



CITY OF CHICAGO • OFFICE OF THE MAYOR



FOR IMMEDIATE RELEASE

June 17, 2021

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**MAYOR LIGHTFOOT AND CHICAGO DEPARTMENT OF PUBLIC HEALTH JOINTLY
DECLARE RACISM A PUBLIC HEALTH CRISIS IN CHICAGO**

*Declaration acknowledges legacy of systemic racism and proposes solutions, including
new Healthy Chicago Equity Zones*

CHICAGO –Mayor Lori E. Lightfoot today joined the Chicago Department of Public Health (CDPH) and other City and community leaders to declare that racism is a public health crisis in the City of Chicago. Additionally, leaders called on all Chicagoans to work together to address the stark racial inequities that have resulted from centuries of systemic racism in Chicago and the nation. Currently, in Chicago, the 9.2-year life expectancy gap between Black and non-Black Chicagoans, which has increased in the past decade, and the declining life expectancy rates of Asian and Latino Chicagoans requires a commitment by the City to build on its work to improve anti-racist policies that address the root causes of inequities disproportionately affecting the lives of all Chicagoans of color.

"At almost every single point in our city's history, racism has taken a devastating toll on the health and wellbeing of our residents of color—especially those who are Black," said Mayor Lightfoot. "Without formally acknowledging this detrimental impact, we will never be able to move forward as a city and fully provide our communities with the resources they need to live happy and healthy lives. That's why I am declaring racism as a public health crisis and looking forward to doubling down on both ongoing and new collaborations with City officials and community leaders to address the racist policies that have wreaked havoc on our Black and Latinx communities."

The announcement notes the different forms systemic racism has taken in U.S. history, from slavery to racialized violence, Jim Crow restrictions that codified segregation and denied all manner of rights to Black Americans, to redlining, racial covenants, and other forms of financial and housing segregation and discrimination. Chicago has its own history of racial violence, including the race riots of 1919 and violent attacks on a 1966 anti-segregation protest led by Dr. King. There were also decades of economic suppression, including redlining and restrictive covenants, and



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other policy and planning mandates that succeeded in segregating and isolating communities of color.

Mayor Lightfoot calls on the City of Chicago to improve anti-racist policies by:

- **Building capacity for anti-racist leadership**—cultivating visionary, strategic, and authentic leadership that can analyze the impacts of racial harm and inequities and is equipped to build sustainable solutions with communities most impacted by the problems.
- **Reckoning with the impacts of racism**—reflecting on how past racial inequalities were and continue to be produced and reclaiming our present engagements with the intention to transform the relationships, practices, policies, and systems that maintain these inequities.
- **Advancing strategies to operationalize racial equity**—building our internal infrastructure for change, cultivating a “will to act”, executing intentional tools and strategies that are differentiated to best meet the needs, and holding ourselves accountable to producing equitable results.
- **Empowering transformative community relationships**—designing fundamentally different structures of engagement and problem-solving that embrace shared governance; appropriately resourcing groups that are impacted most by racist structures to be key drivers in building and executing solutions.

With this action the City joins the American Public Health Association, which has declared racism a public health crisis that needs immediate attention, as well as institutions including the Centers for Disease Control and Prevention, American Medical Association, American Association of Pediatrics, and American College of Emergency Physicians that have also recognized racism as an urgent threat to public health.

“Public health indicators demonstrate very clearly what happens when we allow racism to persist. We lose people we love, jeopardize our livelihoods, and cut-short our promise for the future,” said Candace Moore, City of Chicago’s Chief Equity Officer. “When one community is allowed to suffer, we are harmed as an entire city. As Chicagoans, when we declare racism a public health crisis, we must put action behind our words. We must make a collective commitment to act toward building systems of inclusion that reflect on our past, reclaim our present, and reimagine our future.”



CDPH also announced that the department is allocating \$9.6 million in COVID-19 relief funding from the Centers for Disease Control and Prevention (CDC) to establish [Healthy Chicago Equity Zones](#) – six geographic areas covering the entire city that will be led by regional and community organizations. Relying on participatory, data-informed processes, these organizations will create community-based stakeholder coalitions to develop targeted strategies to improve community and individual wellness.

After a comprehensive selection and vetting process, CDPH selected the following lead organizations:

- Far South: Phalanx Family Services
- Near South: Greater Auburn Gresham Development Corporation
- North/Central: Swedish Covenant Hospital
- Northwest: Northwest Side Housing Center
- Southwest: Southwest Organizing Project
- West: Rush University Medical Center (on behalf of West Side United)

“The launch of the Healthy Chicago Equity Zones is an extension of the racial and health equity work implemented by community leaders, public health entities, city government, and health institutions who crafted Chicago's equitable COVID-19 response strategies, including the City's Racial Equity Rapid Response Team,” said West Side United Executive Director Ayesha Jaco. “This continuity is necessary and integral to the mission of West Side United and our partners. We are committed to dismantling historical inequities that have plagued our communities for decades. The work of the City along with West Side United and the many other community partners has demonstrated that we will only be successful by working together every step of the way.”

Earlier this week the Chicago Department of Public Health (CDPH) released [The State of Health for Blacks in Chicago](#), a first of its kind data brief describing the health status of Chicago's Black population and the root cause inequities disproportionately affecting the lives of Black Chicagoans. The brief provides an in-depth look at the top drivers of the life expectancy gap between Black Chicagoans and non-Black Chicagoans, which is 9.2 years and rising. Black Chicagoans, on average, live 71.4 years, while non-Black Chicagoans live 80.6 years, on average. The brief describes in words and graphs how this racial life expectancy gap in Chicago is driven by five main factors: chronic diseases; homicide; infant mortality; HIV, flu, and other infections (COVID-19); and opioid overdoses.

“COVID-19 brought to the surface these inequities in our city and our society, but they've always been there, and they've always been a focus of the work we do at CDPH,” said CDPH Commissioner Allison Arwady, M.D. “This data brief highlights



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these inequities and is a charge for us to re-double our efforts to address these inequities.”

In 2020, CDPH launched [Healthy Chicago 2025](#), a citywide plan to reduce the racial life expectancy gap with strategies that tackle the root causes of health. The department also recently hired its first Chief Racial Equity Officer and uses its [Healthy Chicago Survey](#) and [Chicago Health Atlas](#) to better connect with Chicagoans and make data more accessible.

Additionally, in response to the COVID-19 outbreak and the disproportionate impact on communities of color, the City created the [Racial Equity Rapid Response Team](#) (RERRT) and made a concerted effort throughout the pandemic to direct resources to the most impacted communities, using its [COVID Community Vulnerability Index](#) (CCVI) to assess areas most in need.

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