



Office of the City Clerk

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Legislation Details (With Text)

File #: SR2016-177

Type: Resolution **Status:** Adopted

File created: 3/16/2016 **In control:** City Council

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Title: Establishment of "Health in All Policies" initiative and task force to identify and pursue opportunities to improve health of Chicago residents

Sponsors: Emanuel, Rahm

Indexes: SOCIAL ISSUES & PROGRAMS

Attachments: 1. SR2016-177.pdf, 2. SR2016-177.pdf, 3. R2016-177.pdf

Date	Ver.	Action By	Action	Result
5/18/2016	1	Committee on Health and Environmental Protection	Recommended to Pass	
5/18/2016		City Council	Adopted as Substitute	Pass
5/12/2016	1	Committee on Health and Environmental Protection	Substituted in Committee	Pass
3/16/2016	1	City Council	Referred	

OFFICE OF THE MAYOR

CITY OF CHICAGO

RAHM EMANUEL
MAYOR

March 16, 2016

TO THE HONORABLE, THE CITY COUNCIL OF THE CITY OF
CHICAGO

Ladies and Gentlemen:

At the request of the Commissioner of Public Health, I transmit herewith a resolution regarding the Health in all Departments initiative.

Your favorable consideration of this resolution will be appreciated.

Mayor

Very truly yours,

Health in All Policies Resolution

WHEREAS, the health of Chicago residents is vital for a prosperous and sustainable city; and

WHEREAS, there is growing awareness that the root cause of people's health usually isn't genetics or even individual behavior, but the conditions and environments in which people live, learn, work, play, and age; and

WHEREAS, these conditions and environments profoundly influence health in virtually every domain, from chronic disease to mental illness to violence; and

WHEREAS, disadvantage and injustice can lead to health inequities, with some groups enjoying better health than others due to factors such as income, education, and race; and

WHEREAS, Hispanics and African Americans have worse health outcomes than whites in areas such as diabetes, asthma, infant mortality, and homicide, among many others; and

WHEREAS, there is as much as-a 16-year gap in life expectancy depending on where one lives in Chicago; and

WHEREAS, in Chicago, rates of chronic disease are increasing overall, as 29% of adults are now obese, over one-third of school-aged children are overweight or obese, 27% of adults have high blood pressure, and 9% have diabetes; and

WHEREAS, in Chicago, 18% of adults smoke, 18% of adults do not get any physical activity, and the majority of Chicagoans do not consume enough fruit and vegetables; and

WHEREAS, mental illness is a leading cause of hospitalization; and

WHEREAS, the policies of every governmental agency in the City of Chicago have an impact on the root causes of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development; and

WHEREAS, interagency collaboration can help address these root causes through improved decisionmaking, better planning, and more efficient service; and

WHEREAS, a Health in All Policies approach entails recognizing that all governmental bodies have a role to play in achieving health equity, defined as the attainment of the highest level of health for all people; and

WHEREAS, achieving health equity requires focused and ongoing efforts to address avoidable disparities and injustices;

WHEREAS, Healthy Chicago 2.0, the four-year community health improvement plan spearheaded by the Chicago Department of Public Health and created with the participation of more than 200 organizations across a broad range of sectors, calls for a formal Health in All Policies approach for the City of Chicago;

NOW, THEREFORE, BE IT RESOLVED that it shall be the policy of the City of Chicago to apply a Health in All Policies approach to the City's decision making, including policy development and implementation, budgeting, and delivery of services; and'

BE IT FURTHER RESOLVED that the City of Chicago establishes a Health in All Policies Task Force to identify and pursue opportunities to improve health, including but not limited to affordable, safe, and healthy housing; active living and transportation; access to healthy food; clean air, water, and soil; parks, recreation, and green spaces; economic opportunity; and safety and violence prevention. All departments shall participate in developing ongoing channels for cross-department collaboration, identifying and pursuing funding streams that support improved health outcomes, ensuring that new investments support community health goals, incorporating health criteria into planning and policy development, sharing relevant data, and participating in collaborative efforts to understand how built environment policies and programs are affecting health outcomes. The Health in All Policies Task Force shall be composed of all department commissioners or their designees, and the Department of Public Health shall lead the Task Force; and

BE IT FURTHER RESOLVED that the Task Force shall submit a report to the City Council by December 31, 2016, on the Task Force's findings. At a minimum, the report shall address the following: i) existing community health needs and priorities; ii) short-term, medium-term, and long-term recommendations for changes to policies, practices, and procedures that will improve community health and reduce health inequities; and iii) the need for and sources of funding to implement a Health in All Policies approach in the City of Chicago. The report may also identify how such changes will provide environmental, economic, or other benefits.