

VISION

A city of thriving communities where all residents can live healthy lives.

WHAT WE DO

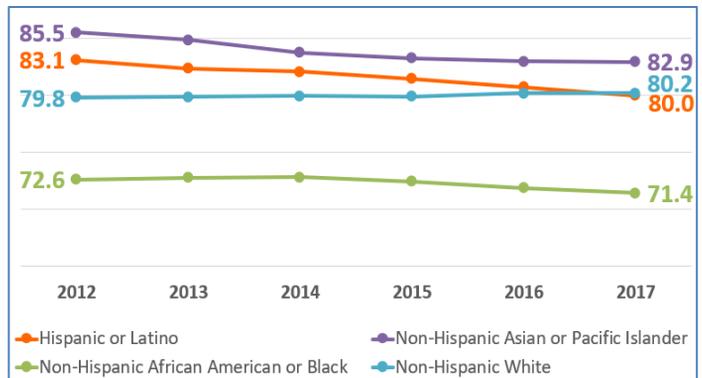
The Chicago Department of Public Health (CDPH) improves policies, systems, and environments that affect the health of Chicagoans. We work in program areas including:

- **Communicable disease control:** surveillance & response on 70 diseases, vaccine distribution & promotion, viral hepatitis capacity building, tuberculosis treatment & prevention, food safety inspections
- **HIV/STI:** HIV treatment, HIV-related housing & support, STI prevention & response
- **Public health emergencies:** COVID response, emergency preparedness & response
- **Behavioral health:** violence prevention, mental health clinics & system support, substance use disorder services
- **Environment:** environmental permits & inspections, lead inspections & remediation, vector control
- **Chronic disease:** breast health services, system planning, food equity planning, tobacco cessation, nutrition services
- **Parents & children:** WIC clinics, nurse home visiting for newborns, school-based reproductive health services & anti-violence initiatives

We also support the broader public health system through data analysis & dissemination, policy changes, and citywide planning activities to promote equity.

OUR GOAL: Closing the Racial Life Expectancy Gap

CDPH drove the creation of **Healthy Chicago 2025**, a citywide plan and call for action across sectors to promote health equity. Our focus is closing the life expectancy gap between Black and White Chicagoans, which is 8.8 years.



The top direct causes of the gap are chronic disease (4.3 years), gun-related homicide (2.1 years), infant mortality (0.7 years), HIV/infectious disease (0.5 years) and opioid overdoses (0.4 years). These factors – which have root causes in areas such as housing, safety, education, and structural racism – are our top priorities for policy and programmatic changes through 2025. For date on health and wellbeing, visit chicagohealthatlas.org.

CDPH FUNDING SOURCES

CDPH’s 2019 budget was \$177M. The 2021 budget is \$518M due to temporary federal COVID funding and will likely increase further through new federal initiatives. However, we expect to return closer to the 2019 baseline after several years.

Pre-COVID, about two-thirds of CDPH’s budget consisted of federal funding for HIV-related treatment and prevention. Federal dollars have also gone to emergency preparedness, immunizations, and other areas. State funding primarily targets environmental permitting and inspections, maternal and child health, communicable disease, and food safety inspections. In most years, approximately 20% of the CDPH budget comes from City funds and 80% from grants.

BOARD HISTORY

The board was established in 1834 in response to a cholera epidemic. Local physicians were quickly assembled to stamp out the disease and safeguard public health.



The board was abolished in 1857 when cholera and other communicable diseases seemed to be under control—but it was reestablished just a decade later when cholera returned. The Board of Health became a permanent fixture of Chicago's work to advance sanitation reform, hygiene, vaccination, health services, and other critical issues.

Today, the Board of Health serves as a critical advisor to the Mayor and to the Department of Public Health, which carries out the operational and regulatory functions related to health. The board is comprised of experts in an array of fields, from behavioral health to HIV to emergency preparedness.

CURRENT MEMBERS

Carolyn C. Lopez, MD—President
Matthew M. Davis, MD, MPP
Joel K. Johnson, M.Ed
Janet Y. Lin, MD, MPH, MBA

Rosa E. Martinez-Colón, MS
Steven K. Rothschild, MD
Horace E. Smith, MD
Carmen Vergara, MPH, RN-BSN
Debra G. Wesley, MSW

ROLE OF THE BOARD OF HEALTH

The Chicago Board of Health advises the Mayor and the Commissioner of Public Health on all issues affecting the health of Chicago residents. It can give direct feedback, pass resolutions, and use its standing to advocate to policymakers and highlight needs that residents face.

ORGANIZATION

The board is made up of nine members, one of whom serves as president. Members serve three-year, staggered terms. The Mayor appoints all members – and may remove a member and fill vacancies at any time – with the approval of City Council.

DIVERSITY

City law requires that the board be diverse with respect to demographics, skill set, and professional background. The board also must have at least five members with a public health background, one member representing a federally qualified health center, and one member representing a hospital. A given board member may satisfy more than one of these requirements.

MEETINGS

The board meets on the third Wednesday of every month at the headquarters of the Chicago Department of Public Health, DePaul Center, 333 South State St., in the 2nd floor boardroom at 9am. However, the board is authorized to meet at other times, and it may meet virtually due to COVID-19. All meetings must adhere to the Open Meetings Act, which requires that the public be allowed to join and make comments. There must also be 48 hours public notice of the time and place of any meeting.