



HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

February 14, 2013

2012 ANNUAL REPORT

February 14, 2013



City of Chicago
Mayor Rahm Emanuel



Bechara Choucair, M.D.
Commissioner



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OFFICE OF THE MAYOR CITY OF CHICAGO



Dear Fellow Chicagoans,

When I ran for Mayor, I pledged to improve the health and well-being of every person in every neighborhood across Chicago. Within 100 days of first taking office I was proud to launch Healthy Chicago, one of the most comprehensive public health agendas in the country dedicated to transforming the health of our city.

Developed by the Chicago Department of Public Health, Healthy Chicago prioritized 12 city-wide goals and then outlined 193 concrete and actionable strategies to reach these goals through the collaboration of city agencies, businesses, community organizations, faith groups, and individuals.

This report shows the significant progress we have made toward meeting these ambitious goals. Together, we have implemented new programs and policies, launched city-wide public education campaigns, and achieved a number of real, tangible successes. In fact, of the 193 strategies, 45 percent have been implemented and another 47 percent are currently in progress. The results of these strategies range from improving bike lanes across Chicago, expanding access to oral health care for our students, and launching our PlayStreets initiative to protecting our residents through increased distribution of flu vaccines.

This report outlines how we plan to build on these successes in the years ahead through innovative, system-wide proposals. I encourage you to read this report and join us as we continue to grow the health of this great city.

Together, we will make Chicago the healthiest city in the nation.

A handwritten signature in black ink that reads "Rahm Emanuel".

Rahm Emanuel
Mayor



DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO



Dear Friends,

We developed Healthy Chicago with one goal in mind: to make Chicago the healthiest city in the nation. As we developed this plan, we met with countless individuals, families, community groups, and business partners to discover new, innovative ways to work together and achieve our ambitious goal.

Today, I am proud to share with you the story of our first year since launching Healthy Chicago. In this update, you will learn about the progress we have made in each of our 12 priority areas including the growth of new initiatives in neighborhoods across our city. You will also find information on how Healthy Chicago has helped promote new economic opportunity, from fresh produce carts in target neighborhoods to the LISC New Communities Programs. After all, a healthy city is a working city.

None of this great work could be accomplished by the Department of Public Health alone. We depend on the support of every Chicagoan to make real, lasting change. With your help, I am confident we will continue to move forward and achieve all of the ambitious goals in Healthy Chicago.

For information on how you can join us or how you can get your neighborhood involved, please email us at healthychicago@cityofchicago.org.

A handwritten signature in black ink, appearing to read "Bechara Choucair". The signature is fluid and stylized, with a long, sweeping line extending from the end.

Bechara Choucair, M.D.
Commissioner of Health

INTRODUCTION

On August 16, 2011, Mayor Rahm Emanuel unveiled the Healthy Chicago public health agenda. A blueprint for health improvement, Healthy Chicago identifies 16 health outcome targets, 12 priority areas, and 193 supporting strategies.



The strategies within each priority area call for action in one of three areas:

- Policies, including regulatory changes and law, that will be pursued to improve the public's health;
- Programs and services that will be delivered; and
- Education and public awareness efforts to reinforce proposed policies and programs.

As a living document, new strategies are added to Healthy Chicago both as needs are identified and opportunities present. In the first year of implementation 19 new strategies were added to the original 193. These primarily focused on policies, as they offer the greatest potential for sustainable health improvement.

This report provides an update on the first 16 months of Healthy Chicago implementation, through December 2012. Sections I and II provide overviews, including outcome measures and progress towards identified 2020 targets. Section III, the majority of the report, focuses on the progress made within each of the 12 priority areas. Collaborations that advance Healthy Chicago goals are



Mayor Emanuel at the August 16, 2011 release of Healthy Chicago

in Section IV, and the report ends with a review of CDPH's Healthy Chicago funding.

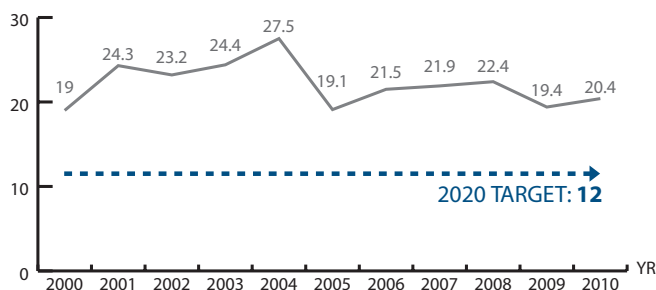
I. HEALTHY CHICAGO OUTCOME MEASURES

The data presented in the following section have been updated to present the most current indicators available to CDPH. Most indicators refer to time periods that pre-date the implementation of Healthy Chicago strategies to address tobacco use, obesity, HIV, cancer disparities, etc. Also, some historical data points have been revised since the original release of Healthy Chicago in August 2011 due to (1) the availability of newly-released census data for use in calculating intercensal estimates (e.g., breast cancer death rates, stroke death rates, asthma hospitalization rate); (2) use of alternative definitions of health measures (e.g., birth rate among 15-19 year olds, percent of high school students who smoke); or (3) revised case data (e.g., number of new HIV infection diagnoses and percent of children with elevated blood lead levels). Year to year differences in the values of indicators may be the result of random fluctuations, rather than statistically significant changes.



PERCENT OF ADULTS WHO SMOK E

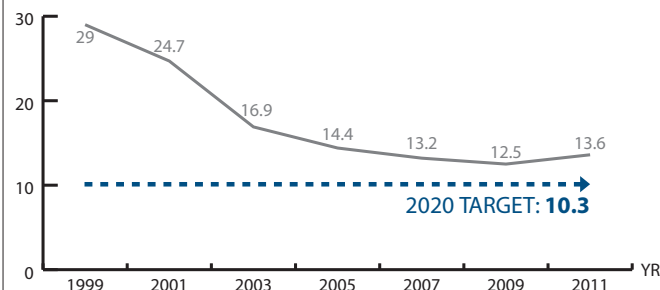
(Chicago, 2000-2010)



SOURCE: Illinois BRFSS, Illinois Dept of Public Health

PERCENT OF HIGH SCHOOL STUDENTS WHO SMOK E

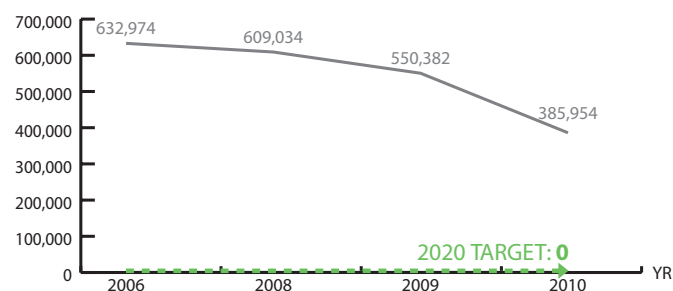
(Chicago, 1999-2011)



SOURCE: YRBSS, U.S. Centers for Disease Control & Prevention

NUMBER OF CHICAGOANS LIVING IN FOOD DESER TS

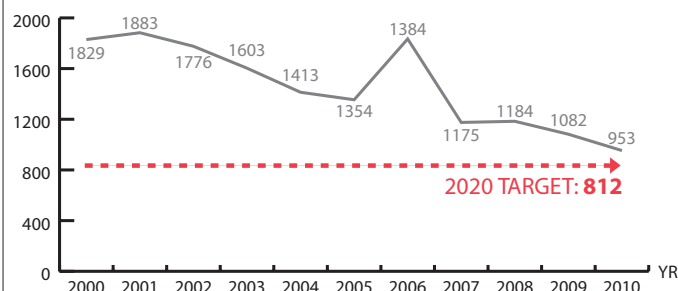
(Chicago, 2006-2010)



SOURCE: Mari Gallagher Research and Consulting Group

NUMBER OF NEW HIV INFECTION DIAGNOSE S

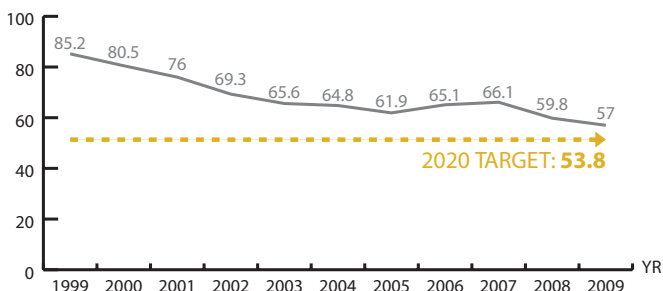
(Chicago, 2000-2010)



SOURCE: CDPH, STI/HIV Surveillance, Epidemiology & Research

BIRTH RATE AMONG 15-19 YEAR OLDS (PER 1,000)

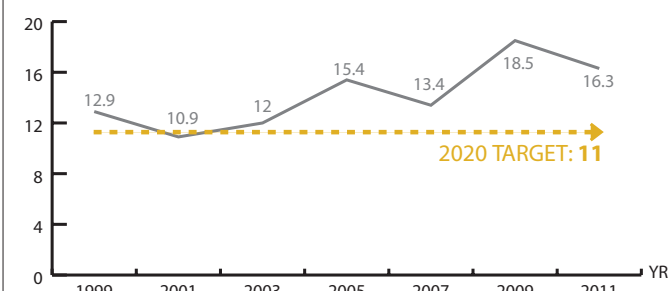
(Chicago, 1999-2009)



SOURCE: Vital Records, Illinois Dept. of Public Health

PERCENT OF HIGH SCHOOL STUDENTS WHO HAVE EXPERIENCED DATING VIOLENCE

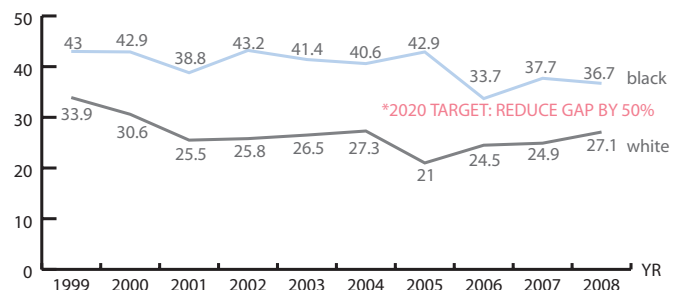
(CHICAGO, 1999-2011)



SOURCE: Vital Records, Illinois Dept. of Public Health

BREAST CANCER DEATH RATE IN NON-HISPANIC BLACK AND WHITE WOMEN

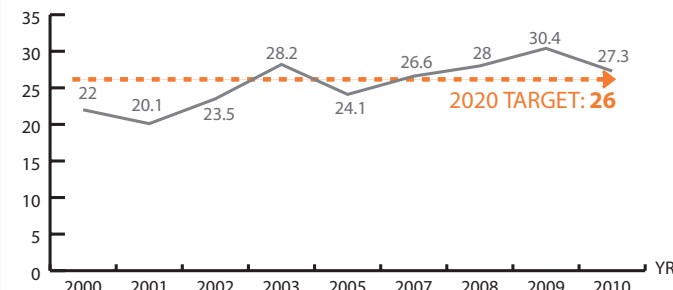
(Chicago, 1999-2008)



SOURCE: Vital Records, Illinois Dept of Public Health; data are age-adjusted

PERCENT OF ADULTS WHO HAVE BEEN TOLD BY A DOCTOR THAT THEY HAVE HIGH BLOOD PRESSURE

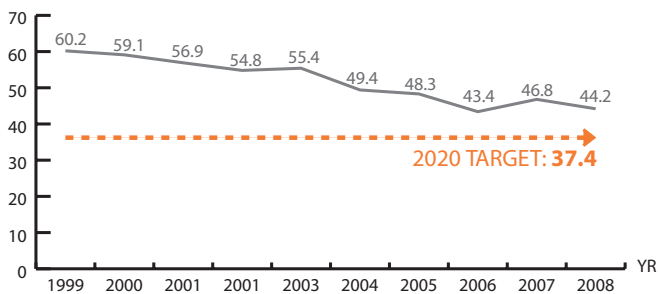
(Chicago, 2000-2010)



SOURCE: Illinois BRFSS, Illinois Dept of Public Health

STROKE DEATH RATE (PER 100,000)

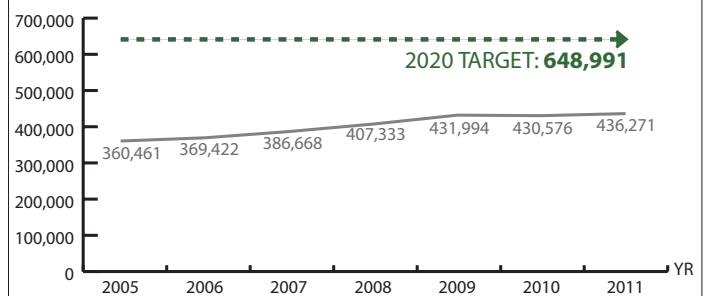
(Chicago, 1999-2008)



SOURCE: Vital Records, Illinois Dept of Public Health; data are age-adjusted

NUMBER OF FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PATIENTS

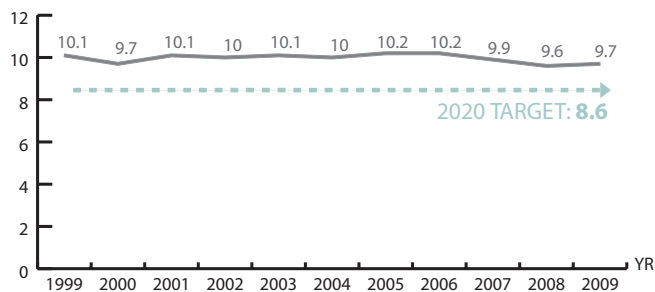
(Chicago, 2005-2011)



SOURCE: HHS, Health Resources and Services Administration

PERCENT LOW BIRTH WEIGHT BIRTHS

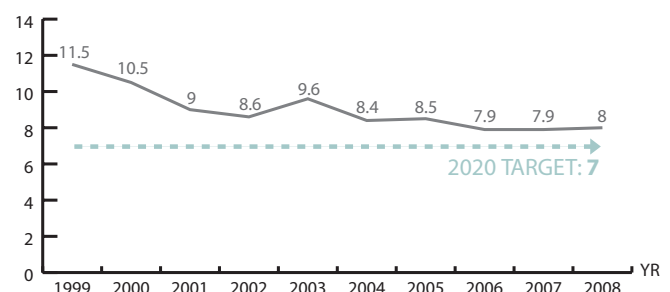
(Chicago, 1999-2009)



SOURCE: Vital Records, Illinois Dept of Public Records

INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)

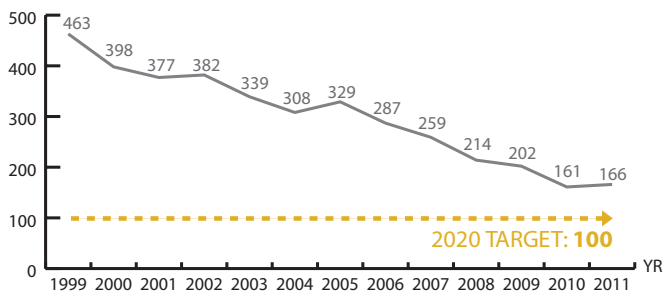
(Chicago, 1999-2008)



SOURCE: Vital Records, Illinois Dept of Public Records

NUMBER OF TUBERCULOSIS CASES

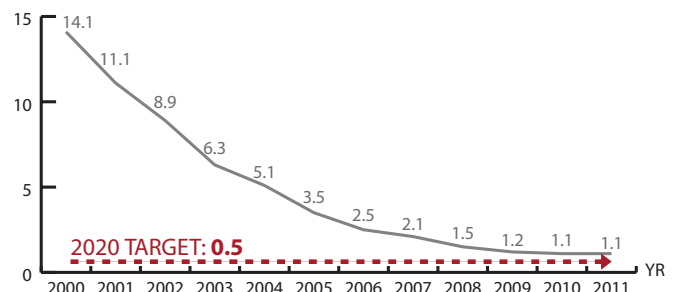
(Chicago, 1999-2011)



SOURCE: Vital Records, Illinois Dept of Public Records

PERCENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

(Chicago, 2000-2011)



SOURCE: CDPH, Lead Poisoning Prevention Program

ASTHMA HOSPITALIZATION RATE (PER 10,000 RESIDENTS AGED 5-64 YEARS)

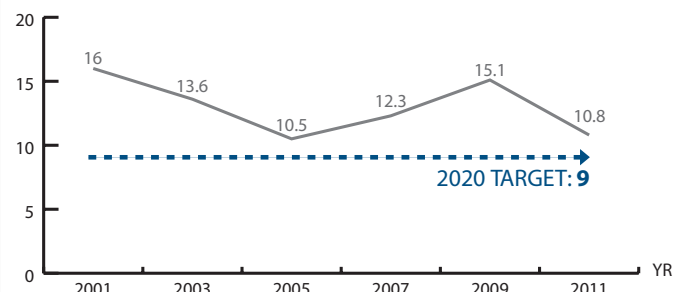
(Chicago, 2000-2011)



SOURCE: Illinois Health Care Cost Containment Council; data are age-adjusted

PERCENT OF HIGH SCHOOL STUDENTS MISSING SCHOOL DUE TO SAFETY CONCERNS

(Chicago, 2001-2011)



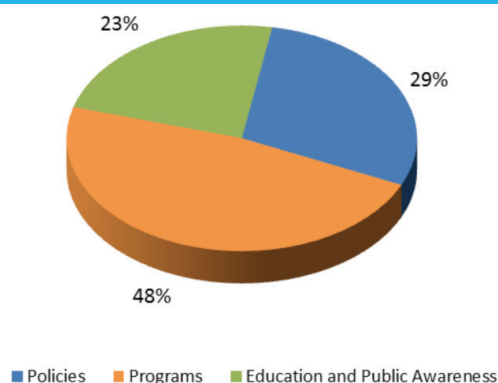
SOURCE: YRBSS, U.S. Centers for Disease Control & Prevention

II. OVERVIEW OF PROGRESS MADE

As previously noted, each of the 193 initial Healthy Chicago strategies falls into one of three intervention categories: policies, programs, and education and public awareness.

Just under half of the strategies (92 or 48%) are programmatic in nature and include newer initiatives such as those aiming to reduce teenage pregnancy and dating violence as well as longstanding priorities, including childhood immunizations and restaurant inspections.

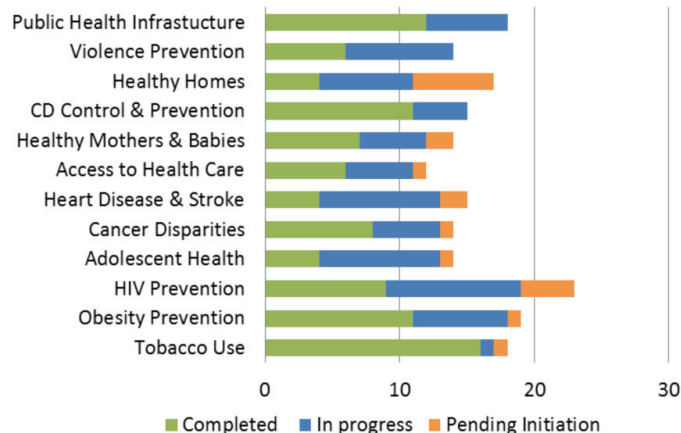
Healthy Chicago Strategies by Type



Fifty-six (56) or 29% of strategies focus on policy development, advocacy, or implementation. Examples range from a healthy vending policy for City of Chicago buildings to advocating for full prevention funding under the Affordable Care Act. Finally, 45 strategies (23%) focus either on efforts to increase public awareness and knowledge around specific public health issues (such as HIV prevention), or to increase the capacity of public health stakeholders through training or other professional development activities.

The number of overall strategies within the 12 priority areas ranges from 12 (Access to Care) to 23 (HIV Prevention). The following chart shows the status of strategy implementation across the 12 priority areas.

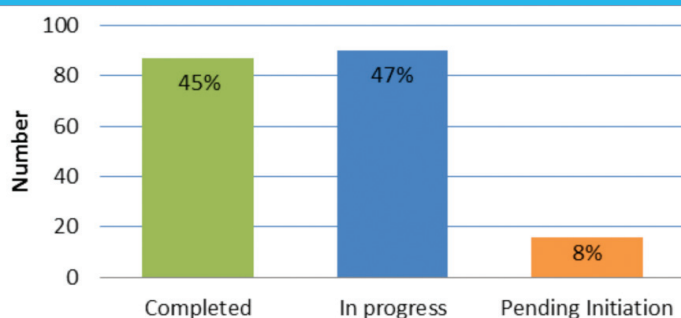
Status of Healthy Chicago by Specific Priority (n=193)



At least one strategy has been completed for each of priority area, and for three priority areas – public health infrastructure, violence prevention and communicable disease control and prevention – all strategies have either been initiated or completed. The considerable progress made in the area of tobacco use was enabled by a large federal prevention grant awarded just prior to Healthy Chicago's release.

Significant progress has been made in the first 16 months of Healthy Chicago implementation. As reflected in the chart below, work on 92% of the original 193 strategies has either been completed or initiated.

Overall Healthy Chicago Implementation Status



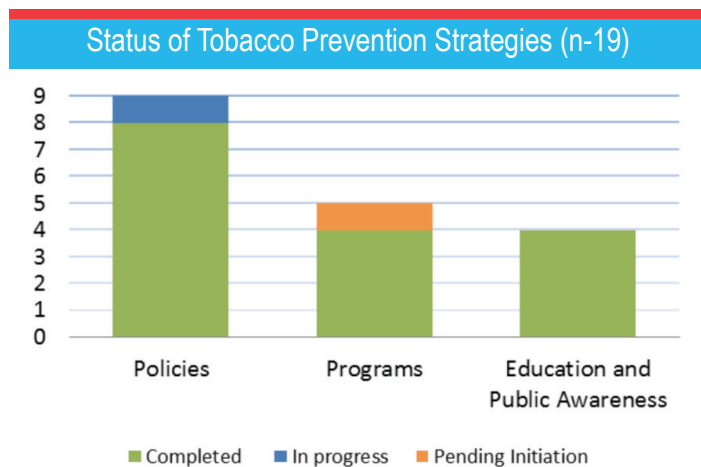


III. PRIORITY IMPLEMENTATION PROGRESS



TOBACCO USE

There are 18 Healthy Chicago strategies designed to reduce morbidity and mortality related to tobacco use and exposure to secondhand smoke, reflecting efforts to prevent and reduce smoking among youth and adults. Progress in implementing the 18 strategies is reflected below, followed by selected first year highlights.



Expanding Smoke-free Environments

In the past year, CDPH worked in partnership with the Respiratory Health Association (RHA) to create several new 100% smoke-free environments throughout Chicago.

- Four new Chicago Housing Authority complexes (1,600 units) and nearly 3,250 units of multi-unit private housing became smoke-free.
- Smoke-free hospital campus policies were established at Mercy Hospital and Medical Center, Weiss Memorial Hospital, Roseland Community Hospital, Thorek Hospital and Medical Center, and Norwegian American Hospital. While current law prohibits smoking within hospitals, these five hospitals chose to make their entire campuses smoke-free, enabling patients, family members, and hospital staff to enter and depart from the hospital without exposure to second-hand smoke.

- Six behavioral health agencies operating nine service delivery sites also enacted smoke-free campus policies, affecting 500 staff and 15,000 clients annually. The agencies include: Beacon Therapeutic Diagnostic and Treatment Centers (four campuses), The Women's Treatment Center, Caritas, Healthcare Alternative Systems, Trilogy, and Thresholds.

Smoke-free campus policies were also adopted by Roosevelt University, Robert Morris University, and seven campuses comprising Chicago City Colleges. Collectively, the policies enacted by these three institutions impact smoking behavior or exposure to second-hand smoke for more than 128,000 students and 7,000 faculty and staff. Additionally, the Archdiocese of Chicago passed a smoke-free campus policy, impacting 42,699 students.

Reducing Cigarette Access and Affordability

Reducing points of access to and the affordability of cigarettes are proven strategies that contribute to decreased smoking behavior. This past year, CDPH spearheaded an effort to eliminate cigarette vending machines in the city. Due to this policy change, the City will no longer issue licenses for vending machines, preventing easy points of access and protecting children in particular from tobacco.

At the State level, CDPH supported the \$1 per pack cigarette tax increase, which took effect in June 2012. Because the new revenue from the cigarette tax will be used for Medicaid, the State will also receive matching dollars from the federal government. It is estimated that this tax increase will prevent 14,500 Chicago youth from starting to smoke and cause the same number of adults to quit.

Increased Fines for Illegal Tobacco Sales

In May, 2012, the Chicago City Council passed a business license reform ordinance which included several measures designed to crack down on illegal tobacco sales and protect minors. Retailers who sell cigarettes to minors or sell them without the required tax stamp now pay an increased fine of \$1,000 per violation in cases involving 40 or fewer packs, and \$25 per pack for violations involving over 40 packs.



Repeat offenders (comprising over 40% of retailers who receive citations) now receive an additional \$2,000 fine.

City/County Enforcement Partnership

Cigarette packs sold in the City of Chicago must have a joint City and Cook County cigarette tax stamp on them. These taxes are a strong tobacco prevention measure and the stamps help protect against illegal sales. Until last year, City and County inspectors enforced their respective taxes and issued citations separately, even though the sale of unstamped packs violates both City and County tax laws. Under a new agreement, City and County investigators are able to write tickets for both County and City violations at the same time. Additionally, City and County attorneys can prosecute cases for both governments and Administrative Hearing Officers hear both City and County cases back-to-back. Collaboration began mid-year and contributed to a 55% increase in the number of citations issued by the City and a 53% increase in the number of cigarette packs confiscated. This collaboration sends a stronger message to retailers engaging in illegal tobacco sales, and also increases revenue for both the City and the County.

Supporting Vulnerable Populations

Healthy Chicago recognizes the importance of coupling policy change with necessary support to help smokers quit. Toward that end, in the past year, the Respiratory Health Association and CDPH partnered to offer several services, such as:

- Dedicated resources to support cessation efforts among clients and staff at behavioral health facilities that went smoke-free.
- Prevention and cessation services for Chicago Housing Authority residents.
- Six-week smoking cessation clinics for lesbian, gay, bisexual, and transgendered persons, in a partnership with the Howard Brown Health Center.



U.S. Health and Human Service's Secretary Kathleen Sebelius joins residents and City leaders in celebrating smoke-free CHA developments

- Nicotine replacement therapy to nearly 15,000 individuals, with an emphasis on vulnerable populations and female clients receiving services at community health centers and Women, Infant, and Children's (WIC) sites.

Increasing Demand for Cessation Supports

In November and December of 2011 a series of celebrity montage public announcements to Chicagoans to quit smoking were aired. In March, a targeted Come Out for Health campaign encouraged LGBT smokers to call the Illinois Tobacco Quitline.

In 2012, a citywide media campaign was launched integrating paid print, television, radio, and web-based advertising along with earned media to increase calls to the Illinois Tobacco Quitline. These efforts contributed to 9,974 calls from Chicagoans - a 23.9% increase from 8,048 calls in 2011. Calls in 2012 increased as the year progressed and the campaign unfolded; 2,901 calls were made between January and June and 7,073 calls were placed from July through December. The majority of callers were African Americans (57%) and between 45 and 64 years of age (27%).

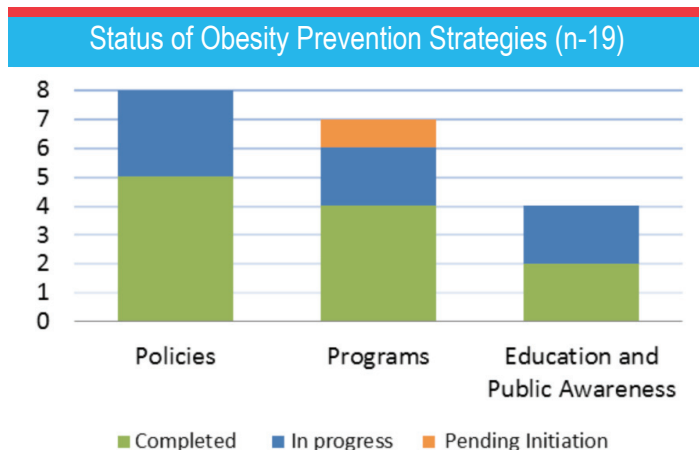


OBESITY PREVENTION

Healthy Chicago identified 19 strategies designed to prevent and control overweight, obesity, and related chronic disease. The strategies reflect efforts to:

- Reduce adult and childhood obesity;
- Increase youth and adult fruit and vegetable consumption; and
- Decrease the number of Chicagoans living in food deserts.

Progress towards implementation is reflected in the chart and narrative below.



Expanding Access to Healthy Foods

As part of a larger citywide effort aimed at greening food deserts and promoting healthier living, CDPH, other City agencies, and community partners have all worked to increase food access across Chicago in several ways, including the following:

- Since May, 2011, the City has secured commitments for 17 new or planned major grocery stores in low food access communities. New outlets include Aldi, Save A Lot, Walmart, and Roundy's. The City has also worked with owners of existing stores, including Walgreens, to add produce and other healthy options at 19 locations.

- With the September, 2011 passage of the City of Chicago's first urban agriculture ordinance, residents and businesses alike have more options to grow healthy foods in residential or commercial settings. Community gardens are permitted to be as large as 25,000 feet and new urban agriculture businesses have been expanded including vertical farms, aquaponics, and apiaries.

- A healthy corner store pilot project was developed to support stores in selling more produce and other healthy foods in Humboldt Park and Englewood.

- In June 2012, an ordinance was passed to allow produce carts to operate throughout Chicago. The ordinance requires that at least 50% of every licensed produce merchant's business operates within a low access food community. Thirteen carts are already operating and permits for additional carts are pending.

- Led by the Department of Cultural Affairs and Special Events, the City launched five new Farmers' Markets in underserved areas of Austin and Humboldt Park. Each of the new markets included healthy cooking demonstrations and on-site nutritionists. Importantly, these markets accept LINK cards allowing access to healthier foods for food stamp recipients. These markets will be continued and an additional night time Farmers' Market will be established in Logan Square beginning in June 2013.

Healthy Vending

- CDPH led an effort to convert all 300 plus snack and beverage vending machines on City owned or operated property to vending machines which offer healthier food options. A vendor was identified through a competitive RFP process and a contract is being finalized.



Increasing Physical Activity

With support from Blue Cross and Blue Shield of Illinois, CDPH launched Healthy Chicago PlayStreets, a program designed to provide children and adults safe, supervised outdoor spaces for structured and unstructured play and physical activity. In 2012, 60 community-based events were held with more already scheduled for 2013.



Pilsen PlayStreet event, August 2012

The Chicago Pedestrian Plan was released by the Chicago Department of Transportation (CDOT) in September 2012 with the goal of providing a safe, comfortable walking environment. One of the Plan's health-related strategies is to offer more Open Streets events which temporarily close streets to vehicles to permit pedestrians and bicyclists to use the roadway. CDOT expects to hold at least three such events in 2013, six in 2014 and nine in 2015. In further efforts to increase active transportation, CDOT issued the Bike 2015 plan which recommends projects and policies to promote bicycling. To date, CDOT has installed over 27 miles of buffered and protected bike lanes, created two miles of other on-street bikeways, and made seven bridges bicycle friendly. In 2012, 500 bike racks were installed and two on-street corrals have been constructed. Among the plans for 2013 are the Bike Share program which will include 300 bike stations and 3,000 bicycles, and the installation of Chicago's first year-round on-street bike parking facility in Pilsen.

Ensuring Healthy Lifestyles from the Start
Starting young children off on the right path is essential to preventing obesity. In 2011, child care center guidelines

previously passed by the Chicago Board of Health became effective. The guidelines address improved nutritional standards, increased physical activity, and limited screen time for children at all licensed day care centers in the city. With support from the Otho Sprague Memorial Institute and in partnership with the Erikson Institute and Daycare Action Council, in 2012, nearly 100 trainings on these guidelines were delivered to over 1,400 day care center providers.

In 2012, more than 37,000 children enrolled in early childhood programs, including Head Start and Child-Parent Centers.

A MODEL PROGRAM TO INCREASE FOOD ACCESS AND JOBS

This past year, Neighbor Capital, LCC, sought to extend their employment training efforts and, in partnership with CDPH and the Chicago Department of Housing and Economic Development, established the "Neighbor Carts" vending system to increase access to fresh produce and to create jobs for the unemployed and under-employed.

In May 2012, Neighbor Capital leased a cart to their partner Hope House, a North Lawndale based agency providing at-risk citizens with drug-rehabilitation care, therapeutic support, and employment opportunities. Receiving fruit bundles to sell since 2011, with the 2012 passage of the Produce Merchants Ordinance the work to sell morning bundles turned into an all day job.

One of the Hope Fruit vendors is Theodore "Ted" Times. At one point Ted was homeless, bankrupt, and battling addiction. Now, three years sober, Ted is taking his next big step to independent living by holding down a job as a fruit vendor. "I like to deal with people, connect with my neighbors," Ted says. "I enjoy this and want to see all 40 guys at Hope House be where I am now: sober and working hard."



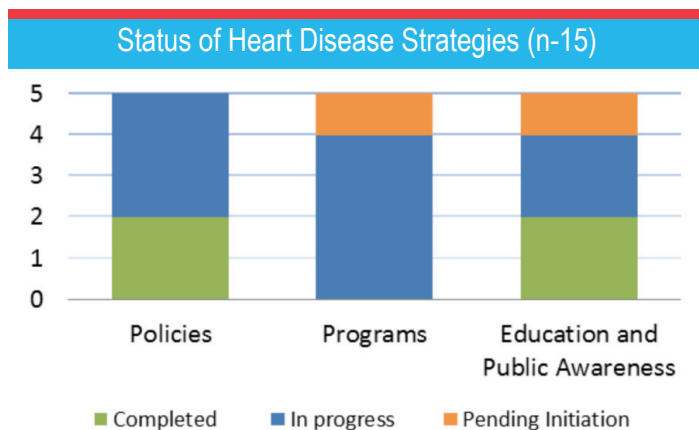


HEART DISEASE AND STROKE

Several of the previously discussed Tobacco Use and Obesity Prevention strategies will also advance Healthy Chicago goals to reduce heart disease and stroke. In addition, the Healthy Chicago agenda identified 15 strategies specifically designed to advance the goal of improving cardiovascular health through the prevention, detection, and reduction of risk factors for heart disease and stroke. Specific efforts aim to:

- Reduce the proportion of adults who have high blood pressure; and
- Decrease the stroke mortality rate.

Progress in implementing the 15 strategies is reflected below, followed by selected first year highlights.



Programs to Improve Cardiovascular Health

The first year of Healthy Chicago was also the final year of the City's longstanding REACH (Racial and Ethnic Approaches to Community Health) program. For the past 12 years, REACH has provided outreach addressing type 2 diabetes and cardiovascular disease among African American and Hispanic/Latino adults in targeted Chicago neighborhoods. While a relatively small program, the effort has shown positive outcomes. Between 2009 and 2011, residents in REACH communities have demonstrated:

- A 39% increase (from 16.6% to 23.1%) in the consumption of at least five fruits and vegetables daily,

- A 4% increase (from 40.9% to 42.6%) in the numbers meeting recommended levels of physical activity,
- A 6% reduction (from 39% to 36%) in obesity,
- A 13% decrease (from 29.8% to 26%) in reports of high blood pressure, and
- A 29% decline (from 24.1% to 17.2%) in smoking.

Recognizing the important link between physical activity and cardiovascular disease, CDPH offered a Wellness and Fitness Program at several Chicago Park District sites, delivering fitness classes to over 5,000 Chicagoans in 2012. Participants also received cardiovascular disease prevention and nutrition education.



Improving Cardiovascular Health through Technology

Since the release of Healthy Chicago, CDPH developed a partnership with the Office of the National Coordinator for Health Information Technology and the American Heart Association (AHA) to launch a new mobile application called the Million Hearts Risk Check Challenge. The mobile application will provide opportunities for Chicago residents to take a heart health risk assessment, locate places to get their blood pressure and cholesterol checked within their communities, and use their heart health data to develop a personal health plan with their health providers.



Chicago was selected as one of five cities to pilot this technology in their city. This effort will directly contribute to the AHA Million Hearts Initiative, aimed at preventing heart disease and stroke.



Dancing at the iHeartLife Health and Wellness Fair at Ford City Mall, February 2012

CPR Training in Schools

In late June, 2012 an Illinois state law was enacted to support the provision of CPR training in schools. The law allows school boards of public schools to provide safety education including (a) training 6th-8th graders on CPR and how to use an automated external defibrillator (AED) through watching a video, and (b) CPR training for students enrolled in grades 9-11.

The legislation dovetailed with a project by Northwestern University medical students to train all 6th-8th graders in Hands-only CPR. First-year Northwestern University medical students worked with Chicago Cardiac Arrest Resuscitation Education Service (CCARES), a foundation based out of Northwestern University's Feinberg School of Medicine, to develop a free 6-minute training video for middle school students on CPR and AEDs. Plans are underway for the students and CCARES to pilot this training

and then expand the training to more students as well as to teachers.

In partnership with Chicago Public Schools and the American Heart Association, over 500 schools received Hands-Only CPR posters this year. The posters will be displayed throughout the schools to promote CPR awareness among students.

Employee Wellness Initiative

Live Healthy Chicago, the City of Chicago's Employee Wellness Program, was unveiled. This initiative recognizes the significant impact of heart disease on the health of the City, including the City's workforce. Among the services being made available to address this leading cause of death in Chicago, City employees are provided with annual screenings, periodic personal health coaching, and linkage to other health and prevention resources.

Translational Research Partnership

In 2012, CDPH collaborated with the Chicago Consortium for Community Engagement (C3) to develop mechanisms to align research evidence with health plan priorities with a current emphasis on cardiovascular disease. C3 engages researchers from the Chicago Clinical and Translational Science Award (CTSA) including The University of Chicago, University of Illinois at Chicago, Northwestern and its affiliated partners, Rush University, and Access Community Health Network. In 2013 C3 will work with CDPH to translate research findings for practical application, policy, and practice.

COMMUNITY-BASED WELLNESS AND FITNESS SUPPORT PAYS OFF

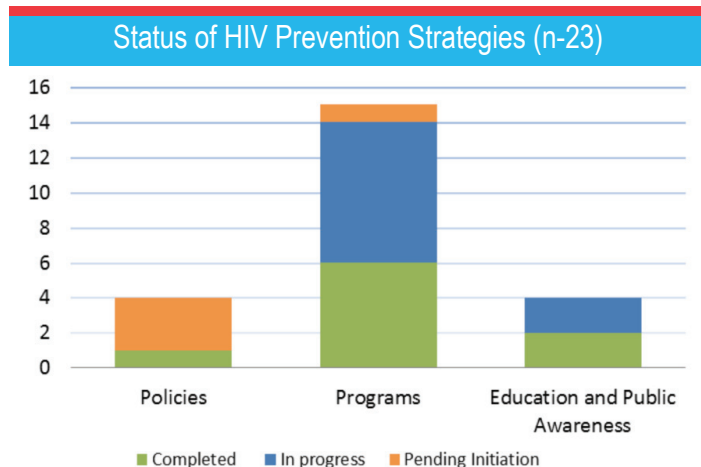
"I started my weight loss journey at 265 pounds, and have changed my life completely thanks to CDPH's fitness instructor. I am 35 pounds lighter after 7 months, and my blood pressure is now normal. I enjoy life and care a lot more about myself. I now keep a positive attitude about my future."

Tina Kruml
Participant



HIV PREVENTION

The Healthy Chicago agenda includes 23 strategies designed to prevent HIV infection and its related illness and death. Progress will be measured by a reduction in the annual number of HIV infections reported.



Creating a Continuum of Care

Each year, CDPH manages over \$51 million in City and grant funding to support HIV/STI prevention and care services. The value that CDPH places on partnerships is reflected in the fact that over \$40 million are delegated to community agencies to implement activities in support of citywide goals.

In 2012, CDPH and its community partners collectively provided housing services to over 2,600 residents, HIV testing to 43,000 persons, and STI clinical care to 21,000. A range of Ryan White grant-funded services, including mental health, transportation, and case management, were provided to about 10,000 persons in the greater Chicago area. HIV prevention activities, including behavioral risk reduction and access to syringe exchange, reached nearly 70,000 Chicagoans.

A National Model for HIV Planning

In 2012, Chicago became one of the first large metropolitan areas nationally to integrate planning for prevention, care, and housing services for HIV. Prior to the establishment of the Chicago Area HIV Integrated Services Council (CAHISC) HIV planning had been conducted by three

separate bodies – the Chicago Area HIV Services Planning Council, the HIV Prevention Planning Group, and the HIV Housing Service Providers Council.

Aligned with the National HIV/AIDS Strategy, the 42-member CAHISC provides guidance for service delivery and informs the allocation of HIV community partner funding for Chicago and nine collar counties. The integration of prevention, care, and housing allows CDPH to ensure a more strategic approach to planning and a more effective use of resources across the HIV continuum of services.

Integrating Prevention and Care

In the first year of Healthy Chicago, HIV prevention work focused largely on transitioning to an approach that emphasizes risk reduction among high risk HIV-positive populations including linkages to care for persons newly diagnosed with HIV.

Toward that end, CDPH successfully secured new federal funding (\$2.9M) to implement strategies in Chicago's Enhanced Comprehensive HIV Prevention Plan (ECHPP) and to reduce health disparities in the local HIV epidemic. ECHPP supports HIV testing, condom distribution, linkage to care for newly diagnosed persons, and social marketing. Programming is coordinated across several areas, including HIV prevention, HIV/AIDS care, housing, substance abuse, mental health, sexually transmitted infections (STI), hepatitis, and tuberculosis.

Chicago's ECHPP provides an opportunity to leverage millions of existing dollars for HIV prevention, treatment, and supportive services to stem the spread of HIV.

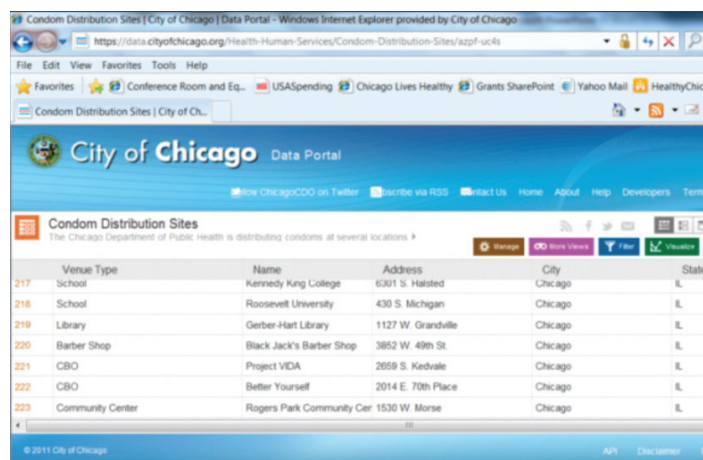


Partner Services for the Newly Diagnosed

In 2012, CDPH enhanced its routine disease investigation of all people newly diagnosed with HIV in the City of Chicago. Investigators identify the sexual partners of newly identified cases, provide them with STI and HIV testing, notify them of the test results, and link each person to care. In 2012, an estimated 1,400 individuals were offered partner services (a 51% increase from 2011) and 1,115 partners were identified.

Increasing Condom Accessibility

In 2012, CDPH distributed over nine million condoms and launched the Chicago Community Condom Project. The project aims to increase access to condoms throughout the city through community-based organizations, City facilities, and innovative and less traditional venues such as bars, nightclubs, and barber shops. Condom distribution sites can now be found on the Project's searchable data portal at data.cityofchicago.org



The screenshot shows a web browser displaying the 'Condom Distribution Sites' page on the City of Chicago Data Portal. The page features a table with the following columns: Venue Type, Name, Address, City, and State. The table lists several locations, including schools, libraries, barber shops, and community centers.

Venue Type	Name	Address	City	State
217 School	Kennedy King College	6301 S. Halsted	Chicago	IL
218 School	Roosevelt University	430 S. Michigan	Chicago	IL
219 Library	Gerber-Hart Library	1127 W. Grandville	Chicago	IL
220 Barber Shop	Black Jack's Barber Shop	3852 W. 49th St	Chicago	IL
221 CBO	Project VIDA	2659 S. Kedzie	Chicago	IL
222 CBO	Better Yourself	2014 E. 70th Place	Chicago	IL
223 Community Center	Rogers Park Community Ctr	1530 W. Morse	Chicago	IL

Providing Training and Capacity-Building

Ensuring that all HIV service providers have the latest available information on evidence-based interventions is critical to Chicago's efforts to successfully combat HIV. In the past year, CDPH provided trainings and workshops in the design, implementation, and evaluation of science-based HIV prevention interventions, as well as basic training to over 1,000 providers via online training courses. Courses addressed a variety of issues ranging from fiscal management and grant writing to hepatitis, HIV, STIs, and tuberculosis.

HOPEFUL SIGNS IN HIV TESTING, PREVENTION, & CARE

As a participant in the National HIV Behavioral Surveillance (NHBS) system, CDPH conducts annual behavioral surveys among groups at risk for HIV. According to a recent report on Chicago men who have sex with men (MSM) between 2008 and 2011, Black MSM currently carry the largest burden of new diagnoses, thus creating a major health disparity. Among Black MSM, those under 30 years of age account for the majority of new cases among MSM, and are the only subgroup currently experiencing annual increases in diagnoses.

In 2011, 20% of MSM in Chicago have HIV. Over half of MSM in Chicago reported having unprotected sex (59%) and using illicit drugs (53%). Most have access to free condoms (83%), are getting tested for HIV (65%), and other STIs (53%). Significant changes include: 76% of HIV-positive men reported being aware of their status in 2011 versus 50% in 2008. Also, more men reported being in care and taking antiretroviral therapy (ART), particularly Black MSM - 84% of HIV-positive Black MSM reported being on ART in 2011, compared to 44% in 2008.

Young Black MSM reported the highest rates of HIV testing (71%) and participation in HIV behavioral interventions (50%), suggesting that local testing and prevention efforts driven by CDPH and its partners are reaching the intended target population. Though challenges remain, these findings show ongoing community mobilization and enhanced strategies are having a considerable impact.



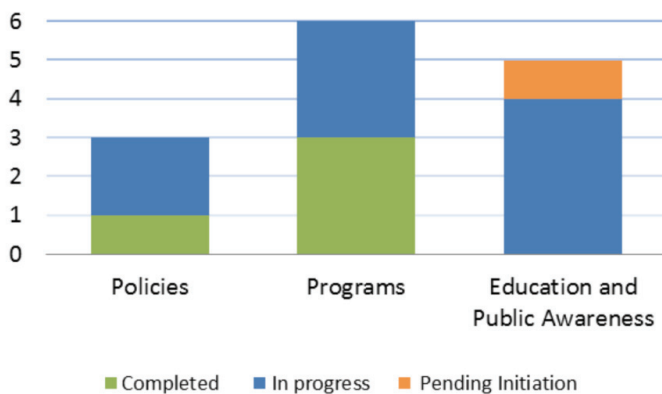
ADOLESCENT HEALTH

Healthy Chicago identified 14 strategies designed to improve the health, safety, and well-being of adolescents. The strategies reflect efforts to:

- Reduce teenage pregnancies and births;
- Reduce sexually transmitted infections (STIs) among youth;
- Reduce teen dating violence; and
- Increase HPV vaccination rates.

Progress in implementing the 14 strategies is reflected below, followed by selected first year highlights.

Status of Adolescent Prevention Strategies (n-14)



New Infrastructure for Adolescent Health

In the first year of Healthy Chicago implementation, both CDPH and the Chicago Public Schools (CPS) restructured to better lead efforts to address adolescent health needs. The CDPH Office of Adolescent and School Health, established in late 2011, unites oral health, vision services, teen pregnancy, and STI prevention efforts under a single unit, and provides a liaison and focal point for several other public health programs serving CPS students and adolescents, such as lead poisoning prevention and immunization.

In early 2012, CPS established its Office of Student Health and Wellness and hired a Chief Health Officer, who dually reports to CDPH. The Office oversees student health efforts such as asthma and allergy management, and undertakes programmatic and policy efforts designed to

improve student wellness through physical activity (including recess), physical education, and nutrition initiatives.



Expanded Education and Screening for STIs.

For the past three years, CDPH and CPS have collaborated to address the rising rates of sexually transmitted infections (STIs) among adolescents. During the 2011-2012 school year, STI education and screening efforts were expanded from 12 to 28 high schools, reaching 9,000 students. The 6,147 students electing to be screened for STIs represented a 64% increase over the prior year. Of these students, 436 tested positive for either gonorrhea, chlamydia, or both infections. Based on these positive outcomes, services will be expanded to a total of 60 high schools during the 2012-2013 school year.

Preventing Teen Pregnancy

In a partnership led by CPS and CDPH and including the Illinois Caucus for Adolescent Health, Planned Parenthood of Illinois, and others, implementation began on a five-year, \$19.7 million grant. The initiative's centerpiece is the Teen Outreach Program (TOP), an evidence-based youth development curriculum. Positive youth development programs such as TOP have been shown to not only reduce teen pregnancies by more than 50% but to also increase attendance and graduation rates.



During the year since Healthy Chicago was released, the TOP program served more than 4,500 students in 23 high schools. The program included 18 topical lessons on values, relationships, sexuality, communication, community service, and goal setting. Weekly peer group meetings were held and ongoing positive guidance and support was provided by 32 trained facilitators. TOP students planned and completed 73 service learning projects.

Increasing HPV Vaccination Rates

In an effort to increase HPV vaccination rates, CDPH engaged in a quality improvement initiative with 30 health clinics which collectively serve approximately 57,000 adolescent patients. Based on CDPH chart reviews, coverage levels for 13-17 year olds in these sites for one or more doses of Tdap, MCV and HPV are estimated at 94%, 93%, and 72%, respectively. However, for the recommended three or more doses of HPV vaccine, the coverage level was estimated to be just 37%.

Each of the 30 sites received tailored recommendations and guidance to clinic staff based on their specific coverage levels. A meeting with participating clinics (and others who were interested) was then convened to review evidence-based strategies. Additionally, Healthy Chicago partners from Walgreens, the Illinois Chapter of the American Academy of Pediatrics, and the Feinberg School of Medicine presented educational opportunities and other available resources to assist sites in vaccinating their adolescent patients. CDPH will provide ongoing support to staff in clinics with low vaccination coverage levels.

Preventing Teen Dating Violence

CDPH was one of just four entities nationally to receive a new federal grant to address dating violence among adolescents. Chicago's \$1,750,000 award is intended to reduce dating violence in 12 middle and high schools located in high need communities in the 7th and 9th Police Districts. Building on other prevention initiatives in these districts, the program will serve 9,906 students, parents, and educators. The program will include parent and teacher training, the delivery of an evidence-based curriculum (Safe Dates), social media, and youth ambassadors. First year efforts focused on planning, establishing a community advisory board, recruiting participants, and collecting baseline data. Program interventions will begin in January 2013.

REDUCING STI RISKS AMONG A HIGH-RISK POPULATION THE SIMPSON EXPERIENCE

The Simpson Academy for Young Women is a CPS middle and high school serving pregnant and parenting students from across the city. The school became a priority site for implementing sexually transmitted infections (STI) education and screening activities.

When services were initiated at Simpson's school health center (operated by Rush University School of Nursing) in 2011, 16% of the girls who were screened tested positive for one or more sexually transmitted infections. Following the screening, the Rush School Health Center engaged in an intensive STI prevention campaign. The following school year, the STI prevalence rate dropped to just 9%. Based on this success, efforts are now underway to engage more school-based health centers in STI prevention efforts.

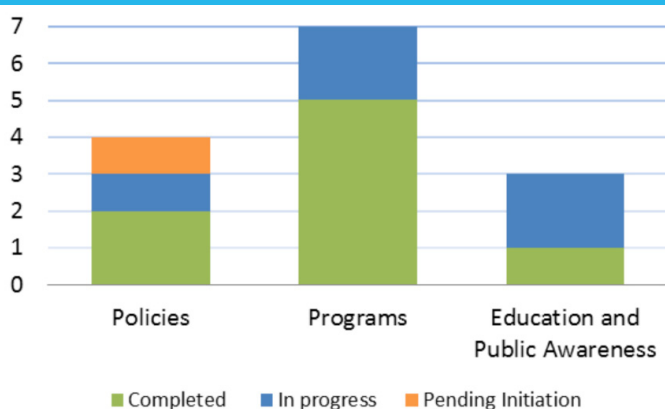




CANCER DISPARITIES

The Healthy Chicago agenda identified 14 strategies to advance work to eliminate racial and ethnic disparities in breast cancer. CDPH and Healthy Chicago partners are working specifically to improve access to and quality of mammography services and treatment, promote public awareness of breast cancer disparities, engage the community in addressing breast cancer disparities, and conduct surveillance of breast cancer. The ultimate goal of this work is to eliminate breast cancer mortality disparities between Black and White women.

Status of Cancer Disparities Strategies (n=14)



Increasing Access to and Quality of Mammography

This year, CDPH initiated several partnerships as a result of the cancer disparities initiative, and worked especially closely with the Metropolitan Chicago Breast Cancer Task Force (the Task Force) on mammography access and quality issues.

- CDPH is collaborating with the Task Force on the Screen to Live program, which aims to increase mammography utilization in Englewood (a community with high breast cancer mortality rates) while at the same time improving the quality of mammography at the health facilities that serve neighborhood residents.
- In May, over 100 area radiology technologists attended Breast Imaging Boot Camp training, which was sponsored by the Task Force. Techniques in patient positioning, compression,

and other aspects related to quality imaging in mammography were addressed by a nationwide leader and educator in the field. In the week following the event, a select group of radiology technologists received hands-on training to reinforce the education, and four from this group will provide ongoing training to Chicago technologists to promote citywide quality improvement.

- A 2012 partnership between the Chicago Housing Authority (CHA) and CDPH worked to improve resident access to mammograms. Free mammograms at CDPH clinics were offered through targeted outreach to thousands of women. This partnership will continue in the second year of Healthy Chicago implementation.
- Through five City-operated sites, CDPH provided 3,610 mammograms to high risk women, and also continued to upgrade mammography machines to increase the effectiveness and efficiency of these efforts.



Health Commissioner Choucair with Beyond Pink Advisory Committee members Paulina Guzman and Angela Walker at Susan G. Komen Race for the Cure

The Breast Cancer Quality Screening and Treatment Initiative (BCQSTI), a joint project of the Illinois Department of Healthcare and Family Services and the Illinois Department of Public Health, works with the Medicaid Program and the Illinois Breast and Cervical Cancer Program (IBBCP) to improve access to high quality mammograms. Throughout the past year, the BCQSTI Advisory Board has met to recommend best practices for screening and diagnostic



mammography, implement the new quality improvement program tied to SB2502 (described below), and to advise on the set up and implementation of patient navigation pilots taking place in Chicago and Centralia, Illinois. Public Health Commissioner Bechara Choucair has served on this board since 2010.

The Chicago Breast Cancer Quality Consortium, a project of the Task Force, is a federally-designated Patient Safety Organization (PSO) dedicated to breast health and the elimination of racial health disparities. The Consortium has collected two years of quality data from mammography facilities across metropolitan Chicago, and is working with over 15 facilities to improve their quality for breast cancer screening and treatment.

Addressing Breast Cancer through Policy

In 2012, the Chicago City Council passed an ordinance authorizing CDPH to enter into separate contracts for each of its five mammography sites with up to five hospitals, expanding the pool of hospitals providing breast cancer readings and follow-up care for patients. The ordinance will improve access to diagnostic care as well as continuity of care for women using the City's mammography services.

At the State level, CDPH was one of several committed stakeholders that successfully advocated for the improvement of Medicaid reimbursement policies to eliminate obstacles to accessing breast cancer screening and treatment. SB2502 will increase Medicaid reimbursement rates for mammograms when providers agree to submit quality data to the Chicago Breast Cancer Quality Consortium and to engage in quality improvement when necessary.

Collaborating on Surveillance

CDPH and the Cook County Department of Public Health joined forces this year to gain a better understanding of breast cancer incidence at the local level. An application for data has been accepted by the Illinois Cancer Registry. Upon receipt (anticipated in 2013), the data will be used to describe the incidence of breast cancer as well as other cancers and to guide the development of interventions to overcome barriers to screening tests.

Breast Cancer Disparities Advisory Group

CDPH's breast cancer disparities advisory group, Beyond Pink Chicago, was convened to advise CDPH on breast cancer disparities activities. The group includes breast cancer survivors, affected family members, breast cancer service providers, advocates, researchers, and media.

A BEYOND PINK MEMBER SPEAKS OUT

My work is more of a mission and a passion than it is a job. I started in this field before I had any personal experiences with breast cancer. Soon after, my grandmother, who I was very close with, was diagnosed. She did not let anyone know of the large lump growing in her breast, including her doctor, until it was at Stage 4 —she was Hispanic and like many Latinas, she didn't talk about breast cancer, didn't touch her breasts, and kept telling herself it was an infection that would eventually go away.

Abuela passed away 2 years before I was diagnosed with cancer. My experience was completely different from hers—it was discovered early through a routine screening. The treatment was surgery and radiation — it was just a bump in the road. A few years later in 2010 I was diagnosed again with a more serious form of breast cancer. Treatment this time was major surgery along with chemotherapy. This was not an easy journey, but today I believe that I'm a better and stronger person because of my experiences. The message here is that because I got screened, I'm alive.

Beyond Pink Advisory Committee Member,
Service Provider and Advocate





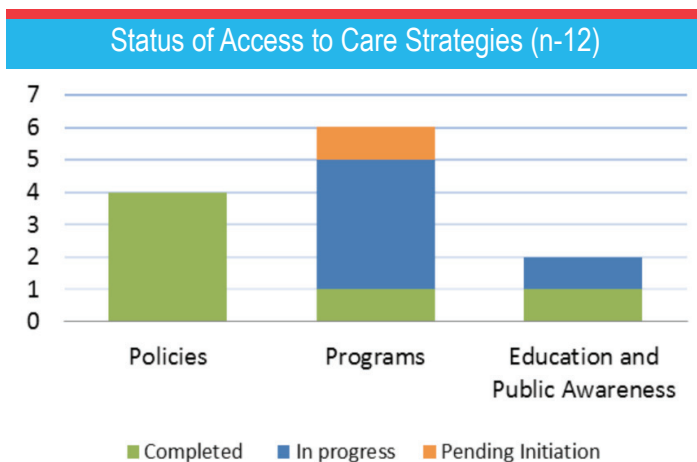
ACCESS TO CARE

Healthy Chicago identified 12 strategies designed to advance the goal of increasing access to primary care, mental health, and oral health services among the uninsured. The strategies reflected efforts to:

- Increase the number of Chicagoans receiving Medicaid coverage,
- Increase the number of patients served at Federally Qualified Health Centers (FQHCs),
- Increase access to oral health services, and
- Improve mental health provider collaborations to increase service provision.

This work, providing linkages to personal health services and assuring the provision of health care when it is unavailable, represents one of the Ten Essential Public Health Services.

As shown below, one-third of the Access to Care strategies have been implemented, while the remainder are currently in progress.



Enhanced Primary Care Capacity

In the year following the release of Healthy Chicago, over \$11 million in Affordable Care Act (ACA) funding was awarded to enhance the capacity, quality, and infrastructure of community health centers in Chicago. This brings the total ACA funding for FQHCs in the city to just under \$39 million.

With the strengthening of the FQHC system of care and the City's goals of service improvement and saving taxpayer dollars, CDPH transitioned its primary care operations and services to seven FQHCs. Six of the FQHCs are delivering services at the original CDPH health center location. Partner FQHCs include: Chicago Family Health Center, Circle Family Health Care Network, Heartland International Health Center, Erie Family Health Center, Mercy Diagnostic and Treatment Center, University of Illinois/Mile Square Health Center, and Aunt Martha's Youth Service Center. The transition included a \$4.7 million investment to cover the costs of care for uninsured patients.

Increasing Medicaid Coverage

The Cook County Health and Hospital System (CCHHS) and the State of Illinois submitted a 1115 Medicaid Waiver request to the U.S. Centers for Medicaid and Medicare Services (CMS). Federal approval would enable CCHHS to conduct early enrollment of the uninsured population that will become eligible for Medicaid in 2014 under the Affordable Care Act (ACA). Chicago Mayor Rahm Emanuel and CDPH were among the many who strongly advocated for the Waiver, which was approved by CMS in October 2012.

The Waiver authorizes CCHHS to enroll up to 115,000 uninsured residents in Medicaid in 2013. New enrollees can access a network of care that includes both the County and selected FQHCs. Under the ACA, an estimated 228,704 Chicagoans and 102,219 suburban Cook County residents will become newly eligible for Medicaid.

Mental Health Reforms

The past year brought mental health reforms focused on serving the uninsured and strengthening the city-wide mental health system to better address the needs of those who depend on mental health services. CDPH's 12 mental health centers were consolidated to six, while the capacity to continue to serve 4,000 clients a year was preserved. The consolidation enabled CDPH to provide improved services by better staffing each of the remaining six sites. Over 750 new clients were seen in 2012. Additionally, Chicago's mental health network was expanded through a partnership with more than 60 community providers to



serve approximately 400 of CDPH's existing insured mental health clients.

Finally, recognizing the limited capacity for community-based psychiatric services, CDPH invested \$500,000 in psychiatric services to support 1,000 patients.

Integrating HIV, Mental Health and Substance Abuse Services

CDPH received over \$1.3 million in federal funding to implement HIV routine testing in non-clinical settings and evaluate best practice substance abuse and mental health interventions by HIV Prevention and Care agencies for high-risk targeted populations. This project targets men who have sex with men, injection drug users, and low-income African-Americans and Latinos. Over 10,000 persons are expected to be served over a three-year project period.

Increased Oral Health Services for Students

During the 2011-2012 school year, 113,126 pre-kindergarten to 8th grade students at 504 CPS schools received school-based oral health services, an 18% increase over the number served the prior year. The number of dental sealants provided also increased, from 168,398 in 2010-2011 to 302,680 (for nearly 65,000 students). In 2013, services will be expanded to include CPS's 106 high schools, giving every CPS student the opportunity to receive oral health services.

A Citywide Oral Health Plan

In 2012, Chicago area stakeholders, including CDPH, developed the Chicago Community Oral Health Forum Plan. The Plan directly aligns with Healthy Chicago as both plans seek to improve access to dental services, oral health promotion, and disease prevention. Beyond the shared access goals, like Healthy Chicago, the Community Oral Health Forum Plan relies on technology, and stakeholders are working to use technology for disease tracking, information dissemination and implementation of interventions to improve oral health outcomes.

Increased Access to Care for Adolescents

With the goal of increasing access to health care for adolescents, CDPH established an Adolescent Health Access Committee of more than 40 health care policy makers, health care service providers, and numerous other stakeholders invested in reducing health disparities and improving the health of adolescents. The committee is currently developing an adolescent health strategic action plan, to be completed in the coming months.

CDPH also collaborated with the Chicago Public Schools (CPS), students from Northwestern University's Kellogg School of Management, and other partners to develop a School-Based Health Center (SBHC) Strategy Tool to assist with decisions on SBHC expansion at CPS. The tool uses a rule-based decision model that evaluates criteria based on location (community health profile and space availability at a school) and provider qualifications (sustainability and quality of care).

CDPH SCHOOL-BASED ORAL HEALTH PROGRAM: A NEW MODEL TO MEET A GROWING NEED

Oral health is integral to student success due to the prevalence of caries, oral pain, and their resulting effect on nutrition. In 2000 the CDPH initiated the school-based oral health program within the Chicago Public Schools. CDPH dentists provided care, including: exams/screenings, oral prophylaxis, fluoride treatments, and dental sealants. CDPH developed a referral network for extended care and a quality assurance program, but it quickly became apparent that the need for school-based oral health services far exceeded CDPH's dental capacity,

A professional service agreement was developed to allow CDPH to contract with private dental providers to reach more children in need of this service. Through this arrangement, the number of dental companies has grown from one in 2002 to 17 during the 2012-2015 contract period. The oral health referral network has also expanded to over 300 providers and sites where students can access follow up care.



HEALTHY MOTHERS AND BABIES

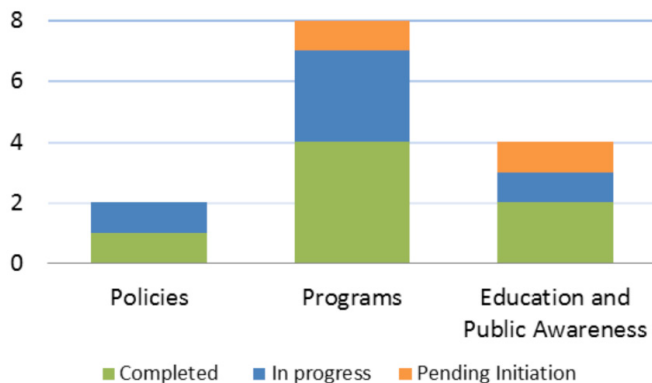
Healthy Chicago identified 14 strategies designed to advance the goal of improving the health and well-being of mothers and infants.

The strategies reflected efforts to:

- Reduce infant mortality, particularly among African Americans;
- Reduce percent of low birth weight birth; and
- Increase percentage of WIC infants who are still breast fed at six months.

Progress in implementing the 14 strategies is shown below, followed by selected first year highlights.

Status of Healthy Mothers and Babies Strategies (n=14)



Working towards Baby Friendly Hospitals

Breastfeeding provides myriad long-term benefits to infants, including reduced risks for obesity and asthma. For breastfeeding mothers, protections address another Healthy Chicago priority - lower risks of breast cancer.

Under a federal grant, CDPH collaborated with the Consortium to Lower Obesity in Chicago's Children (CLOCC) to encourage Chicago's 19 labor and delivery hospitals to develop and implement breastfeeding policies.

To date, 79% of these hospitals are working towards adoption of Baby-Friendly Policies, and several accessed related mentoring and funding opportunities. Since the release of Healthy Chicago, the number of hospitals involved in this initiative grew from just 2 to 15. These committed hospitals include: Advocate Illinois Masonic, Advocate Trinity, Holy

Cross, Mount Sinai, Northwestern Memorial, Norwegian American, Resurrection Medical Center, Roseland Community, Rush University Medical Center, Saint Anthony, St. Joseph, Stroger, Swedish Covenant, University of Chicago Medical Center, and the University of Illinois Medical Center.

Efforts to promote breastfeeding were reinforced during a Healthy Places media campaign, conducted in the spring and summer of 2012. Posters were displayed on buses and billboards and public service announcements were on radio and television stations.



Better breastfeeding support at hospitals. Practices like "rooming in" to keep newborns with their mothers instead of in nurseries. Chicago babies and moms deserve them. So the City of Chicago and Healthy Places are supporting hospitals to achieve Baby-Friendly Hospital designation. Help make it happen at www.HealthyPlacesChicago.org.

Made possible with funding from the Centers for Disease Control and Prevention.



WIC & Public Health Nurse Services

In 2012, CDPH provided nearly 140,000 visits to 27,196 women enrolled in the Department's Woman, Infants and Children (WIC) Supplemental Food and Nutrition Program. The WIC program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.



CDPH public health nurses provided 16,672 home nursing visits to pregnant women and new mothers. Nurses are utilizing preconception and inter-conceptional care standards for these visits to educate clients on the most current information on their pregnancy and well-baby care.

Developing a Care Coordination Model

In 2012, CDPH developed an integration strategy for nursing, support services, and nutrition services. The model is designed to meet each client at their point of need and to implement services with as little disruption to the client's normal routine as possible. The strategy aims to assure that comprehensive and needs-specific services are delivered to pregnant and inter-conceptional women, their infants and families. Collaboration with other CDPH programs and with FQHC partners are key components of this plan, enabling clients to receive both primary care and the full complement of wrap-around services through the multi-level Family Case Management and nutrition (WIC) programs.

Making Strides in Maternal Health

In late 2012, CDPH released a comprehensive natality report, *Births in Chicago, 1999-2009*. The report noted that over a 10-year period, there was a 10% increase in the number of pregnant women seeking prenatal care in the first trimester and a more than 50% reduction in the number of births to women who reported smoking during their pregnancy. The report also found that the teenage birth rate had decreased by 33% (a greater decrease than seen nationally); however, the teen birth rate still remained higher than the national rate. The full report is available at CityofChicago.org/health.

Emergency Transport of OB Patients

CDPH's Division of Women and Children's Health recently entered into a partnership with the Chicago Maternal Child Health Advisory Committee and the Chicago Fire Department-Emergency Medical Services (EMS) to explore and develop EMS triage and transport protocols for high-risk pregnant women in Chicago. The project, based on a similar project for cardiac arrest patients, is aimed at ensuring high-risk pregnant women are transported to the most appropriate hospital that can serve their obstetric needs. The

effort is supported by neonatal and perinatal physicians and nurses from across the city who are passionate about continuous efforts to decrease infant mortality rates in Chicago and ensuring maternal health care throughout a successful pregnancy.

HOLY CROSS HOSPITAL IMPLEMENTS BABY-FRIENDLY POLICIES

Holy Cross Hospital, an acute care hospital on the city's southwest side, believes that few women who deliver babies at their site breastfeed at time of discharge. Building on existing work with the Southwest Organizing Project (SWOP), in 2011 Holy Cross became the first hospital in Chicago to work towards the World Health Organization's Baby-Friendly Hospital designation for breastfeeding.

Among the procedural and process changes implemented, were the development of educational and promotional materials about breastfeeding that were prominently displayed throughout the Hospital's labor and delivery unit. Practices that encourage breastfeeding, including skin-to-skin care and rooming-in (when the baby sleeps in the mother's room instead of a nursery) are promoted during interactions with pregnant women. Several staff obtained their certification as lactation consultants and specialists and will train the entire nursing staff. The hospital which will also host a community breastfeeding support group, is tracking breastfeeding results monthly.

Hospital staff found that many baby-friendly policies are easy to administer. Staff recognized that breastfeeding is a natural process and requires only minimal intervention from them and that parents preferred the rooming-in policy so they have more time with their baby.





COMMUNICABLE DISEASE CONTROL & PREVENTION

Healthy Chicago identified 15 strategies designed to reduce morbidity and mortality related to communicable diseases. The strategies reflected efforts to:

- Increase early childhood vaccination coverage levels,
- Reduce the number of tuberculosis cases, and
- Reduce the numbers of meningococcal infections.

- Developing, in collaboration with health care facilities, a Long-Term Care Roundtable to discuss emerging infectious disease issues and toolkits for internal trainings, particularly, a newly recognized highly resistant bacteria (carbapenem-resistant enterobacteriaceae (CRE).
- Working in partnership with health care facilities to conduct hepatitis A, B and C surveillance and also to offer trainings to health care agencies providing services to those with hepatitis C.

Surveillance and Vaccine Delivery and Distribution

The Immunization Program worked in 2012 to prevent or mitigate influenza, meningitis, and other vaccine-preventable diseases through ongoing surveillance and the delivery or distribution of vaccine.

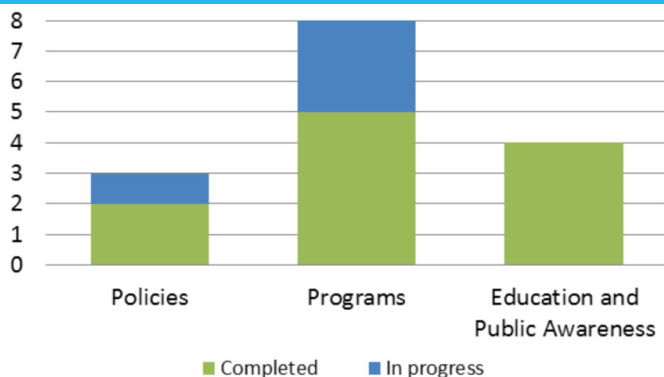
Over one million doses of childhood vaccine were distributed to nearly 650 private and public health care facilities enrolled in the Vaccines for Children Program. This effort provided over 500,000 children the opportunity to receive their immunizations.

Leading the Fight against Influenza

In the first 16 months of Healthy Chicago implementation, CDPH and other stakeholders were strong supporters of State legislation enabling pharmacists to administer influenza vaccines to children ten and older in addition to adults. The legislation passed in August 2012 and put Chicago in a very strong position as the 2012 epidemic hit. In some jurisdictions where pharmacists lack this authority, public health emergencies had to be declared to allow pharmacists to increase vaccination capacity.

In 2012, CDPH and the Chicago Department of Innovation and Technology worked with volunteers from Code for America to develop a flu shot app where residents can see nearby locations where shots are available for the next seven days or a specific day of the week. Using a GPS enabled device, the app also provides transit directions with a single click. Once released, the flu app quickly went viral and was adopted by Boston and Philadelphia.

Status of Communicable Disease Control & Prevention Strategies (n=15)



Enhancing Surveillance & Prevention Systems

Despite a dramatic decline in the prevalence of communicable diseases over the past decade, disease control efforts must be sustained to address the emergence of new diseases and the reemergence of previously contained diseases. Over the past year, the Chicago Department of Public Health has been working to create new system efficiencies to mitigate this risk through the following efforts:

- Creating enhanced interfaces between electronic health records and the Illinois immunization registry.
- Successfully advocating for state-wide legislation to require infection control training for all long-term care (LTC) facilities, ensuring that each site has trained infection control personnel.



Underscoring the importance of flu vaccinations, in early December 2012 CDPH teamed up with Walgreens and other partners for the inaugural Vaccinate Chicago Week. The week featured flu vaccine clinics in neighborhoods across the city, with many vaccines offered free of charge. During Vaccinate Chicago Week, Walgreens delivered 16,000 flu shots, more than four times the number administered in 2011. Other partners included the Chicago Area Immunization Campaign, the Illinois Chapter of the American Academy of Pediatrics, the University of Chicago, and Blue Cross Blue Shield of Illinois.



Blue Cross and Blue Shield of Illinois offers Chicagoans a creative reminder during Vaccinate Chicago Week.

Focusing Tuberculosis Control Efforts

With often overlapping roles in tuberculosis control efforts, a partnership agreement with the Cook County Health and Hospital Systems, implemented in January 2012, has allowed CDPH to further enhance its public health focus on tuberculosis prevention, while the County has strengthened its role on the clinical care of Chicagoans with Tuberculosis. CDPH has retained its core function of disease surveillance and the tuberculosis case contact investigations.

Innovations to Protect Chicago's Food Supply

Preventing food-borne illness outbreaks is critical to controlling communicable diseases. CDPH conducts over

15,000 restaurant inspections annually. Healthy Chicago has worked to better ensure food safety through more targeted and streamlined efforts.

In 2012 CDPH created an innovative certification system for "low-risk" food retailers to "self-inspect," maintaining public health safety while saving taxpayer dollars. CDPH will audit 10 percent of these sites to verify the findings. This effort will be launched in 2013, making Chicago one of the first major cities to implement such a program.

Efforts also focused on streamlining licensing for Chicago start-up restaurants. A series of customer-focused improvements resulted in an increased proportion of new restaurants meeting first time licensing requirements (from 42% to 73%) and a 68% reduction in the median number of days (from 66 to 21) it takes restaurants to obtain their licenses.

A LEGIONNAIRES' OUTBREAK: LESSONS IN LEADERSHIP AND PARTNERSHIP

In August 2012, CDPH was notified of 30 individuals with respiratory illness and one fatality among employees of a company who had stayed at a Chicago hotel for a week beginning in late July. With CDPH guidance, the hotel mitigated the risks of what was suspected and later confirmed to be Legionnaires' disease, and an investigation began immediately. Legionnaires' Disease is important to diagnose and report because its identification implies the presence of an environmental source to which other persons are likely to be exposed.

Case finding included notifying over 8,000 recent hotel guests, press releases, and media interviews. CDPH consulted with the Illinois Department of Public Health and the U.S. Centers for Disease Control and Prevention, which also assisted with the environmental assessment and laboratory analysis. The hotel took immediate steps to address the outbreak during CDPH's investigation, ultimately making changes in the hotel to reduce the risk of a re-occurrence in the future. Through December 2012, 114 cases had been identified and three deaths had occurred.

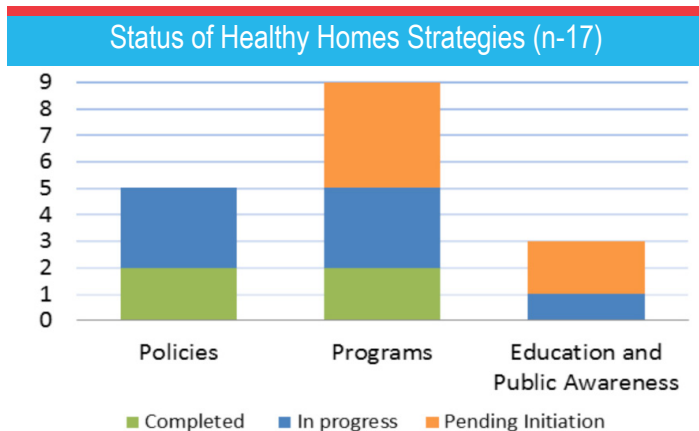


HEALTHY HOMES

Healthy Chicago identified 17 strategies designed to advance the goal of improving the health and well-being of all Chicagoans by creating safer and healthier homes. These strategies reflect efforts to:

- Reduce the rate of lead poisoning among children less than six years of age, and
- Reduce the hospitalization rate for asthma

Progress in implementing the strategies is reflected below.



Drastic Cuts to Prevention Funding

Since the 2011 release of Healthy Chicago, federal funding under the U.S. Centers for Disease Control and Prevention's (CDC) Healthy Homes and Lead Poisoning Prevention Program provided to states and a handful of large cities, including Chicago, was eliminated. For Fiscal Year 2013, the CDC's funding for this program was cut from \$29 million to just \$2 million.

Concurrent with this loss of funding, a CDC advisory committee vote to lower the blood level threshold for diagnosing lead poisoning in children for the first time in years. This increases the pool of potential lead poisoned children in Chicago and elsewhere. CDPH partnered with public health leaders in other urban jurisdictions to advocate for this crucial prevention funding to be restored and will continue to do so in the future.

Lead Abatement Funding

CDPH received a \$3 million grant from the U. S. Housing and Urban Development to conduct lead abatement in Chicago homes with identified lead hazards. Additionally, CDPH and other local and state groups successfully advocated for abolishing the Torrens Indemnity Fund in 2014 (instead of 2037) making \$8 million in Cook County lead abatement funds available sooner.

During the first year of Healthy Chicago implementation, over 800 units of housing were abated.



An abatement contractor removes a window identified with lead hazards

Home-based interventions

In 2012 lead-based hazards were remediated in 781 Chicago homes and over 200 public health visits were made to families with children with elevated blood lead levels. Additionally, in January 2012 (National Radon Action Month), CDPH distributed 600 free radon testing kits to Chicago residents and worked through mass media to increase awareness about the importance of radon detection.

A partnership between the Chicago Fire Department (CFD) and the Mayor's Office for People with Disabilities resulted in the distribution of 200 smoke detectors for use by residents who are deaf or hard of hearing. CFD also provided



fire safety education for the hearing impaired and installed 4,000 smoke detectors in the homes of seniors and people who live in neighborhoods with elevated rates of death due to fires.

Enhanced Capacity for Environmental Health Protections

In early 2012, the Environmental Permitting and Inspection Unit of the former Chicago Department of Environment became part of CDPH. This team implements laws and policies to protect public health and the environment in many areas, including: waste and recycling activities; construction, renovation and demolition work; and industrial emissions.

The unit focuses on several areas that affect Healthy Homes and the health of Chicagoans, including air and asbestos, hazardous materials and waste permitting, and storage tanks. On an annual basis, the unit issues approximately 8,000 permits, conducts 12,000 inspections and initiates over 1,000 enforcement actions.

CDPH works in partnership with the Police Department to manage the collection and safe disposal of pharmaceuticals. Five disposal bins are located across the City. During the first year of HC implementation, 7457 pounds of pharmaceuticals were collected.

CDPH also now manages the Household Chemicals and Computer Recycling Facility. In 2012, the facility collected over 92 tons of household waste and 206 tons of electronics. Since the Facility opened in 2006, over three million pounds of waste and electronics have been collected, protecting the public from exposure to harmful materials.



DECREASING PEDIATRIC ASTHMA EMERGENCY DEPARTMENT VISITS

About one of every five Chicago Public School high school students report they have previously been told by a doctor or nurse that they have asthma. A leading chronic illness among children and adolescents in the U.S., asthma is also one of the leading causes of school absenteeism.

To address this chronic condition, CDPH has entered into a partnership with the University of Illinois at Chicago (UIC) Medical Center Emergency Medicine Department to pilot a program reduce pediatric asthma emergency department visits. Patients and their families coming into UIC's emergency department will be connected to a CDPH nurse or public health aide. The nurse or aide will assess their home environment and recommend changes that will decrease the likelihood of asthma attacks. CDPH will also reinforce the child's asthma action plan and other medical advice from UIC ED and their primary care provider. This program will be piloted in high incidence zip codes and, depending upon the outcomes, may be expanded to other geographic areas in the future.





VIOLENCE PREVENTION

In 2012 CDPH and its partners worked to reduce and prevent childhood exposure to violence (CEV) and bullying through 14 Healthy Chicago strategies. Specifically, violence prevention efforts aim to:

- Reduce school bullying, and
- Decrease the percentage of students missing school due to safety concerns

County-wide and National Partnerships

In 2012, the Mayor's Office and Cook County Board President's Office co-convened the Community Anti-Violence Restoration Effort (CARE) which is grounded in a 5-year strategic plan. The CARE approach includes the strengthening of community collaborations that align and encourage resident engagement with the strategic deployment of law enforcement and other resources to address locations that are overrun with violence and crime. CDPH actively participated on the CARE leadership team and its prevention and response workgroups.

In a tandem effort, CDPH serves on the Chicago delegation in the National Forum on Youth Violence Prevention. Last year, the City released an updated plan detailing its refocused four-part framework with prevention, intervention, re-entry, and responses focused on evidence-informed strategies to keep youth safe and supported.

Reducing Violent Conflicts

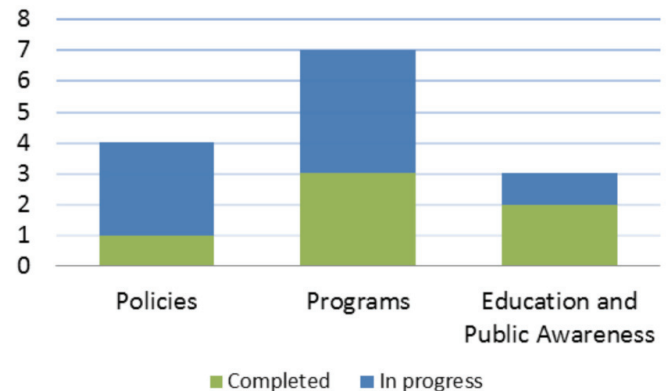
In June 2012, the City announced a \$1 million partnership between the Chicago Police Department, CDPH, and CeaseFire. CeaseFire uses a public health approach to reduce violence by working to mitigate conflicts before they become violent. This one-year pilot effort focuses on beats within the 3rd and 10th police district.

Enhanced Data Collection on CEV

The City made strides in better understanding childhood exposure to violence through a CDPH partnership with the

Chicago Police Department (CPD). With support from the California Endowment Fund, CPD will expand data collection to provide better insight into the scope and types of CEV. The grant will also institutionalize a partnership between local law enforcement and public health agencies to further strengthen working relationships.

Status of Violence Prevention Strategies (n=17)



Psychological First Aid and Stress Reduction Training

The Office of Violence Prevention provided training and technical assistance on Psychological First Aid and community-focused stress reduction to many groups, including CDPH delegate agencies preventing substance abuse among youth, youth leaders, and community leaders addressing violence and crime prevention. Over 400 persons were trained in 2012.

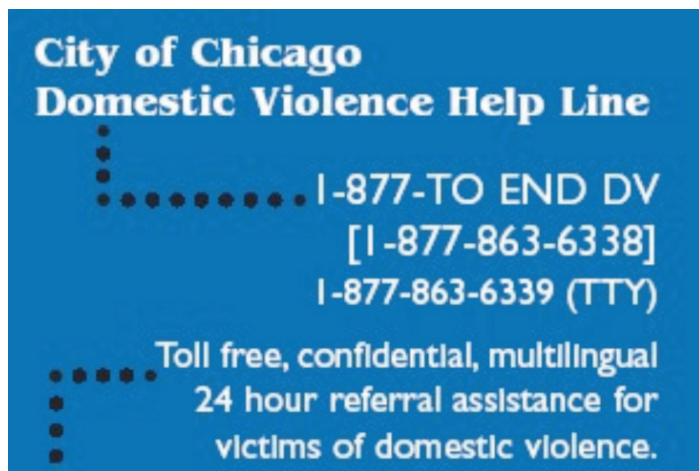
Preventing Bullying

A bullying prevention workgroup composed of 15 agencies was convened during the first year of Healthy Chicago implementation. The group meets to strengthen local partnerships, support data sharing, and identify pathways to support the Healthy Chicago bullying reduction targets. As a newly formed entity, the Bullying Network of Chicago is developing a webpage that will educate youth, parents, and instructors on bullying prevention. The workgroup also developed a directory of city and county resources that will be housed on the site. The collaborative expects to launch its bullying prevention webpage and online provider directory within the first few months of 2013.



Support for Victims of Domestic Violence

While the ultimate goal is to prevent violence before it occurs, the City recognizes the need to support those residents who have been victimized. In 2012, with Chicago Department of Family and Support Services (CDFSS) funding, domestic violence agencies in Chicago helped nearly 9,000 domestic violence victims and their children. A safe location was provided for visitation for nearly 200 families, and more than 26,000 domestic violence help line calls were answered.



While CDFSS leads the City's response to domestic violence victims, consistent with its mission, CDPH works to prevent the occurrence of domestic violence. As noted in the Adolescent Health section of this report, CDPH is leading a partnership with the Chicago Public schools that specifically aims to prevent teen dating violence.

Increased Public Awareness of Violence Prevention

Violence prevention public awareness efforts took place throughout 2012. In April, CDPH's Chicago Safe Start Collaborative (CSS) conducted its annual week-long series of community activities in order to raise awareness and encourage CEV prevention efforts. Mayor Rahm Emanuel issued a proclamation declaring April 16-20 to be Prevent Childhood Exposure to Violence Week. The CSS initiative is currently in talks with three other cities who hope to replicate this observance in 2013.

Bullying and gang violence were also focal points of public awareness outreach during the summer months. Educating and enlisting others to serve as Ambassadors to carry the message of prevention and hope is an important component of Healthy Chicago violence prevention strategies. Chicago Safe Start partners and community collaboratives are working with CDPH to train and empower violence prevention ambassadors to serve their communities from their unique vantage point. CSS provided ambassador training to more than 40 Golden Apple educators, 67 After School Matters staff, and 15 community providers and neighborhood leaders. Fifteen youth were also trained to serve as youth engagement ambassadors for the Chicago Dating Matters Initiative, described in the Adolescent Health section.



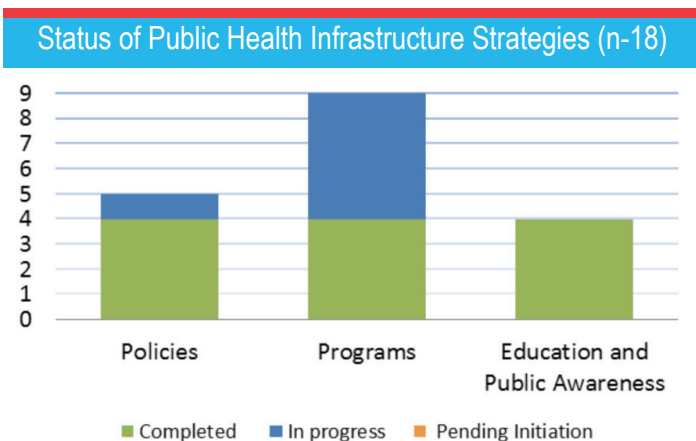


PUBLIC HEALTH INFRASTRUCTURE

Healthy Chicago identified 18 strategies to ensure Chicago has the necessary infrastructure to effectively provide essential public health services. These strategies reflect efforts to:

- Prepare residents and health care providers to respond to public health emergencies,
- Use technology for disease tracking, information dissemination and implementation of interventions, and
- Improve program effectiveness and efficiency through performance management and quality improvement initiatives.

Progress in implementing the strategies is reflected below, followed by selected first year highlights.



Increasing Access to Public Health Information

Eighteen public health data sets were posted in mid-2012 to the City of Chicago's open data portal, making it easier for policy makers, researchers, and community members to access current data, including maternal and child health indicators, mortality, and infectious disease data. This has not only made it easier for the public to access data, it has reduced the number of requests directed towards CDPH's Epidemiology and Public Health Informatics Program, enabling staff to focus more intently on a broader array of data, including childhood obesity. In late 2012, environmental inspections data were added to the portal.

To communicate with healthcare providers about public health and emergency preparedness activities, CDPH operates the Health Alert Network (HAN). The HAN reaches over 800 providers, and in 2012 HAN sent out 135 messages, including weather-related emergencies, and influenza alerts and updates.

In November 2012, the Chicago Health Atlas website went live. Supported by the Otho Sprague Memorial Institute, the Atlas is a collaboration among local medical informatics researchers, the Chicago Health Information Technology Regional Extension Center, the Chicago Community Trust, and CDPH. It consists of creating a website for data visualization, and generating meaningful population health estimates through analyses of electronic health data from multiple institutions. The Atlas uses information technology to combine and deliver data related to community characteristics, public health statistics, medical care indicators, and health intervention strategies so that policy makers, healthcare practitioners, advocates, and the public may take part in the monitoring of health status and mitigation of community health problems.

Expanded Preparedness Planning, Implementation, and Training

Over 1,200 healthcare professionals were trained in 2012 on topics including medical management of radiation injuries, psychological first aid, food protection, smallpox, health care evacuations and shelter-in-place guidelines, along with the national trainings of the National Incident Management System.

CDPH also strengthened efforts to ensure emergency planning for Chicago's vulnerable populations. Specialized responses were developed within all required emergency plans and an overall framework was created as an appendix to the CDPH All-Hazards Emergency Operations Plan. A fundamental component of this work is estimating the number of vulnerable populations; therefore, CDPH is working with University of Illinois at Chicago to develop an analytical framework and interactive resource guide that can be updated regularly through available data sources. Among Chicago's most vulnerable are people living in long-term care facilities. To ensure preparedness at these facilities, training and a city-wide long-term care facility exercise



was conducted. The exercise involved 26 facilities and tested emergency communications, supply deployment, and inventory shipping and receiving capabilities.

Shaping Technology to Improve Access to Health Data

CDPH is actively involved in state and local efforts to improve access to data through both the Metro Chicago and statewide Health Information Exchange (HIE) and use of electronic data systems, including electronic health records (EHRs), electronic laboratory reporting of reportable diseases, and surveillance of chief complaints reported at hospital Emergency Departments.

Progress was made when three local healthcare organizations (two in Chicago) went live with HIEs in February 2012. Four additional hospital systems are currently being connected to the HIE, including five Chicago locations. Patient data from health systems participating the HIE can now be accessed by emergency department providers at all the participating hospitals. This access to up-to-date and comprehensive patient records will improve provider care, which is a primary goal of the Health Information Exchange.

Seeking National Public Health Accreditation

In an effort to build a quality improvement culture, CDPH submitted an application for National Public Health Accreditation in October 2012. CDPH is one of 100 health departments CDPH staff supported NATO activities at its Public Health Emergency Operations Center, May 2012 across the country, and the largest local public health authority, seeking this esteemed status.



CDPH staff supported NATO activities at its Public Health Emergency Operations Center, May 2012

CDPH has been working since the launch of Healthy Chicago to achieve accreditation status by ensuring sufficient protocols are in place for disease surveillance, investigations, and policy development. CDPH finalized its All-Hazards Emergency Operations Plan and also developed and is currently implementing workforce development and quality improvement plans. By focusing on work quality and meeting the standards set forth by the Public Health Accreditation Board, CDPH aims to build and maintain a strong infrastructure that will ensure the improved health of Chicagoans.

THE NATO SUMMIT: A TEST IN LEADERSHIP

In May 2012, Chicago hosted the 25th NATO Summit. CDPH worked with the City's Emergency Management and Communications Office, the Police and Fire Departments and other City, State and Federal agencies to ensure public safety during the event. The City's success in hosting the Summit demonstrated the critical importance of inter-agency collaboration.

For CDPH, NATO provided an opportunity to significantly test and demonstrate the depths of its emergency response capabilities. Activities included mobilization of public health nurses and physicians to perform medical triage, and the command of citywide public health and healthcare system operations.

IV. COLLABORATING FOR A HEALTHY CHICAGO

As noted at the beginning of this report, over 90% of the original 193 Healthy Chicago strategies have either been completed or are currently being addressed. This is a significant accomplishment that would never have been achieved by one agency or organization acting alone. Nearly 100 partner agencies and countless individuals have contributed time, resources, and ideas toward the advancement of Healthy Chicago goals.

In addition to the activities previously described within each of the 12 priority areas, there are ongoing collaborative efforts that have focused more broadly on multiple Healthy Chicago priorities, including the LGBT Community Action Plan, LISC New Communities Program, and the Healthy Chicago Interagency Council.

LGBT Community Action Plan

In the fall of 2011, CDPH convened a group of Lesbian, Gay, Bisexual and Transgender (LGBT) health providers, advocates, and academics to consider how the health issues identified in Healthy Chicago uniquely impact the LGBT community, and the steps that can be taken to address them. The partnership resulted in the LGBT Community Action Plan, a supplement to the Healthy Chicago agenda. Released during National LGBT Health Week in March 2012, the Community Action Plan outlines 22 strategies to improve the overall health of Chicago's LGBT community. These include improving data collection, addressing violence within the community, improving cultural competency about LGBT-specific concerns among Chicago's health care providers, and improving overall inclusion of the LGBT community across the city in order to better connect members with health resources and information. Partners contributing to the development of the Community Action Plan included the Chicago Commission on Human Relations, the Public Health Institute of Metropolitan Chicago, Howard Brown Health Center, the University of Illinois at Chicago, Affinity Community Services, and the Center on Halsted.



Community partners join city officials for the March 2012 release of the LGBT Community Action Plan. Photo courtesy of Kate Sosin/Windy City Times.

LISC New Communities

Shortly after the release of the Healthy Chicago agenda, the Local Initiatives Support Corporation (LISC) New Communities Program (NCP) participants met with CDPH to identify mechanisms for collaboration. It was agreed that community-driven policy development might prove most effective and thus began an intensive strategy development process. With support from LISC and CDPH staff, NCP members formed three committees to address the 12 Healthy Chicago priority areas. In all, 70 representatives from over 30 organizations participated in this ten-week process. The committees identified six policies on which to focus: access to healthy foods, strengthening the health curriculum at Chicago Public Schools, community engagement in anti-violence strategies, strengthening community-based health resources, policies to support breastfeeding, and working with stores to promote adherence to tobacco and alcohol sales laws. LISC Chicago and CDPH are currently working to advance these policy recommendations through continued community engagement and advocacy.

Recognizing the value of working with an established network of community-based partnerships, CDPH and LISC have committed to expand their collaborative work in 2013.



Commissioner Choucair speaks with Claretian Associates' NCP Director Jackie Samuel. Behind them are LISC Chicago Executive Director Susan Vasquez and CDPH's Erica Salem June 12, 2012.

Healthy Chicago Interagency Council

While each City of Chicago agency has a unique mission to fulfill, many departments are nonetheless positioned to positively influence the health of Chicagoans. Throughout this report examples of these efforts abound. Bike lanes, farmers markets, tobacco retailer licensing, urban agriculture, Head Start nutrition efforts, exposure to violence data collection, ordinance development and other activities are all led by City departments that have committed to work in partnership with CDPH to implement Healthy Chicago.


Since the release of Healthy Chicago, 15 departments and staff from the Mayor's Office meet bi-monthly as the Healthy Chicago Interagency Council. The Council shares information, leverages programming, and works to identify opportunities to better promote and support Healthy Chicago. Convened by CDPH, Council members include: the Departments of Family and Support Services, Transportation, Law, Police, Aviation, Cultural Affairs and Special Events, Housing and Economic Development, Business Affairs and Consumer Protection, Fleet and Facility Management, Innovation and Technology, and the Mayor's Office for Persons with Disabilities; the Chicago Park District, the Chicago Public Schools, and the Chicago Housing Authority.

Moving Forward


Without question, collaborations and partnerships are critical to the attainment of Healthy Chicago goals. The partnerships established during the first 16 months of implementation have been successful and will be sustained moving forward. Yet there is more work to be done and more partnerships to be established.

CDPH welcomes the opportunity to work with individuals, organizations and existing partnerships to implement activities that will lead to an even healthier Chicago. Beyond direct involvement, the department also wants to promote the health improvement activities of others. We encourage others to share their stories or seek CDPH's partnership by emailing us at healthychicago@cityofchicago.org.

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V. HEALTHY CHICAGO FUNDING

Healthy Chicago activities are supported through several mechanisms, including:

- Alignment of existing resources with priorities,
- Aggressive pursuit of new funding,
- Strategic partnerships to secure resources, and
- Continuation grant funding.

Alignment of Resources

Positioning CDPH to successfully implement Healthy Chicago necessitated some organizational shifts. The Department more intently focused on core public health functions while at the same time identifying appropriate partners to assume responsibility for the delivery of other services.

CDPH re-directed just under \$1 million to support the transition of tuberculosis clinical care to the Cook County Health and Hospital Systems. CDPH continues carrying out the disease surveillance and disease control work.

The primary care services transition, discussed earlier in this report, includes an investment of over \$4 million in Federally Qualified Health Centers (FQHCs), and \$500,000 was redirected to increase community-based psychiatric services.

Tobacco prevention funding was realigned to increase the City's investment in community prevention grants, and for 2013, the City has dedicated over \$1.4 million for a new mobile Vision Program for CPS students. This investment will ensure that 30,000 students who fail their vision screening will receive a visit with an optometrist and eyeglasses if necessary.

New Healthy Chicago Grants

In the first year of Healthy Chicago implementation, a total of \$32 million in new funding for Healthy Chicago activities was awarded to CDPH and its partners.

Grants to CDPH: CDPH received over \$9 million in new grants (to be used over the next 5 years) in support of

Healthy Chicago priorities. These grant-funded projects cover seven priority areas and are outlined below.

- Immunization Infrastructure Improvement funds a partnership with Chicago's network of Federally Qualified Health Centers to modify electronic health records systems across the health centers to support evidence-based immunization strategies for adults and adolescents. (U.S. Centers for Disease Control and Prevention (CDC), \$700,000)
- The PlayStreets Initiative supports the development of a new partnership with both citywide and community-based agencies to combat obesity and heart disease by temporarily shutting down neighborhood streets to create safe, accessible spaces for physical activity. As noted earlier, the 60 events were conducted in 2012. (Blue Cross Blue Shield of Illinois, \$150,000)
- CareVan services have been expanded from a sole focus on immunization services to include a broader focus on the provision of educational information related to all Healthy Chicago priorities at community events across the city. (Blue Cross and Blue Shield of Illinois, \$167,000)
- Targeted HIV behavioral surveillance among young men (ages 13-17 years) who have sex with men yields information to better inform and target CDPH's prevention and care services. (CDC, \$594,000)
- Immunization capacity building efforts focus on strengthening the effectiveness and quality of practices by improving immunization information systems, educating healthcare providers about appropriate handling and storage of immunizations, supporting public health department insurance billing systems, and expanding the adult immunization delivery system. (CDC, \$1,000,000)

- The Green Healthcare initiative works with hospitals to implement sustainability actions focusing on energy efficiency and waste reduction. (U.S. Environmental Protection Agency, \$123,000)
- Lead-based paint hazard reduction funds support the removal of lead hazards in homes of young children who either have elevated blood lead levels or are at risk of exposure to lead. (HUD, \$3,000,000)
- The Chicago Dating Matters Initiative works to prevent teen dating violence among students at 23 Chicago high schools. (CDC, \$1,750,000)
- Diabetes translational research activities are conducted in collaboration with the University of Chicago's Health Information Technology Research Extension Center and use diabetes-related data in translational research, the delivery of public health interventions, and surveillance and sharing data activities. (National Institutes of Health, \$440,000)
- Expanding coordination of mental health, substance abuse, and HIV screening in community-based service agencies ensures that those with multiple issues are diagnosed and referred to care through the Minority AIDS Initiative Targeted Capacity Expansion program. (SAMHSA, \$1,352,000)

Grants Through Strategic Partnerships: Since the release of Healthy Chicago, CDPH partnered with the Chicago Public Schools to secure over \$23 million in new funding to support Healthy Chicago priorities.

- In late 2011, the Teen Pregnancy Prevention Project was funded to support work in select high schools in high need communities. The evidence-based program includes peer support, youth development, and health services. (HHS, \$1,585,000)
- In 2012, a Community Transformation grant was awarded to support Healthy CPS, an initiative of Healthy Chicago. Grant funds will be used to improve policies and systems to encourage access to and consumption of healthy foods, reduce tobacco use, increase physical activity, improve nutrition, and promote mental and emotional well-being among the all CPS students. This effort also unites CDPH and CPS with a network of community partners as well as the City's Department of Transportation and the Chicago Park District. (CDC, \$4,400,000 million)

Continuation Funding in Support of Healthy Chicago Priorities

During the first year of implementation CDPH received \$91.2 million in annual continuation funding to support 10 of the 12 Healthy Chicago priority areas.



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