

## **A Plan for Health and Restitution**

Health care is a human right, and it is integral to the survival of all Chicagoans and the economy of our City. Health is interconnected with all aspects of life, and that is why I believe all City departments and policies should factor and take into account health implications of decisions and policies, and that they should avoid harmful impacts to improve population health and achieve health equity.

The past 3 years showed us the importance of health care and of our public health system. We saw, and I personally took note, where our health care system and public health infrastructure are not adequate. We cannot continue to artificially separate County health and City health systems. They are linked and complementary parts of the same societal and economic need, and a healthy populace and workforce are essential to the economy. Limited and restrictive health care and lack of access to health services and treatment reinforces the consequences of social and economic inequality and discrimination. This creates significant personal and economic burdens for many individuals and families directly, and impacts all of us, as a community and as a City.

Racial health disparities are costly to all of us exceeding approximately \$93 billion in excess medical care costs. Racial health disparities resulting from Redlining and other social determinants of health (SDOHs) produce lower life expectancy beginning at birth, and higher rates of pre-existing conditions that heighten the risk of morbidity. Tragically, maternal mortality rates are consistently higher among Black, Latine, and Asian women compared to White women, regardless of age or type of insurance. These conditions are unacceptable. They're unbearable for individuals and families, there are economic losses associated with premature deaths, and additionally, the added annual economic burden is \$42 billion in lost productivity.

Historically and to this day, we know that redlining is related to reduced wealth, higher poverty rates, poor mental health, and a lessened quality of life. Redlining and other social determinants of health (SDOHs) produce lower life expectancy at birth rates, and higher rates of pre-existing conditions that heighten the risk of morbidity. Pre-existing conditions such as asthma, COPD, diabetes, hypertension, high cholesterol, kidney disease, obesity, and strokes were further exposed factors lowering life expectancy and severely exacerbated by COVID-19. Health policies should aim to eliminate those risks and undo the unfair burdens of structural racism, sexism, and disablism, both past and present.

I believe that equitable policies and stable, long term funding leading to better health outcomes must be proactive and preventative, not simply reactive. The current Mayor has not been able to manage or plan the transition from reacting to the crisis to managing the future. My administration will make that transition. We will use City funds, more effective use of jointly funded programs with the County, and additional funding from expanded use of State and federal health programs such as County Care.

As Mayor I will:

- **Municipal Restitution Commission - I will establish a commission to address health disparities as a guiding principle of our health and public health programs. It will investigate restitution for victims of historical redlining and racially motivated covenants. We will learn from the efforts of cities like Boston, Evanston and Providence.**
- Propose and work to adopt a “Health in All Policies” approach to City government and departments where all departments consider the health implications of their policies and decisions, and engage community members and stakeholders as they develop, implement and evaluate reviews and policies. I will Instruct departments to assess policies, decisions, and ordinances that limit or create burdens or barriers to accessing resources and services that improve the SDOHs and reassess with an equitable lens.
  - Establish a commission which involves community members and stakeholders to further explore how to better address the conditions and negative health outcomes from the social determinants of health (SDOHs).
- **Partner with Cook County to end the artificial divisions between City and County residents and City and County health systems. This partnership will address a wide range of health issues from medical debt, to expanding health care access for women and immigrants, to expanding health care coverage for mental and behavioral health.**
  - **A priority will be to help pay down medical debt, especially for Chicagoans who received care through Cook County Health.**
  - Establish proactive regional health system planning for health facilities. This includes working with healthcare systems for sufficient safety net funding and addressing the provision of uncompensated care, especially Cook County Health.
  - **Work with the CDPH, community health centers (CHCs), and Cook County to establish a reproductive health care pilot project** to support innovative approaches and patient-centered collaborations to safeguard patient access to abortions, regardless of residency.
  - **Work with CDPH, local pharmacies, CHCs, and the County to address pharmacy, contraceptive and health care deserts** on the south and west Side.
  - **Increase Mental Health services** -We need to work together with the County Health system and their clinics. It would be more effective if we work in collaboration to avoid duplicative efforts.
  - Advance toward universal health insurance coverage for all, including undocumented immigrants. Every Chicagoan should have health insurance so they don’t fear seeking medical care and treatment.

At the State and National level we will work to

- **Expand the Health Care workforce**
  - Establish an Illinois iteration of the Joint Admission Medical Program, which supports highly qualified and low-income and immigrant students in pursuit of medical education and training in health care occupations.

- Partner with organizations like the National Health Corps to recruit more health care workers and have recruitment efforts be equitable.
- Address Health Care Worker shortages and burnout
  - By helping to establish an Illinois commission to identify policy solutions to address health worker burnout, with a purpose of reducing and eliminating causes of burnout and mitigating its effects.
  - Advance rules and regulations in support of community health worker certification and reimbursement.
  - Strengthen partnerships with community health centers (CHCs), also known as federally-qualified health centers (FQHCs) so that all Chicagoans are connected to health services and treatment in their community.
  
- **Reproductive and gender-affirming health care - promote real choice:** Reproductive and gender-affirming health care is a fundamental right. Any person exercising that right should have access to safe abortions and reproductive care. Pregnant people should have access to quality, affordable prenatal and parental care. Chicago must remain a sanctuary city for abortion and reproductive care.
  - a. **Promote community birthing options by allowing licensed certified midwives to practice as primary birth attendants,**
  - b. **Require cultural competency training for public-facing city workers** including healthcare providers, first responders, police, etc.
  
- **Increase Access to Mental and Behavioral Health Services- I will commit to a comprehensive plan for mental health services that includes conducting a community needs and service availability assessment and expanding services based on that assessment.**
  - Specific initiatives would include:
    - **Improving efforts to hire mental health clinicians in the city and county clinics to integrate mental health into an expanded community resources portfolio in conjunction with the County.**
    - Working with the County, FQHCs, and local clinics as well as the remaining City clinics, provide extra resources including mental health staff, to more local clinics and bring coordinated health care and health care information closer to communities.
    - I will work with the school system and partner government levels to permanently expand health care services in public schools. Schools are key to community stability and should be viewed as community anchors.