

# Closing the Health and Wealth Gap: Working At the Crossroads of Health and Economic Equity

**HELENE D. GAYLE, M.D. MP.H**  
PRESIDENT & CHIEF EXECUTIVE OFFICER  
CHICAGO COMMUNITY TRUST

# MY JOURNEY



# EQUITY & SOCIAL JUSTICE

# Social Determinants of Health

## PHYSICAL ENVIRONMENT

  
Air & Water  
Quality

  
Housing  
& Transit

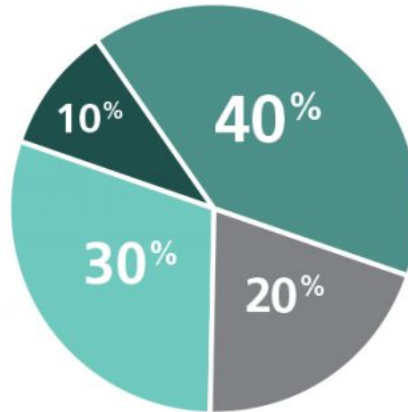
## HEALTH BEHAVIORS

  
Tobacco Use

  
Diet & Exercise

  
Alcohol &  
Drug Use

  
Sexual  
Activity



## SOCIAL & ECONOMIC FACTORS

  
Education

  
Employment

  
Income

  
Family & Social  
Support

  
Community  
Safety

## CLINICAL CARE

  
Access  
to Care

  
Quality  
of Care

<http://www.countyhealthrankings.org/what-is-health>

NATIONAL ACADEMY OF MEDICINE

*The National Academies of*  
SCIENCES • ENGINEERING • MEDICINE

## How Chicago Ranks

- Black unemployment is **3 times** higher than the national average.
- Our **30-year** life expectancy gap is largest in the nation.
- Greatest population loss of **10** largest metro areas.
- Regional growth ranks **67th among the 100** largest U.S. metropolitan economies.

# Chicago wealth statistics

- **Median household income: \$66,020**

- \$79,865 white
- \$52,730 Hispanic or Latino
- \$37,285 African American or Black

- **Assets**

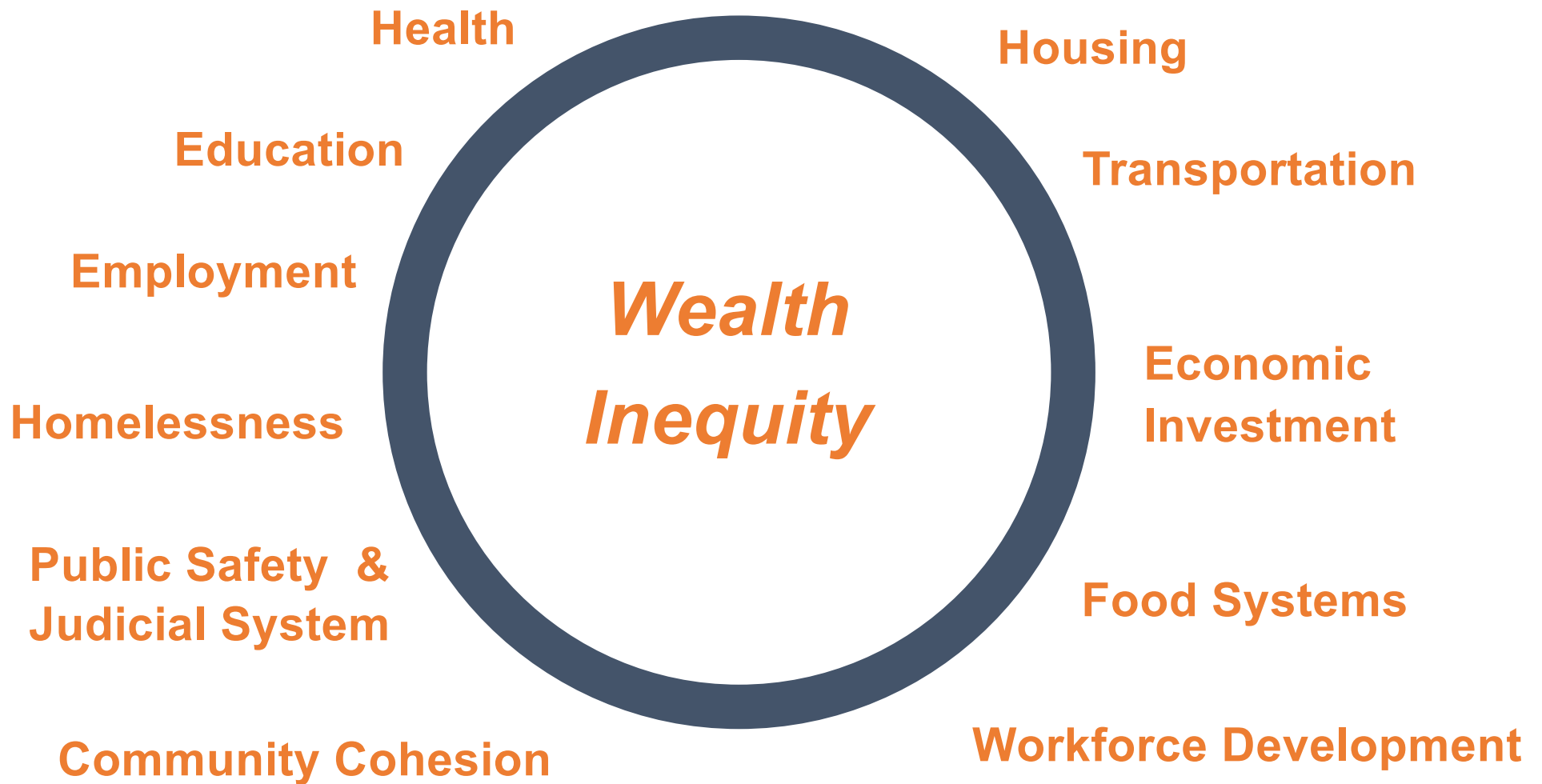
- 13.7% white mortgage applications denied
- 22.2% of Hispanic or Latino mortgage applications denied
- 27.1% African American or Black mortgage applications denied

- **Communities**

- 12 of 13 most economically stressed communities are >50% Black or Latino
- Majority-white communities receive 4.6x more private investment than Black
- Chicago lenders have invested more in single majority-white community area than all majority-Black community areas combined

# How did we get here?





 **Growing Household Wealth**



 **Catalyzing Neighborhood Investment**



 **Building Collective Power**

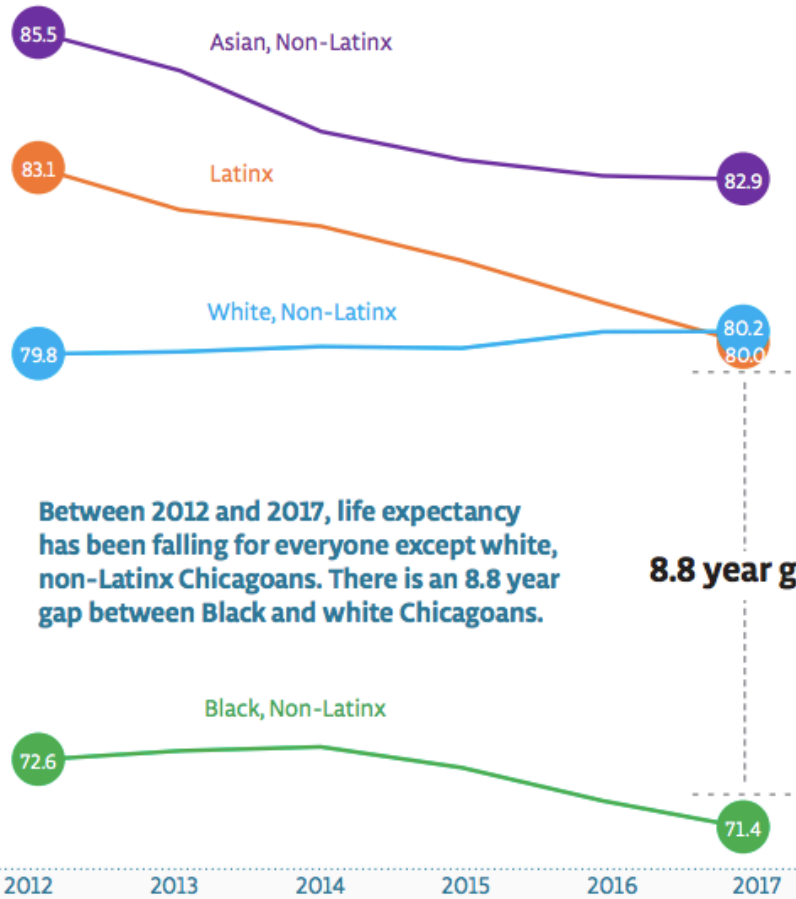




*“The neighborhoods that we’re talking about are the way they are largely because of social and public policies that really so destroyed many cities, and particularly Black and brown neighborhoods”*

- Chicago life expectancy gap: **30.1 years** across neighborhoods
  - **1 in 363 people in Englewood** (south side, majority-Black) have died due to COVID
    - 14.2% of residents fully vaccinated
    - 60% of residents have high school diploma or less
    - 57% of households earn less than \$25,000/yr
  - **1 in 2162 people in Streeterville** (north side, majority-White) have died due to COVID
    - 42.6% of residents fully vaccinated
    - 44% have master’s degree or higher
    - Median income \$125,000

CHICAGO'S LIFE EXPECTANCY GAP, 2017










Between 2012 and 2017, life expectancy has been falling for everyone except white, non-Latinx Chicagoans. There is an 8.8 year gap between Black and white Chicagoans.

Top Five Drivers of the Gap



CLOSING THE LIFE EXPECTANCY GAP, THE HEALTHY CHICAGO 2025 WAY

Here's how we – the local public health system, including government, community organizations, academic institutions, businesses and others who support a Healthy Chicago – will make change, together, over the next five years and for generations to come.

<b>Assessment themes</b>	To close the racial life expectancy gap, we will...	<ul style="list-style-type: none"> <li>•Improve systems of care for populations most affected by inequities</li> <li>•Further the health and vibrancy of neighborhoods</li> <li>•Strengthen community capacity and youth leadership</li> <li>•Transform policies and processes to foster anti-racist, multicultural systems</li> </ul>						
<b>Assessment priority areas</b>	Address inequities in...	 <p><b>HOUSING</b></p>	 <p><b>FOOD ACCESS</b></p>	 <p><b>ENVIRONMENT</b></p>	 <p><b>PUBLIC SAFETY</b></p>	 <p><b>NEIGHBORHOOD PLANNING AND DEVELOPMENT</b></p>	 <p><b>HEALTH AND HUMAN SERVICES</b></p>	 <p><b>PUBLIC HEALTH SYSTEMS ORGANIZATIONS</b></p>
<b>Populations experiencing inequities</b>	With a focus on...	Black, Latinx and low-income Chicagoans	Black, Latinx and low-income Chicagoans	Communities disproportionately burdened by pollution	Black Communities	Disinvested and gentrifying communities	Black, Latinx and low-income Chicagoans	Black and Latinx Chicagoans
<b>Ideal states</b>	So within one generation, all Chicagoans...	Have a healthy, affordable home	Have enough nutritious food and local food businesses thrive	Breathe clean air free of harmful pollutants	Are safe across the city and have trusting relationships with law enforcement	Live in vibrant neighborhoods that reflect their identities	Benefit from a full range of health and human services	Have voice and power in the public health system
<b>Healthy Chicago 2025 vision</b>	In a city where...	All people and all communities have power, are free from oppression and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.						

# WEST SIDE UNITED

*Health care institutions, residents, educators, non-profits, businesses, government agencies and faith-based institutions that work, live and congregate on Chicago's West Side have come together as West Side United to make their neighborhoods stronger, healthier and more vibrant places to live.*

- Economic Vitality, Education, Health & Healthcare and Neighborhood & Physical Environment are the keys to reduce the life expectancy gap.



# Unequal impact of COVID-19

- The covid-19 pandemic has affected groups that face discrimination and historical injustices hardest
- Poor and exploitative working and living conditions have increased health risks and enabled inequitable economic impact
- Support systems that should have been geared to respond to this crisis proved inadequate
- A post-covid world must ensure equity, social justice, solidarity, and a shift in the balance of power and resources to people living in poverty and otherwise marginalized

NATIONAL ACADEMY OF MEDICINE

*The National Academies of*  
SCIENCES • ENGINEERING • MEDICINE



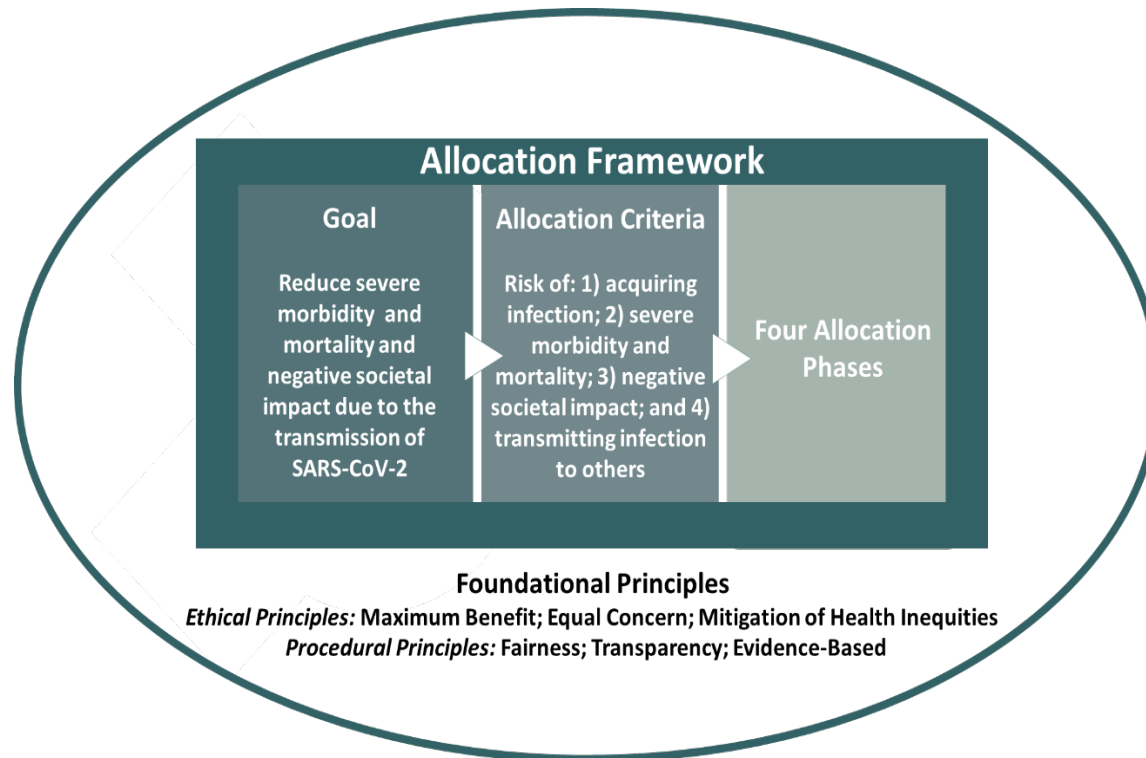
FRAMEWORK FOR  
**EQUITABLE**  
ALLOCATION OF  
**COVID-19**  
**VACCINE**

---

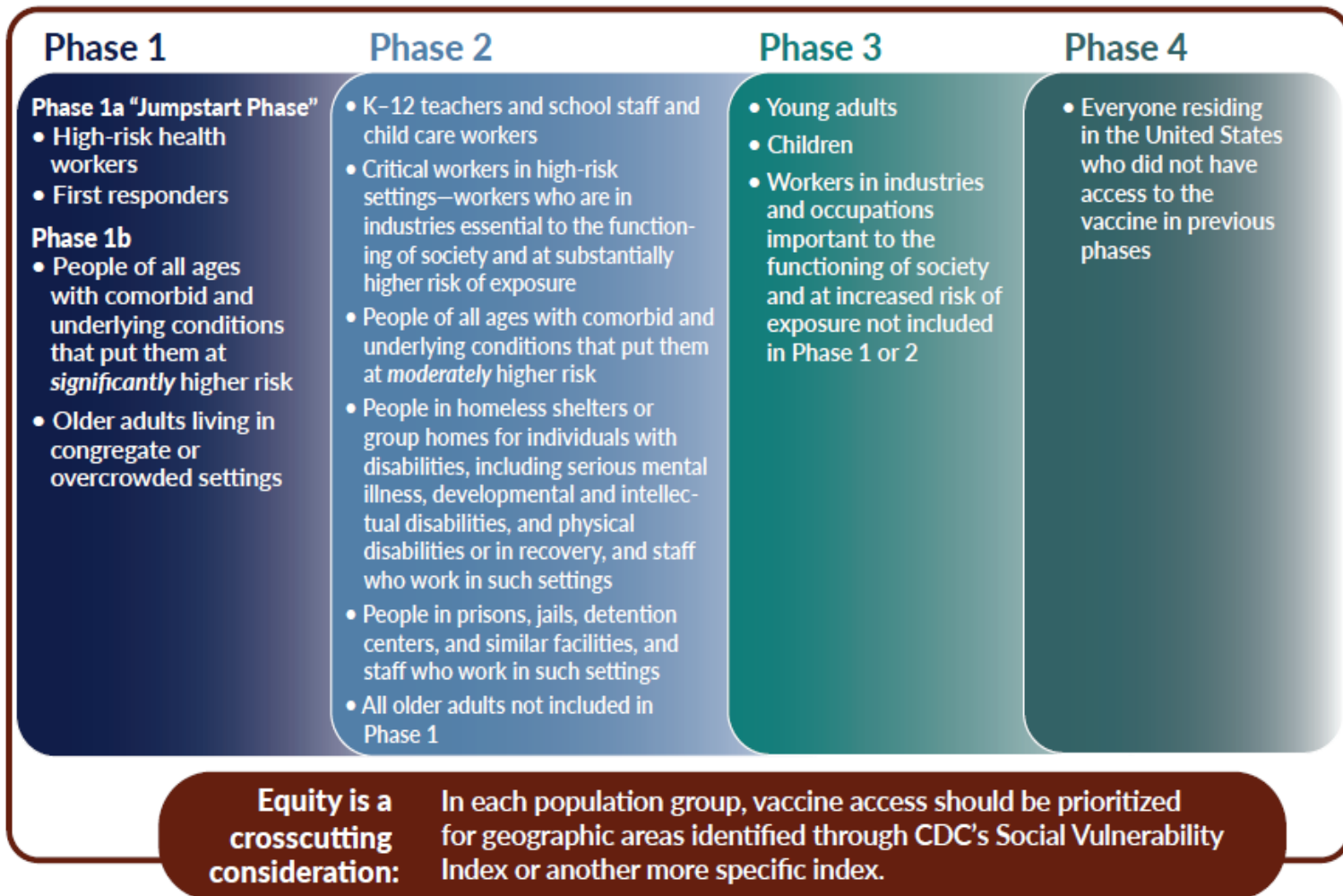
# Charge to the Committee

- Develop an overarching framework for vaccine allocation to assist policy makers in the domestic and global health communities in planning for equitable allocation of COVID-19 vaccine.
- Will inform the decisions by national health authorities and decision-making bodies, including the Advisory Committee on Immunization Practices (ACIP), as they create and implement national and/or local guidelines for COVID-19 vaccine allocation.

# Elements of the Framework







# Chicago and Cook County COVID statistics

- **28.25% of Chicago population fully vaccinated (764,000)**
  - 41% white
  - 22% Hispanic or Latino
  - 19% African American or Black
- **10,303 COVID-19 related deaths since March 2020 (Chicago)**
  - 22% white (32% of population)
  - 34% Hispanic or Latino (29% of population)
  - 39% African American or Black (31% of population)

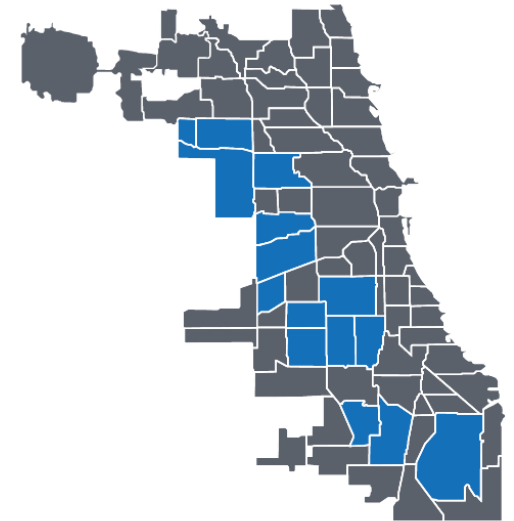
# Vaccine Corps Partnership

*Vaccine Corps Partnership (VCP) is a collaboration of multiple stakeholders from across the Chicagoland community dedicated to coordinating resources and learnings to ensure all Chicagoans can access the COVID-19 vaccine*

- Amplify hyper-local, community-led, culturally competent strategies for equitable distribution of the COVID19 vaccines:
  - Define, identify and mobilize **trusted messengers** in communities prioritized by rates of COVID-19 spread and mortality.
  - **Engage community members** in building a communication and education campaign, developed to align with the concerns and values of specific communities.
  - Design a long-term model for community-led development of a **sustainable public health workforce**
  - **Coordinate logistics and access to the vaccine** across institutions and align messaging

# PROTECT CHICAGO PLUS★

- Chicago's vaccine distribution plan to ensure vaccine reaches individuals and communities most impacted by the COVID-19 pandemic, especially Black and Latinx residents.
  - **Targets 15 high-need communities** based on the City's COVID vulnerability index, to ensure that a significant part of the City's vaccine supply goes to these communities.
  - Push vaccine and City resources directly to these communities, **partnering with community stakeholders to develop tailored engagement strategies**, and touch those who may be disconnected from more traditional vaccine administration channels.
  - Work with community stakeholders to identify settings and groups where vaccine access will most quickly decrease COVID transmission risk and removes barriers to vaccination



*Of all of the forms of inequality, injustice in health is the most shocking and inhumane.*

*Dr. Martin Luther King Jr.  
Chicago March 1966*