



CITY OF CHICAGO



Brandon Johnson, Mayor

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Date: August 10, 2023
RE: Board Letter to Mayor

Dear Honorable Brandon Johnson, Mayor of Chicago,

We, as the members of the Board of Health which serves as an independent advisory body to the Chicago Department of Public Health (CDPH) and the City of Chicago Mayor's office, first want to congratulate you on your election. We have read the transition report with great interest and look forward to the important initiatives of your administration. Our membership is diverse and represents the broad reach of public health. Additionally, the tenures of service of the Board members span several administrations and our primary focus is ensuring the health and safety of the Chicago community. All of us are committed to provide service to all Chicagoans to make the city a healthy and more equitable place to live, learn, work and play.

We would like to acknowledge the achievements of CDPH under the leadership of Dr. Alison Arwady as the Commissioner. She is a consummate public health professional who guided the City's response to the COVID pandemic and has worked tirelessly and diligently with her team to transform the way in which the City of Chicago approaches mental and behavioral health as well as threats to physical health and well-being. Chicago and CDPH have been repeatedly recognized and highly regarded at the national level for a consistent focus on equity, data-driven solutions, innovative approaches, and responsiveness to community needs. With today's societal and environmental challenges, it is imperative that our city has a comprehensive and holistic approach to all areas of public health, health promotion, and disease prevention that is data-driven and informed by experience in health and public health. To that end, the investment in a proactive, prepared, and responsive department with the expertise and infrastructure to address all health issues will be essential to the City of Chicago to remain a respected leader in public health for its people and on the national stage.

We have highlighted many of the accomplishments that CDPH has achieved in the last four years under extremely challenging times below (Appendix A). The range reflects the holistic approach that it takes in addressing complex and highly intersectional issues. All of these areas of work are important to continue so as not to derail the progress that has been made.



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Additionally, to achieve health equity and for Chicago to continue as a national exemplar, we encourage the city to consider work towards parity with other cities regarding funding for the important work done by public health departments on behalf of overall well-being for our people.

We strongly believe that a compassionate, holistic, responsive, data-driven Department of Public Health aligns with your commitment to ensuring the health and safety of all Chicagoans, regardless of a resident's race, ZIP code or income.

As members of the Board of Health, we also respectfully request and recommend that any candidate under consideration to lead CDPH as the Commissioner possesses key attributes and has demonstrated:

- Extensive experience in the public health domain, especially in the urban setting with a focus on social and racial equity.
- Advanced educational attainment in public health, policy or administration
- Management of a broad and multidimensional portfolio of public health-related initiatives
- Proven adeptness in managing and leading large organizations
- Public government agency operations experience
- A track record of fiscal responsibility and accountability at a scale necessary for the role of Commissioner of CDPH
- People orientation, relationship and trust building, and data-driven decision-making
- Commitment to transparency and communication of information and progress or lack thereof

We strongly believe that all of these attributes are imperative for a strong public health leader. With this type of well-rounded leadership, we are confident that the momentum towards a healthier Chicago that has garnered positive national recognition for our city's public health department work can continue.

We welcome any and all engagement in your considerations for the Department of Public Health Commissioner and will support steadfastly your decision that will, ultimately, further the mission of achieving health, safety, and well-being for all people of Chicago.

Sincerely,

Members of the Chicago Board of Health

Janet Lin, MD, MPH, MBA, President

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Appendix A. CDPH Achievements Under Current Leadership

- Investment in behavioral health: Today, there are 50 agencies, including our own clinics, providing City-funded, no-barrier mental health care services for adults, youth and families across the city through the Trauma-Informed Centers of Care network. By the end of this year, those providers are on track to provide services to 60,000 Chicagoans, with access in all fifty wards. CDPH is continuing investments in the five CDPH-run mental health clinics, to put in place expanded service hours, telehealth options, community outreach capacity, and services for youth and adolescents.
- Funding will also go toward continuing and expanding the Crisis Assistance Response and Engagement (CARE) pilot. This pilot deploys multi-disciplinary response teams, which respond to 911 calls with a mental health component and integrates mental health professionals into the City's 911 response system. So far, CARE teams have responded to over 350 calls and conducted over 300 follow-ups, with no use of force. Ongoing investments will deepen the presence in existing pilot communities by expanding hours, widening geographic coverage, and piloting new response models. For example, a new response model on the West Side will pair paramedics with peer recovery specialists to focus specifically on substance use crises. And in one of the bolder moves we are proposing, we will stand up stabilization housing for individuals that are high utilizers of homeless and emergency services, replicating the model of COVID isolation and quarantine housing for homeless individuals. In partnership with Department of Housing, we plan to acquire a motel and provide 60 beds for individuals to get support and treatment for mental health, substance use disorder, and chronic health conditions for up to six months before moving to permanent supportive housing.
- CDPH stands firm in the belief in the right to choose when and how to become a parent. In this budget, CDPH remains committed to ensuring that Chicago is a safe haven for those seeking reproductive healthcare and to providing high-quality, comprehensive sexual health services. The Justice for All initiative will quadruple in size, providing a total of \$2M in funding for access to reproductive health services including abortion care, covering services like individualized case management, travel, lodging, and childcare.
- CDPH is also investing in an expansion to double the reach of adolescent sexual health education through the CHAT program, which provides developmentally appropriate and accurate sexual health education and offers STI screening and linkage to care in some high schools. We are also making a new investment in CDPH run STI clinics to add the staff and supplies needed to start providing comprehensive pregnancy options counseling, birth control counseling, and prescriptions. This new funding will help address gaps for Chicagoans with unmet needs for contraception.
- CDPH is expanding supports for families that welcome new babies through Family Connects Chicago. Family Connects Chicago is an evidence-based universal newborn nurse home visiting program that combines engagement and alignment of community service providers with short-term nurse home visiting for families with newborns. Family Connects provides a touchpoint for health of the birthing person, baby and family and connection to services during the vulnerable weeks following the birth of a baby. CDPH launched the Family Connects Chicago pilot at four birthing hospitals in 2020. Since then, the program has provided 3,207 families with home visits. In 2022, the City

invested \$25 million in Chicago Recovery Plan funds to take the program citywide over three years. CDPH expects seven birthing hospitals to join by the end of this year and next year, we hope that this continued investment will expand these efforts to all 15 birthing hospitals and all Chicago communities. Another program that focuses on families with young children is the Special Supplemental Nutrition Program for Women, Infants and Children, commonly referred to as WIC. This program provides supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding, and postpartum women, infants, and children up to the age of five who are found to be at nutritional risk. CDPH's WIC clinics and partner organizations provide enrollment, benefit distribution and breastfeeding support for nearly 22,000 mothers, infants and children in Chicago.

- Championing data modernization initiatives and advocating for CDPH and other local health jurisdictions to have timely access to data for action.
- Budget: While the CDPH budget is nearly five times what it was before the pandemic, it is mostly due to a surge in time-limited federal grant funding. CDPH has been very deliberate to use these funds, not just to build temporary scaffolding, but to put long-term solutions and technology in place that will benefit the city for years to come. CDPH has invested these funds to create new capabilities in Chicago including wastewater monitoring to understand the burden of disease at a population level, genomic testing to understand variants of a disease, coordinating and supporting health care providers, and evolving the community-based contract tracing program to community health workers who can address an array of public health issues. CDPH is assessing, prioritizing and looking for ways to sustain the key activities and capabilities that will keep Chicago healthy and safe.
- Less than 10% of the department's budget comes from city corporate funds today. This is significantly less than the contributions of New York City, Los Angeles, and other large cities to their departments of public health. Fortunately, CDPH has been highly effective in securing federal funds and other extramural funds and has made good use of those funds. Recognizing the long-term nature of public health challenges, CDPH continues to advocate with their funders that continuing the cycle of time limited disease-specific surge funding does not help us achieve our shared goal of a robust and prepared public health system. This has also demonstrated the great need to improve administrative processes. CDPH is grateful to our colleagues from other departments for working with them to make these improvements a reality. These improvements do not happen quickly, but they are vital, and will help us to meet our goal of closing the racial life expectancy gap in life expectancy in Chicago and to be better prepared for the next major public health response.
- CDPH continued to make excellent progress in the fight against HIV/AIDS. In a recent report from CDPH's Syndemic Infectious Bureau, the latest numbers show that new HIV diagnoses are at their lowest since 1987 and new AIDS diagnoses are at their lowest since 1985. It's not just that diagnoses are down, it's that they are down for Black Chicagoans, White Chicagoans, and Latinx Chicagoans of all ages. CDPH has made strategic investments in Population Centered Health Homes, successfully connecting those with HIV to medication, care, and other services. While 61% of all Chicagoans living with HIV are virally suppressed, more than 90% of people connected to those health homes are virally suppressed. However, CDPH must remain focused on

addressing disparities, knowing that more than half of new HIV diagnoses still occur in Black Chicagoans and that other STIs are on the rise, especially among younger people.

- Work still needs to be done to address racial and health disparities. As of 2020, the gap in life expectancy between Black and white Chicagoans was ten years, up from 8.8 years in 2017. For the first time in decades, life expectancy for Black residents of Chicago fell below 70 years. Also, Latinx residents saw a more than a 3-year drop in life expectancy between 2019 and 2020, the steepest decline for any group, and have lost a total of 7 years of life expectancy since 2012. COVID has only further highlighted these disparities and the need to address not just health conditions, but the root causes of health. That is the focus of Healthy Chicago 2025, CDPH's community health plan for the city. Healthy Chicago 2025 calls out seven priority areas – housing, food access, environment, public safety, neighborhood planning and development, health and human services, and public health system organizations - and identifies strategies in each to address them.
- Partnership with other departments and community and local organizations continue to address the racial and health equity priorities. For example, Chicago is currently the only major city without a 211 system to connect residents to health and human services. But CDPH worked with the Mayor's Office, DFSS, the United Way of Metropolitan Chicago, Cook County, and multiple community and local organizations to establish *211 Metro Chicago*, a health and human service resource website and plan to launch the 211 call center this winter. As a complement to the City's 211 system, we are investing in taking that resource hub model developed from the corps of COVID contact tracers, and standing up the Community Health Response Corps. CDPH is working to build a network of community health workers to reach Chicago residents in high priority communities, helping access public resources and health resources and delivering information that improves drivers of health and life expectancy.
- CDPH is making significant investments of Chicago Recovery Plan funding into environmental justice initiatives. With this funding, CDPH launched a cumulative impact assessment to evaluate pollution burden across Chicago and identify communities most vulnerable to the effects of pollution to inform policy and system changes. CDPH is also expanding air monitoring in Chicago and remediate contaminated sites in overburdened communities.
- Work and progress continue in areas of inspection and field work. The sanitarians in CDPH's Food Protection program completed more than 6,800 retail food inspections in the first half of this year and were trained to monitor compliance with the updated municipal code which requires that restaurants that offer a packaged children's meal with a drink will offer a healthy drink option such as water, sparkling or flavored water with no added sweeteners, non-fat or 1% dairy milk and certain nondairy milk alternatives. CDPH's Lead Poisoning Prevention and Healthy Homes Program worked with homeowners and tenants to clear 200 homes of lead hazards this year to date and has another 306 homes in the process of having lead and other health hazards removed. HUD recently awarded CDPH another \$8.7 million to fund this important work. Coupled with the infusion of Chicago Recovery Funds, Chicago will continue its progress toward reducing childhood lead poisoning.
- Commitment to engaging with and keeping the public informed with accurate information and data on public health priorities – for example, Dr. Arwady's weekly

Facebook Live show (which includes information and also live questions and answers from the public) and active engagement with media.

- COVID: Among public health professionals, Chicago has been held up nationally as one of the best prepared health departments to tackle COVID. Just a few months prior to the start of the pandemic, Dr. Arwady and the department participated with the CDC in the “Crimson Contagion” readiness exercise to stress test the city’s response to bioterrorism or an infectious disease crisis. As a result, Chicago had stockpiles of N95 masks and the freezers needed for the COVID vaccine which were not available in other cities. CDPH posted data on its website on a daily basis, providing the public with the highest level of information transparency.
- The city is equipped with the tools to prevent severe illness – with vaccines, treatments, and testing widely available for any future infectious surge. We have administered more than 5 million vaccine doses. The pandemic claimed over 7,800 lives in Chicago and is now the second leading cause of death among Chicagoans, behind heart disease. CDPH must and will remain vigilant in monitoring and addressing COVID, including continued education and access to vaccines, the best preventative tool available. There are many lessons from COVID-19 that we can apply broadly to our efforts across the work of our department.
- Emergence of Monkeypox virus: The structures put in place to respond to COVID have been crucial to CDPH response to this emerging virus. CDPH was able to monitor the virus; educate and engage Chicagoans on the facts and resources; and receive, store and distribute the vaccine as soon as we could get it from the federal government, making sure we got information and resources to priority populations. Still, CDPH has more work to do to protect residents against COVID-19, MPV and other viruses, and to remain prepared for emerging diseases.
- CDPH also learned during COVID how important it is to incorporate community-driven, hyper- local strategies into our work if we are going to move the needle on health disparities. That is why CDPH launched the Healthy Chicago Equity Zones initiative last year to build capacity in communities, particularly in the Black and Latinx communities disproportionately affected by health inequities—so they can develop and implement locally tailored solutions to public health challenges. CDPH is taking a regional approach and funding a community-based organization located in each of Chicago’s 77 community areas. Healthy Chicago Equity Zone work started with a focus on promoting COVID vaccine uptake and is now focused on capacity building and addressing local health and racial equity priorities.