

RESOLUTION

WHEREAS, The Department of Public Health completed a Healthy Chicago 2025 assessment under Mayor Lightfoot, which established a five-year community health improvement plan focused on racial and health equity to reduce the black-white life expectancy gap; and

WHEREAS, As of 2017, the life expectancy gap between a Black and white Chicagoan is 8.8 years, with HIV as one of the top five drivers; and

WHEREAS, In the United States, African American women are 15.3 times as likely to die from HIV infection as white women, and African American men are 6 times as likely to die from HIV infection as white men; and

WHEREAS, According to the Chicago Department of Public Health, Non-Hispanic African Americans made up 55% of new HIV diagnoses, 57% of AIDS diagnoses, and 48% of late HIV diagnoses in 2020, despite making up only 28.8% of Chicago's overall population; and

WHEREAS, In 2020, the highest rates of new individual HIV infection diagnoses occurred in the predominantly African American neighborhoods of Pullman, Washington Park, Austin, South Shore, and Uptown; and

WHEREAS, It is imperative that action be taken to halt new HIV infections among these at-risk African American men and women, which continue at an alarming rate, while new cases of such infections among the corresponding at-risk Caucasian demographic have dramatically decreased to a current rate of less than 20%; and

WHEREAS, As a result of the health disparities, the Chicago Department of Public Health determined that beginning in 2019, this at-risk population should be one of five demographics selected for community development initiatives funding; and

WHEREAS; In 2019 through 2024, the Chicago Department of Public Health allocated a total of \$1.8 million to African American/Black-led community-based organizations of its \$40.4 million HIV/AIDS budget, accounting for only 4.46% of its overall grant allocations for HIV/AIDS; and

WHEREAS, The Healthy Chicago 2025 report lists increasing access to comprehensive and culturally competent healthcare as a priority; and

WHEREAS, Dr. Ige led the development of a plan to provide \$2 million annually over the next four years to HIV/AIDS-related service community-based organizations led by Black same-gender-loving men; however, this will not be enough to address the inequitable incidence of HIV/AIDS among the Black population; therefore

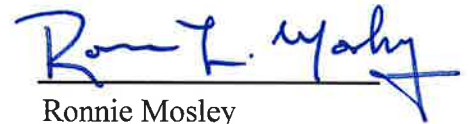
BE IT RESOLVED, That we, the members of the City Council for the City of Chicago, do hereby call on the Committee on Health and Human Relations to convene a hearing on the disproportionate allocation of HIV/AIDS grant funding and opportunities for amelioration;

BE IT FURTHER RESOLVED, That since more than 50% of all recently diagnosed cases affect African American Chicagoans, it is incumbent upon this legislative body to promulgate an ordinance that ensures the majority of funding provided for HIV/AIDS mitigation is provided to agencies within communities that have been identified as having the highest concentrations of African Americans living with this disease, thus closing the racial disparities in HIV/AIDS grant funding gaps and realizing the Healthy Chicago 2025's goal of providing culturally competent healthcare.

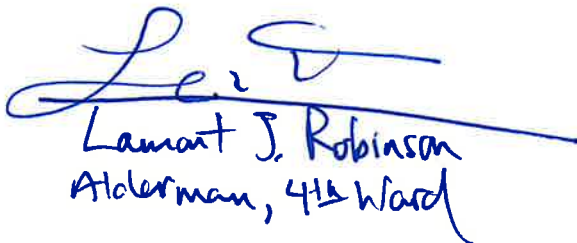


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