity

Hispanic	18.7%
NH Black	19.9%
NH White	19.7%

## Grade

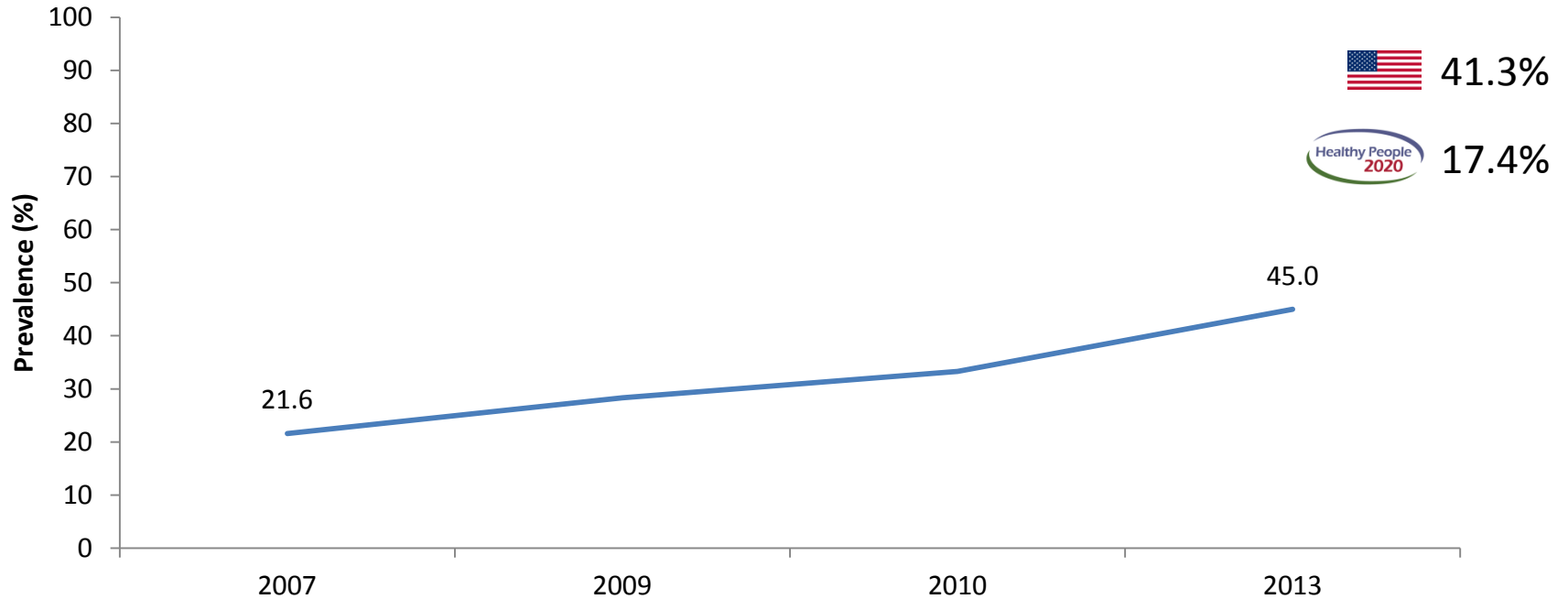
9 <sup>th</sup>	21.4%
10 <sup>th</sup>	23.4%
11 <sup>th</sup>	15.4%
12 <sup>th</sup>	18.1%

## Sexual Identity

Heterosexual	20.6%
LGB/ unsure	16.1%

\*Significant difference

# Used a computer 3 or more hours per school day



## Gender

Male	46.4%
Female	43.8%

## Race-Ethnicity

Hispanic	44.7%
NH Black	47.1%
NH White	36.6%

## Grade

9 <sup>th</sup>	44.2%
10 <sup>th</sup>	45.1%
11 <sup>th</sup>	50.2%
12 <sup>th</sup>	41.2%

## Sexual Identity

Heterosexual	44.9%
LGB/ unsure	48.0%





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