Commissioner Julie Morita, M.D.
January 15, 2019
Today’s Agenda

1. Chicago’s Public Health History
2. Building a Healthier Chicago: Recent Successes
3. Improving Health: Policy, Systems & Environmental Changes
4. What’s Next?
Chicago’s Public Health History

- 1834: Board of Health formed to combat cholera
- 1837: City of Chicago incorporated
- 1855: Chicago’s first sewers constructed
- 1869: Board of Health instituted vaccine requirements
- 1900: Flow of Chicago River reversed
- 1909: Chicago required milk pasteurization
- 1922: City launched first venereal disease campaign
Chicago’s Public Health History

• 1959: First mental health clinic opened
• 1970: First primary care clinic opened
• 1991: Federally Qualified Health Centers created
• 2010: Affordable Care Act passed with increased FQHC funding
• 2012: CDPH partnered with FQHCs and consolidated mental health services
• 2016: Healthy Chicago 2.0 published
Recent Successes
Birth Rate for Chicago Teens, 2000-2016

Source: IDPH, Division of Vital Records, Birth Certificate Files, 2000-2016
Percent of Chicago Children with Elevated Blood Lead Levels
1997-2017

Source: CDPH, Lead Surveillance Files, 1997-2017
Chicagoans Newly Diagnosed with HIV, 2000-2017

Number of new HIV diagnoses

Source: CDPH, HIV Surveillance, 2000-2017
Percent of Uninsured Chicagoans, 2010-2017

Source: US Census American Community Survey 1-year estimates 2010-2017
Public Health Approach for Improving Health

Policy, systems and environmental change
Improving Health through Policy Changes

Make tobacco less affordable, less accessible and less attractive to children
City Policies to Prevent Tobacco Use

- Clean Indoor Air Act (2006)
- Flavored Tobacco Ban (2013)
- Tax Increase (2014)
- E-cig Regulations (2015)
- E-cig Tax (2016)
- Warning Signs (2018)
- Tobacco 21 (2013)
- E-cig Tax Increase (2018)
It takes a city – our partners
Percent of Chicago High School Students Currently Smoking, 2001-2017

Source: CDC, Youth Risk Behavioral Survey, 2001-2017
Improving Health through System Changes

Increase access to school health services

Improving Chicago’s mental health system
Increasing cigarette and e-cigarette taxes makes tobacco products less affordable for children and generates revenue to support health services for children.
Many CPS students lack access to vision care
In 2011, 9% of CPS kindergarteners had the required vision exam
School Based Vision Program: Number of Students Receiving Services, 2013-2018

Source: CDPH, SBHC Vision Program Data 2013-2018
It takes a city – our partners
New School Based Health Centers, 2015-2019
Improving Health through Systems Changes

Increase access to school health services

Improving Chicago’s mental health system
National Policy Impacts Local Mental Health System

• Affordable Care Act
  • More than 2.4 million (90%) of Chicagoans insured
  • Increased funding for Federally Qualified Health Centers and required them to expand mental health services

• Federally Qualified Health Centers (FQHCs)
  • Provide comprehensive primary and preventive care, including behavioral services regardless of patients’ ability to pay
  • Number of sites increased by > 80%
Chicago FQHCs
Mental Health: CDPH’s New Role

• Defining the System
  • More than 250 sites across the city
  • Includes FQHCs (> 60), hospitals and clinics

• Identifying Gaps
  • Mental illness stigmatized
  • Residents don’t know where to get care
  • Residents are worried about healthcare costs

• Optimizing CDPH services
  • Providing services for most vulnerable

Source: CDPH, Behavioral Health Capacity Assessment, 2017
Filling the Gaps, 2019

• Expansion of 311/NAMI Helpline
  • Expands weeknights and weekend hours
  • Provides additional language options
  • Strengthens resource directory

• Walk-in crisis counseling and psychiatry services
  • Supports communities in need of services
  • Supports expansion of capacity at existing FQHCs

• Support community mental health response for traumatic events
  • Fulfills community, church and aldermanic requests
Linking Residents to Services

**NAMI Helpline: 833-NAMI-CHI**

Navigation and support for individuals and families

**ChicagoConnects.org**

Find and connect to a provider near you

**OvercomeOpioids.org**

Destigmatize and understand how to recognize and recover from opioid addiction
Improving Health through Environmental Changes

Addressing Root Causes of Health
Average Life Expectancy, Select Chicago Communities, 2010

Source: Short Distances to Large Gaps in Health, VCU and RWJF, 2015
Factors Affecting Length and Quality of Life

Root Causes

- Social and Economic Factors: 40%
- Clinical Care: 20%
- Health Behaviors: 30%
- Physical Environment: 10%
Prioritizes Health Equity

• Leveraging Data
• Emphasizing Collaboration
• Prioritizing Root Causes
Leveraging Data

www.ChicagoHealthAtlas.org

• Open-source public health data for over 150 indicators

• See how health changes across groups, over time and in different neighborhoods
Emphasizing Collaboration: City Agencies
Prioritizing Root Causes: Community Development
Prioritizing Root Causes: Housing

Flexible Housing Pool
What’s Next?
Ongoing Challenges

- Obesity
- Opioids
- Infant Mortality
- Violence

Source: CDPH Office of Epidemiology, IDPH Vital Statistics Division, US Census
Public Health Approach for Addressing the Root Causes of Health

Policy, systems and environmental change
“Talent wins games, but teamwork... wins championships.”

- Michael Jordan