

The City of Chicago's Racial Equity Rapid Response Operation

This memo provides a high-level description of an operation developed by Chicago Mayor Lightfoot's office to provide services to communities that are most impacted by COVID-19. The information that I have included here is based on my notes and recollections of my conversation on Wednesday, April 29 with Candace Moore, the City's Chief Equity Officer, who has overseen the work of the Operation.

I. Background: COVID-19's Effect on Black Chicagoans

Black Chicagoans are 29.35% (793,852) of the City's population.¹ As of May 1, Chicago had 22,744 cases (out of 56,055 in Illinois) and 962 deaths.² Black, non-Latinx people comprise 53% (498) of those who have died, but are 38.4% of the total COVID-19 cases.³ Thus, Black, non-Latinx people are dying in numbers that are disproportionate both to their share of the City's population and to their share

¹ <https://www.dnainfo.com/chicago/20170914/near-west-side/census-white-black-hispanic-majority-minority-race-ethnicity-population-change-2016-2017-decline/>

² See The Coronavirus Response Center, <https://www.chicago.gov/city/en/sites/covid-19/home.html> (last visited on May 1, 2020). Among other useful information, this website provides daily reports regarding hospital capacity (ICU and Non-ICU) and breaks down the number of occupied and available beds, ventilator capacity, and the number of ventilators in use for COVID-19 and non-COVID patients. The website also offers extensive information about other available resources (general information about testing, face coverings, and information tailored to different categories of people affected by the virus, e.g. construction and transit workers, health care professionals, among others; and information about access to health care, mental health, food, public schools and enrichment learning resources, meals on wheels, grocery store hours, rental assistance programs, family community resource centers, domestic violence, resources for immigrant communities, employment issues, benefits, etc.). <https://www.chicago.gov/city/en/sites/covid-19/home.html>

³ Id.

of COVID-19 cases.⁴ Of Black people with a known medical history who have died from Covid-19, 93% had underlying chronic conditions.⁵

II. Description of Chicago’s Racial Equity Rapid Response

A. Overview

Through Mayor Lightfoot’s office, the City of Chicago has developed a rapid response public health operation (“the Operation”) that channels mitigation resources to communities that have been hit hardest by COVID-19. The Mayor and her team recognize that structural racial inequality has made communities vulnerable to COVID-19. They also recognize that these same communities are best equipped to identify “mutual” solutions that do not end up burdening the very people they are intended to serve. As such, the Operation has two goals: first, to “flatten the curve” in Black and Brown communities in Chicago; and, second, to build community capacity for future work that will address longstanding and systemic health, social, and economic inequities.

The Operation focuses on four areas:⁶

- Education, by providing information and updates that “speak to the realities” of residents’ lives;
- Prevention, by providing the resources and information that residents need to protect their families and themselves;
- Testing and Treatment, by working with the City’s Department of Health to ensure that areas with the greatest need receive priority for testing and treatment and lowering/eliminating barriers to securing such testing and treatment;
- Support Services/Resources, by working to ensure that people have the services and resources they need to “sustain their livelihoods.”

The Operation delivers resources through a “hyperlocal,” community-based network. The network is anchored by a trusted organization that is known and

⁴ By comparison as of May 1, 2020, Latinx people comprised 23.3% (220) of those who died and are 29.7% of the Chicago population. *Id.*

⁵ *Id.*

⁶ This information is taken directly from the City’s “Racial Equity Rapid Response” flyer.

respected for being a “team player” with a demonstrated capacity to bring multiple constituencies to the table.⁷ The network also includes the City’s Department of Public Health; university-affiliated hospitals, medical schools and schools of public health; community health clinics; an epidemiologist; and organizations that have a proven track record of working in the most impacted communities.

As described by Candace Moore, the City’s Chief Equity Officer, the Mayor’s office sees itself as “owning this work” and holds itself and its partner organizations accountable for Operation outcomes. One advantage of having the Mayor’s office at the helm is that it can leverage the City’s relationships with leaders of public and private institutions to make sure that communities get the resources they need.

B. The Racial Equity Steering Committee and Working Groups

The Operation’s strategic hub is its Racial Equity Steering Committee. As its name suggests, the Steering Committee shepherds the response. The Committee essentially includes all of the organizations mentioned above—the Mayor’s office; the City’s Department of Health; an anchor community organization and its community partners; anchor hospitals that are affiliated with the City’s universities (the University of Chicago, the University of Illinois, and Rush University Medical Center); and an epidemiologist.

The Steering Committee is supported by working groups that are broken down as follows: data, health care providers, communications and community education, and a community leadership group (described below in “How It Works”). An Emergency Operations Center also works in partnership with the Steering Committee to distribute resources to communities.

⁷ The anchor community organization is West Side United, which prior to the coronavirus outbreak had a track record of working with local hospitals and had developed initiatives to address health disparities that could be readily scaled to address COVID-19.

C. Using Data to Target Resources

The Steering Committee uses the City’s COVID-19 data to guide its decisions about how to allocate resources. This data is compiled by age, gender, and race-ethnicity. The City has launched a comprehensive website that provides daily updates about the number of cases and deaths according to each of these indicators.⁸ The data also provides crucially important information by zip code, including the number and rate of individuals tested, the confirmed cases and case rates, mortality rates, as well as a mortality dot map by race/ethnicity. The zip code data enables the Steering Committee to identify the communities in Chicago that are most affected by COVID-19.

The Steering Committee has focused on mortality rates to direct its work, though it also monitors the rates of infection. Based on this data, the Operation currently focuses its resources on three communities with exceptionally high mortality rates, ranging from 60.3-98.6% deaths per 100,000 people.⁹

D. How the Operation Works

The community leadership group, which is also connected to the Steering Committee, activates and organizes local, community networks. The work is intentionally bi-directional: These community networks identify the nature of the problems that communities are experiencing, proposes solutions for addressing them, and feeds that information back through the system so that the necessary resources can be identified. In other words, the problems are not surfaced in a “top-down” way, but are framed at the community level by the people who are most affected. The residents then help to think through the strategy for addressing the problems and how best to carry out the work.

For example, community leaders identified food insecurity as a major problem that was leading residents to “violate” shelter-in-place mandates in order to search for food. The Operation located closed grocery stores with freezers and electricity and

⁸ See The Coronavirus Response Center, <https://www.chicago.gov/city/en/sites/covid-19/home.html> (last visited on May 1, 2020).

⁹ These communities are Austin, Auburn Gresham, and South Shore. See “Racial Equity Rapid Response” flyer.

worked out a deal with store owners to use them as “pop-up” food pantries that could store food for local residents. The Mayor’s office then connected the residents to the Emergency Operation Center, which worked with a Chicago food bank to stock the pantries and secured volunteers to distribute the food to residents.

Another example, involves outreach and testing. A major benefit of bringing all the hospitals into the Operation is that it eliminates competition among the hospitals for testing and equipment. Through the Steering Committee, the hospitals strategize together about how to allocate these limited resources. Because the hospitals also have information about patients with underlying conditions, they can reach out to those patients to conduct testing. Through these conversations, the hospitals have also learned about specific health care barriers that communities face and have worked to expand the capacity of community health centers to respond to residents’ health needs.

Conclusion

This description provides one example of how different localities in New Jersey might structure their responses to COVID-19. Obviously, Chicago is a much larger city and has more fiscal and personnel resources that can be used to service this kind of operation. On the other hand, a similar structure that systematically connects city government, community groups, community institutions, residents, universities, and private institutions to identify, share, and distribute resources could still be developed on a smaller scale. Having a coordinated system in place could be helpful if there is another outbreak and surge in COVID-19, as some epidemiologists are predicting.

Further, some of the principles that the Operation has used to guide its work could prove useful in the long-run. Specifically, building local infrastructure and developing community-centered strategies to address enduring health, social, and economic challenges would not only help lay the foundation for recovery from the pandemic, but would also invest in the future of Black and Brown communities across the state.