



Chicago Department of Public Health

Subject Matter Hearing

Health and Human Relations Committee

July 22, 2025

Dr. Olusimbo Ige, Commissioner



Contents

HC 2025 Strategic Plan Updates

- Progress to date
- Infant and Maternal Mortality Prevention- Family Connects
- Infectious Disease Prevention- Immunization

Emerging Topics

- Misinformation
- HIV/AIDS Grant Funding
- CDPH's Budget, Risks to Funding, Opportunities to Mitigate

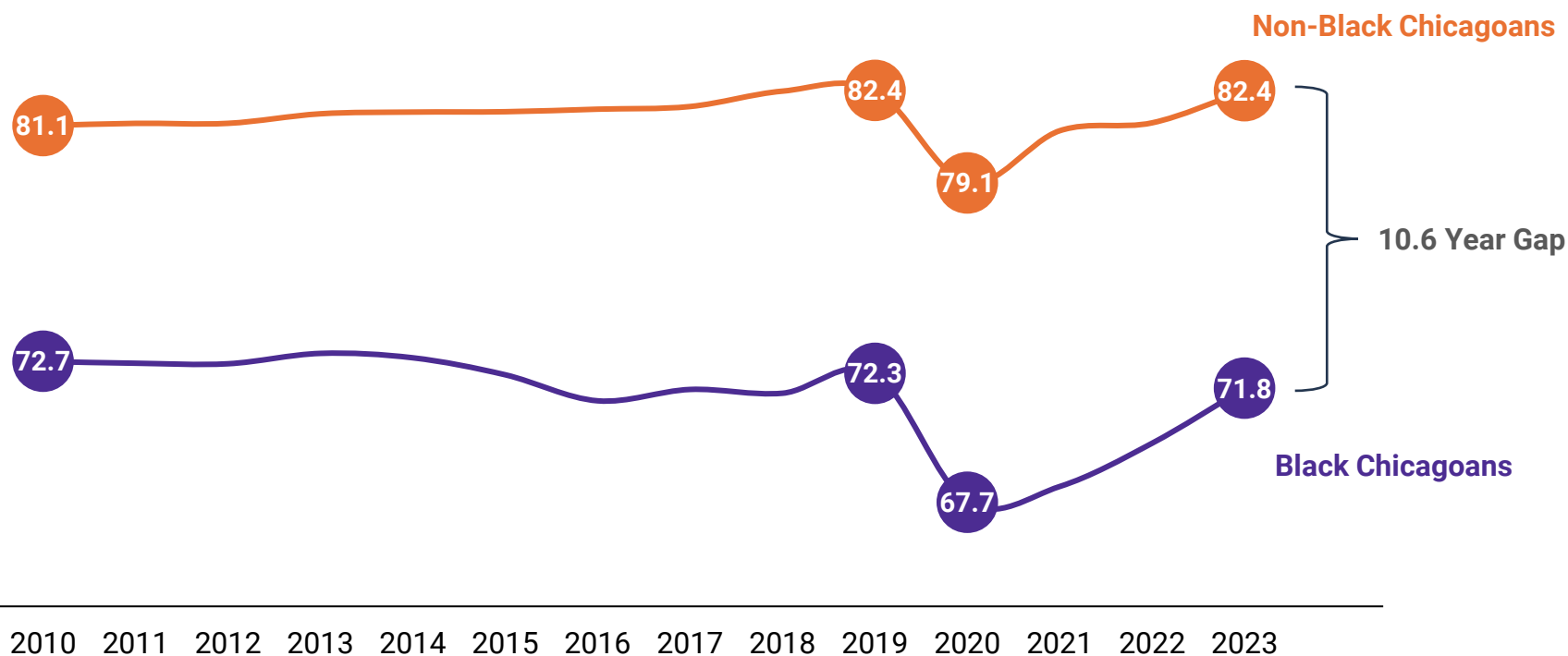


Healthy Chicago 2025 Progress Report: Closing the Life Expectancy Gap in Chicago





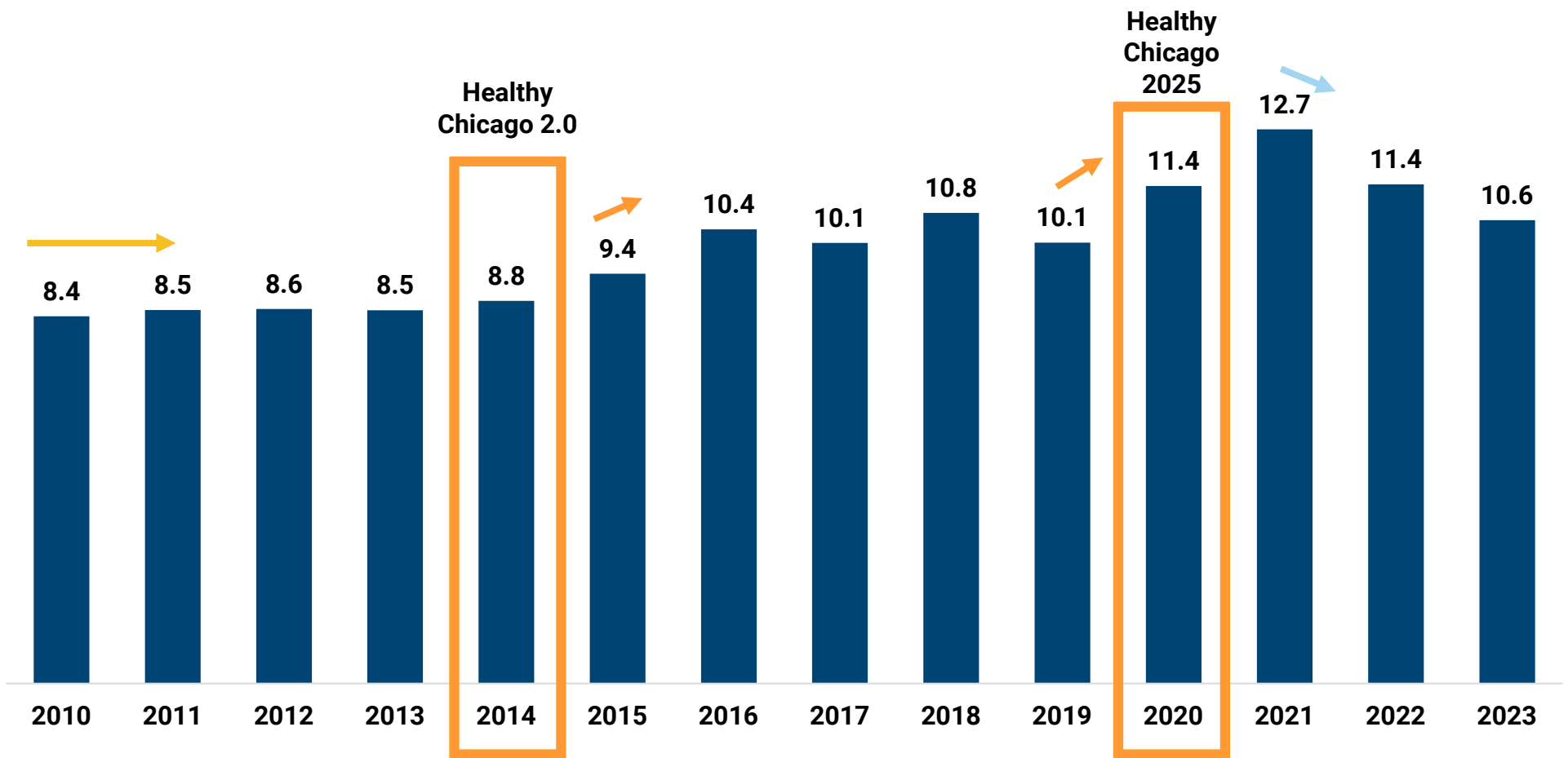
Progress in Closing the Life Expectancy Gap Between Black and non-Black Chicagoans, 2010-2023



Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files, 2010-2023; U.S. Census Bureau, 2010 and 2020 Decennial Census

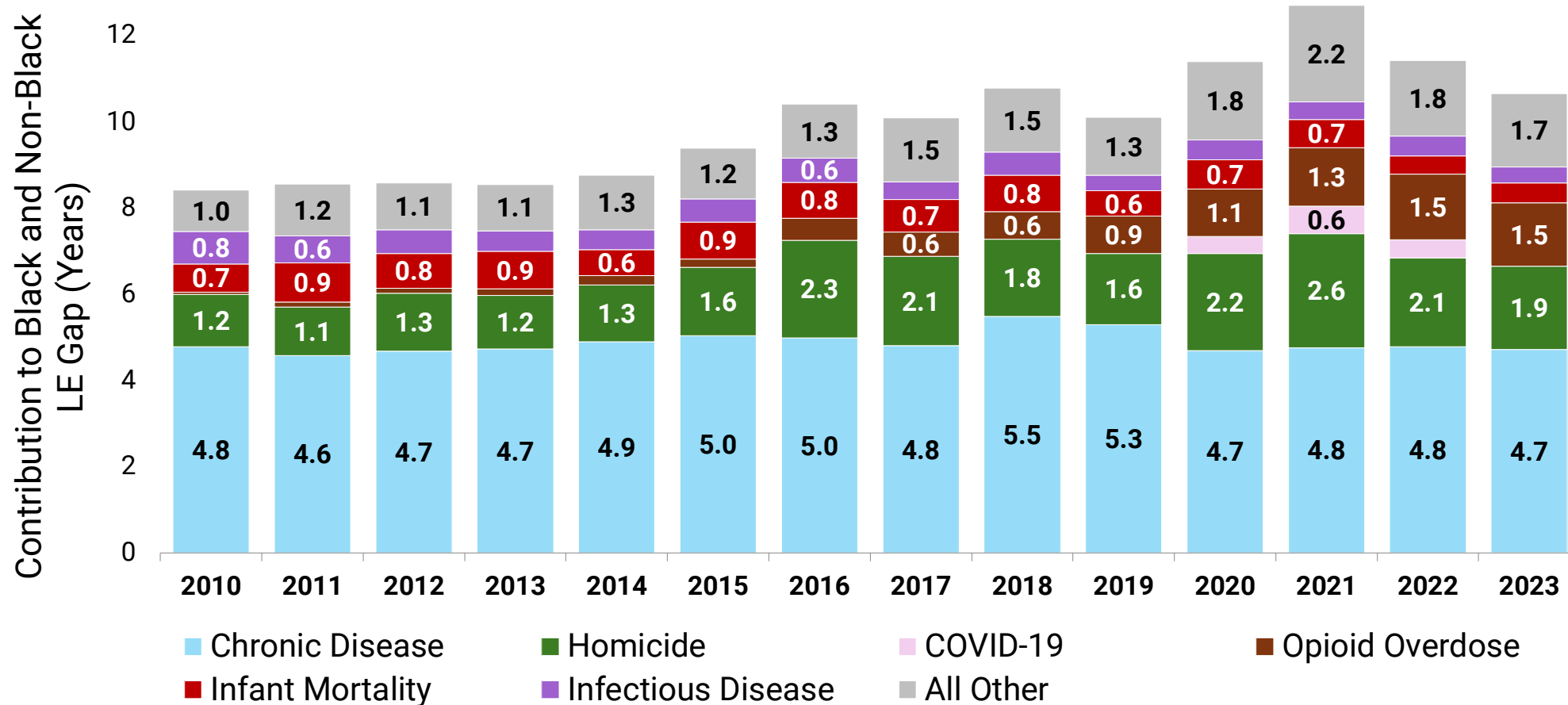


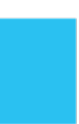
Progress in Closing the Life Expectancy Gap Between Black and non-Black Chicagoans, 2010-2023





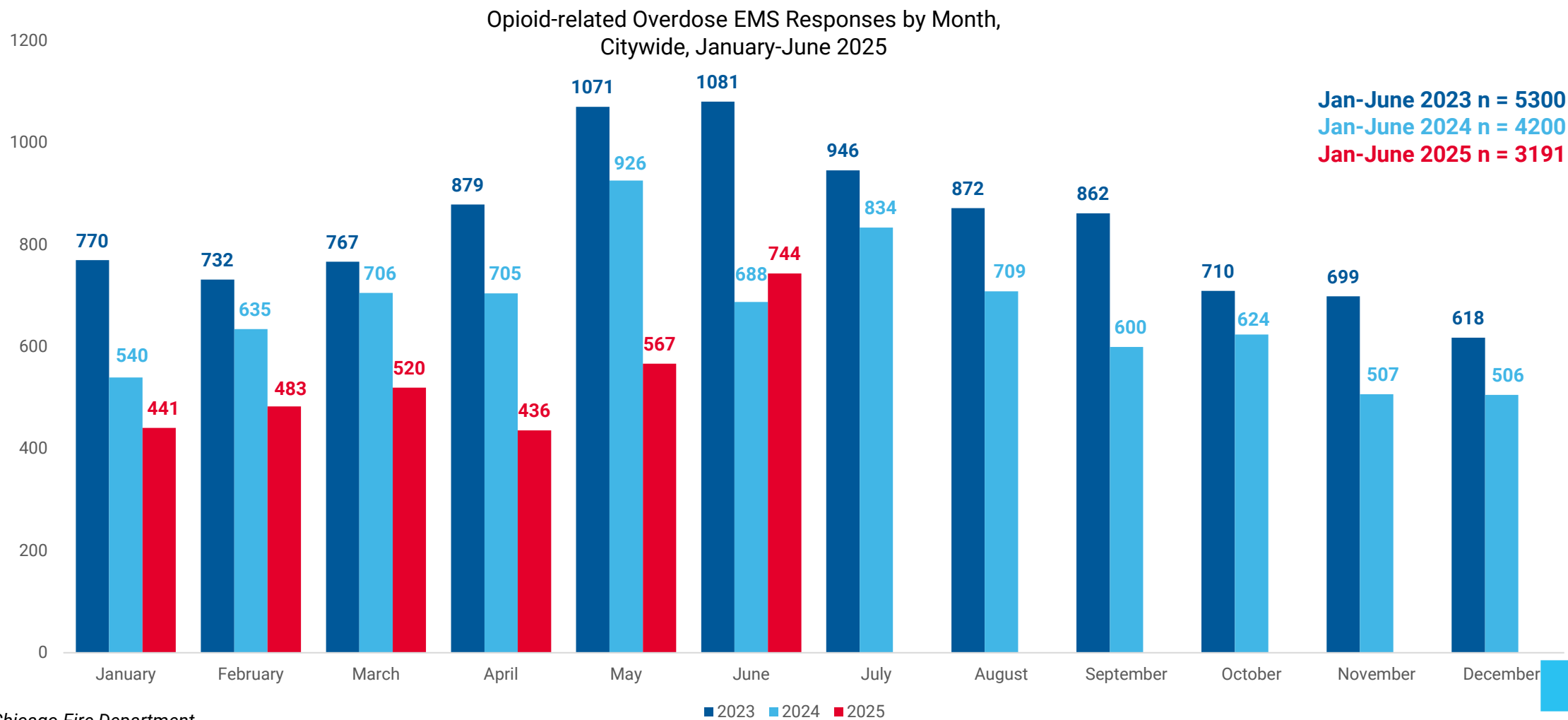
Decline in Life Expectancy Gap by Cause of Death Categories, 2010-2023





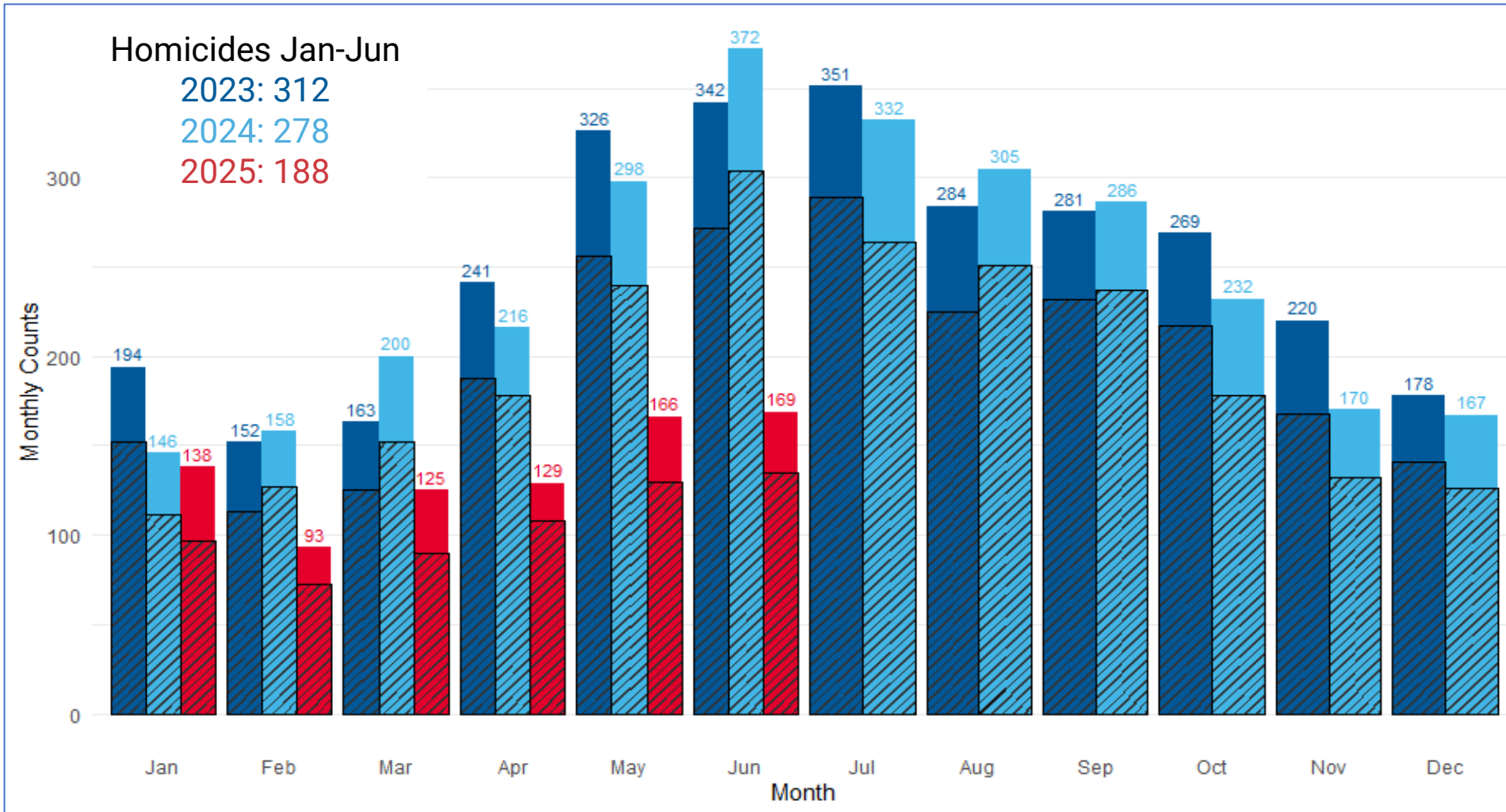
Opioid-Related Overdose EMS Responses Citywide **Down 24%** from 2024

January 2023- June 2025



2025 All-Cause Homicides and Nonfatal Shootings **Down by 33%** Compared to 2024

January 2023- June 2025



Etched bar = nonfatal shootings

Solid bar = homicides

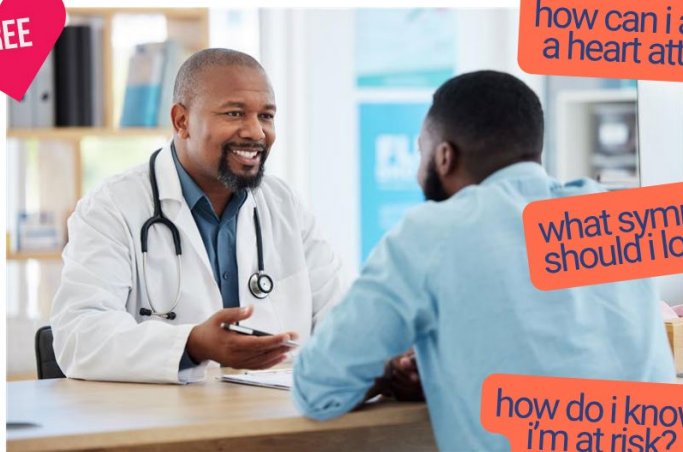
Top number = total



Men's Heart Health Campaigns

HEART HEALTH COMMUNITY CONVERSATION

FREE



how can i avoid
a heart attack?

what symptoms
should i look for?

how do i know
i'm at risk?

7/23, 6-7 PM

4150 W. 55TH ST.

ask questions and get health guidance
from medical experts

Chicago Department of

PUBLIC HEALTH



Improving Men's Heart Health



Men live almost 8 years less
than women



Men are hospitalized for
heart disease and failure
more than women

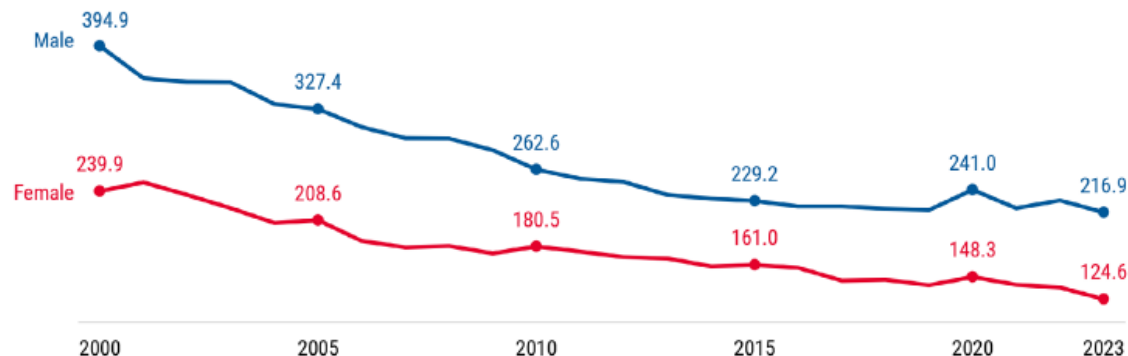


Heart disease is the leading
cause of death for both men
and women



Heart disease deaths are
decreasing in men but still
higher than in women

AGE-ADJUSTED HEART DISEASE MORTALITY RATE (PER 100,000) BY SEX, CHICAGO, 2000-2023





Healthy Chicago 2025 Mid Year Program Updates





Our Strategic Plan is Grounded in Foundational Public Health Services



**Required Areas of Practice for Governmental Public Health Bodies,
Per the Public Health Accreditation Board (PHAB)**

Maternal, Child,
Adolescent
& Family
Health



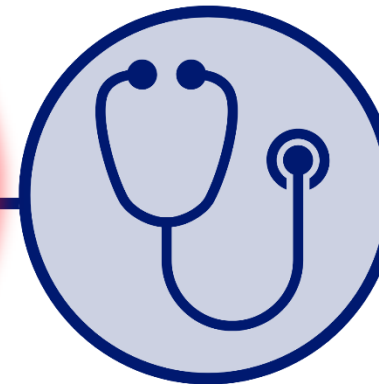
Environmental
Health



Communicable
Disease Prevention,
Investigation &
Control



Access to &
Linkage
with Care



Chronic Disease,
Injury Prevention &
Behavioral Health
Promotion



Infant and Maternal Mortality Prevention: Family Connects

Jennnifer Vidis, Deputy Commissioner

0.4 Years

0.5 Years

0.6 Years

Other Causes
1.3 Years

Infectious Diseases

Infant Mortality

Accidents

Opioid Overdose
1.5 Years

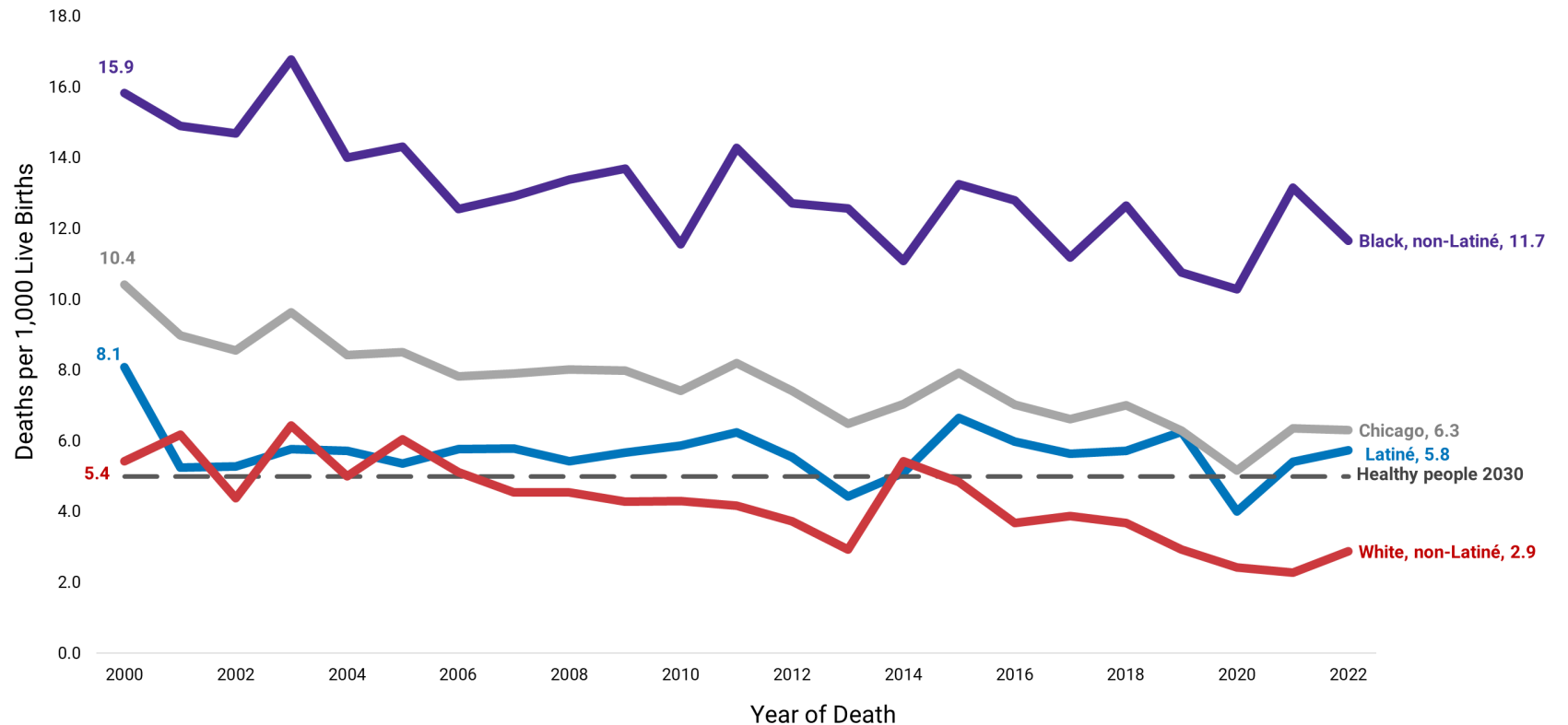
Homicide
1.9 Years

Chronic Diseases
4.6 Years

★ Infant Mortality has Declined, but Inequities Persist

- **Citywide**, infant mortality decreased **39%** from 2000-2022
- **Black** infant mortality only decreased **26%**
- **Latiné** infant mortality decreased by **29%** in 2001, but then stagnated
- **White** infant mortality decreased by **47%** from 2000-2022
- Inequity between Black and white infant mortality rates grew from **2.9x to 4x**

Infant Mortality by Race and Ethnicity, Chicago, 2000-2022

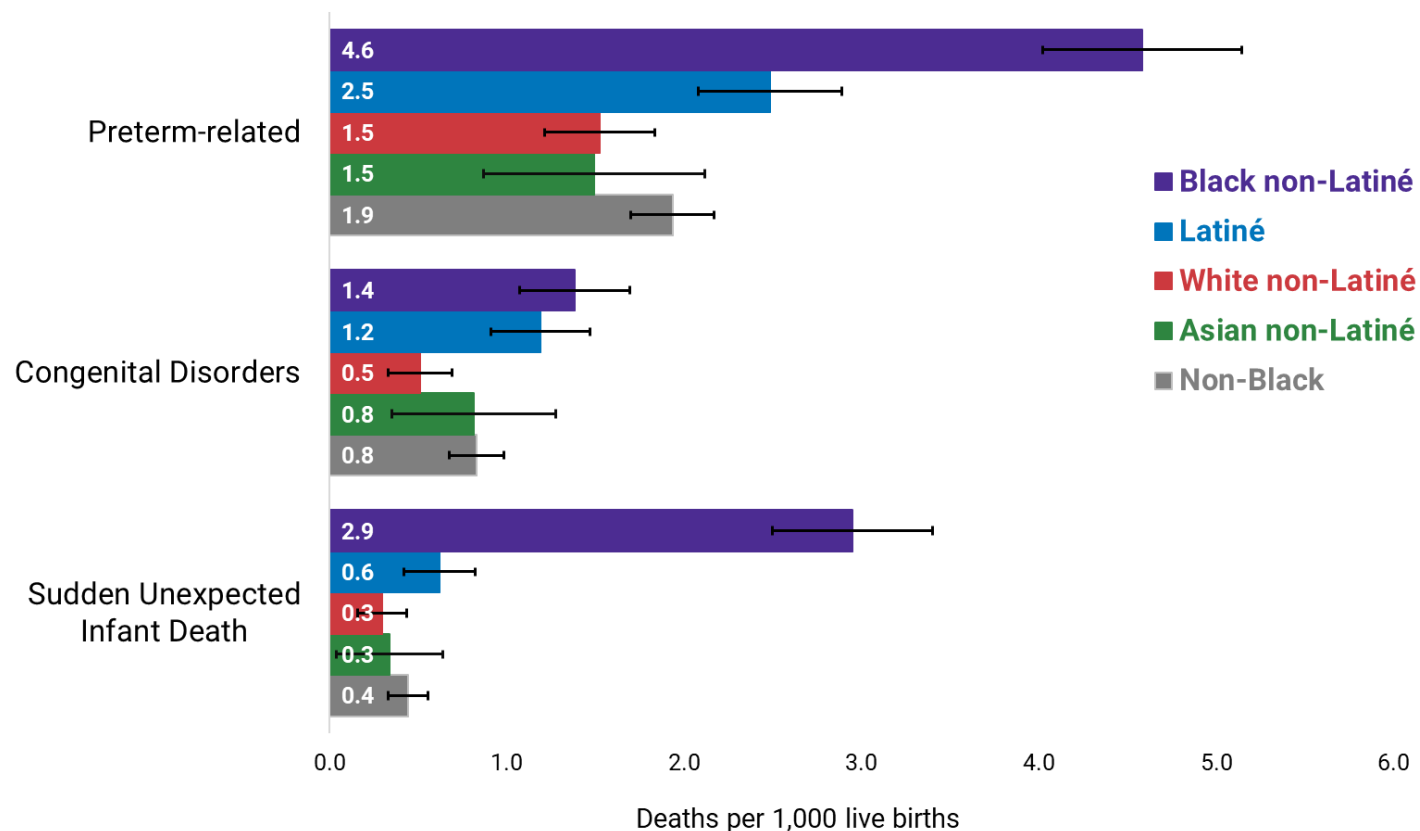


★ Leading Causes of Infant Mortality

- From 2017-2022, Black infants compared to non-Black infants were:
 - **2.4x** more likely to die due to preterm-related causes
 - **1.7x** more likely to die due to Congenital Disorders
 - **6.6x** more likely to have a Sudden Unexpected Infant Death

The level of inequity in infant mortality differs by cause

Infant Mortality rate by Race and Cause, 2017-2022



Source: IDPH Birth and Death Certificates, 2017-2022
Error bars represent 95% Confidence Intervals



Factors Impacting Infant Mortality

Alcohol and Smoking

- Infants exposed to alcohol or smoking have a 2x greater risk of mortality

Insurance Status

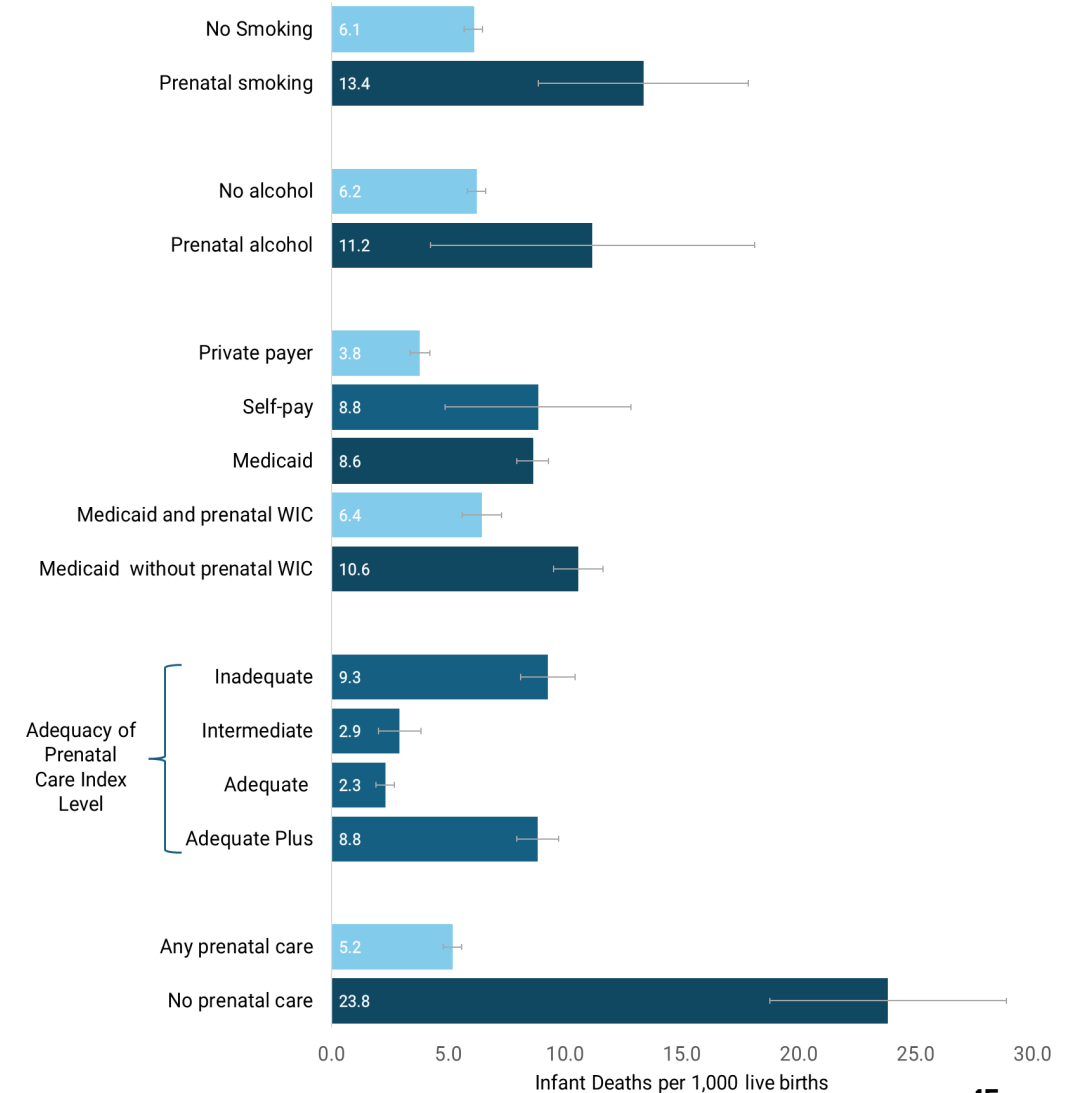
- Infant mortality is higher among parents insured by Medicaid or uninsured parents
- **Receiving WIC during pregnancy shown to mitigate this relationship**

Prenatal Care

- Highest rate of infant mortality among infants born to parents who received no prenatal care during pregnancy
- **Only 2% of Chicagoans receive *no* prenatal care, but this accounts for 10% of the infant deaths**

Infant Mortality Rate by Prenatal Exposures and Services

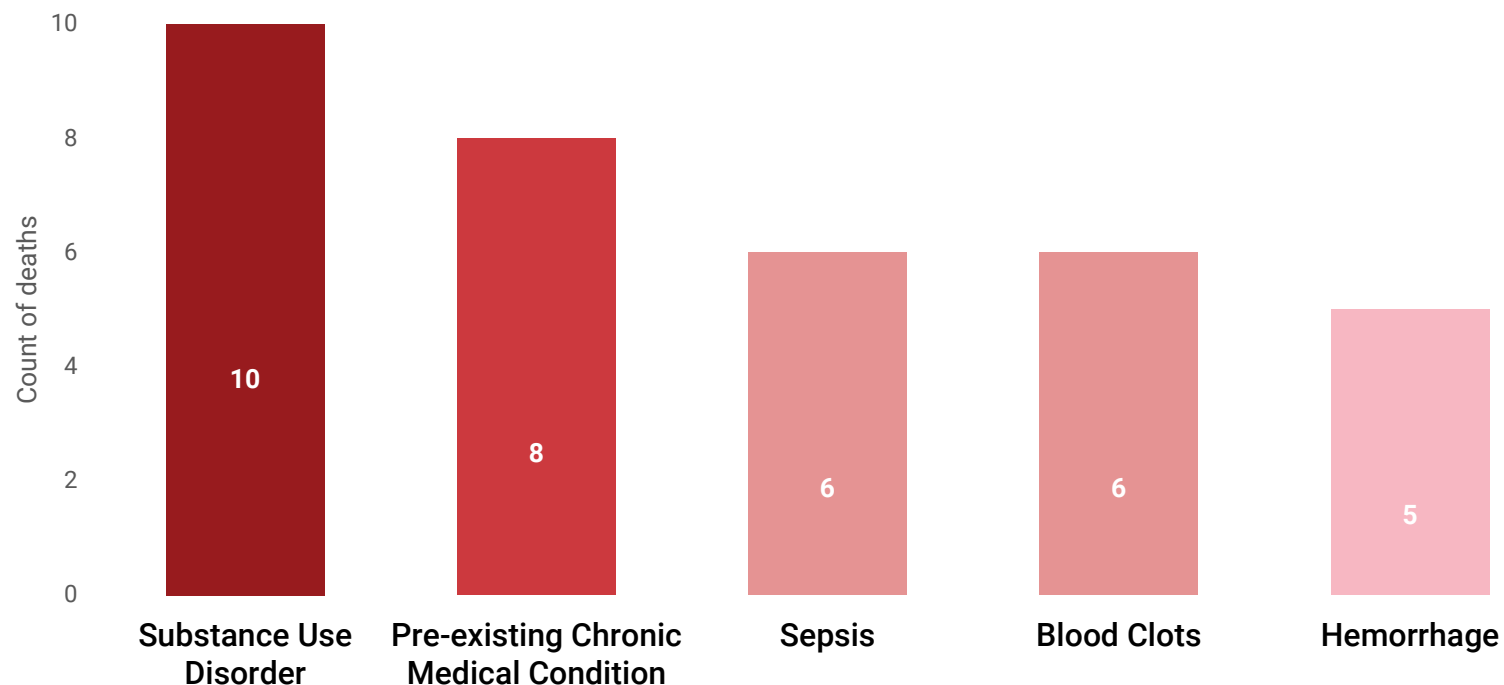
Infant mortality rate per 1,000 live births in Chicago, 2018-2022



Source: IDPH Birth and Death Certificates, 2018-2022
Error bars represent 95% confidence intervals

★ Leading Causes of Maternal Mortality

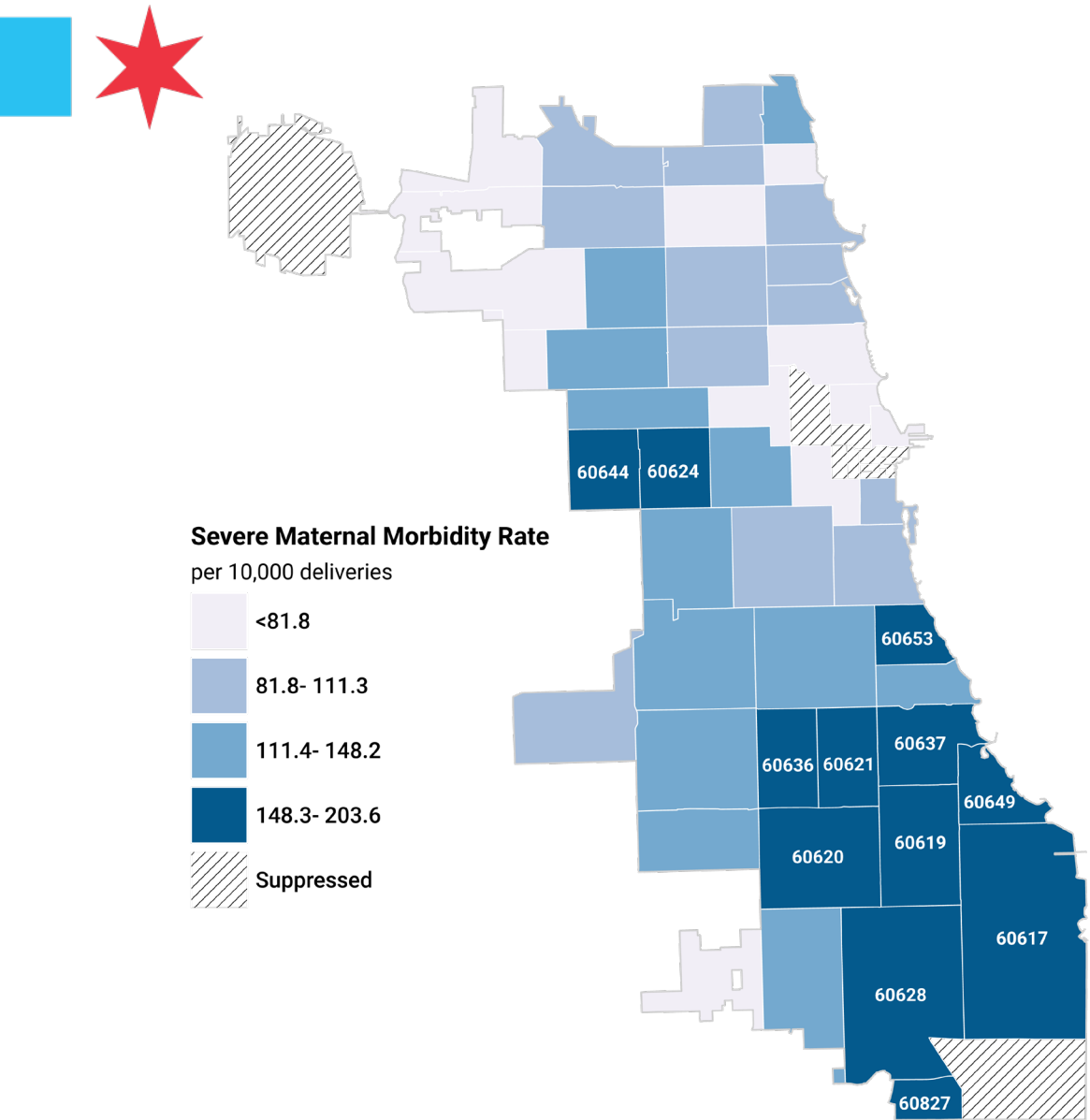
Top Causes of Pregnancy-Related Deaths in Chicago, All Races, 2015-2020



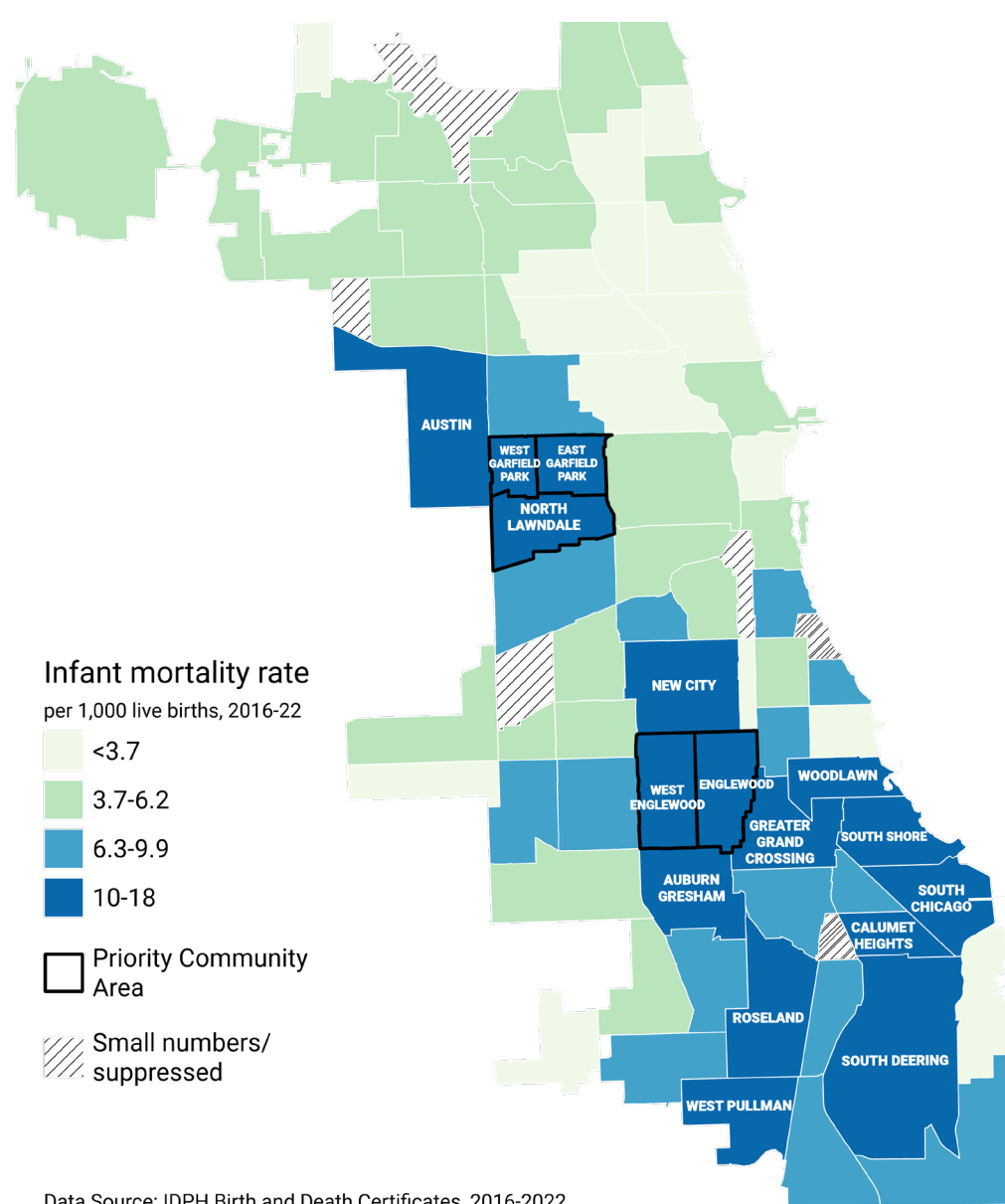
Leading causes for **non-Latinx Black mothers**:

1. Sepsis
2. Pre-existing chronic medical conditions
3. Embolism
4. Hemorrhage
5. Substance use disorder

Maternal Morbidity & Infant Mortality by Geography



Source: IDPH Hospital Discharge Data, 2018-2022



Data Source: IDPH Birth and Death Certificates, 2016-2022

Healthy Chicago Infant and Maternal Health Priority Communities

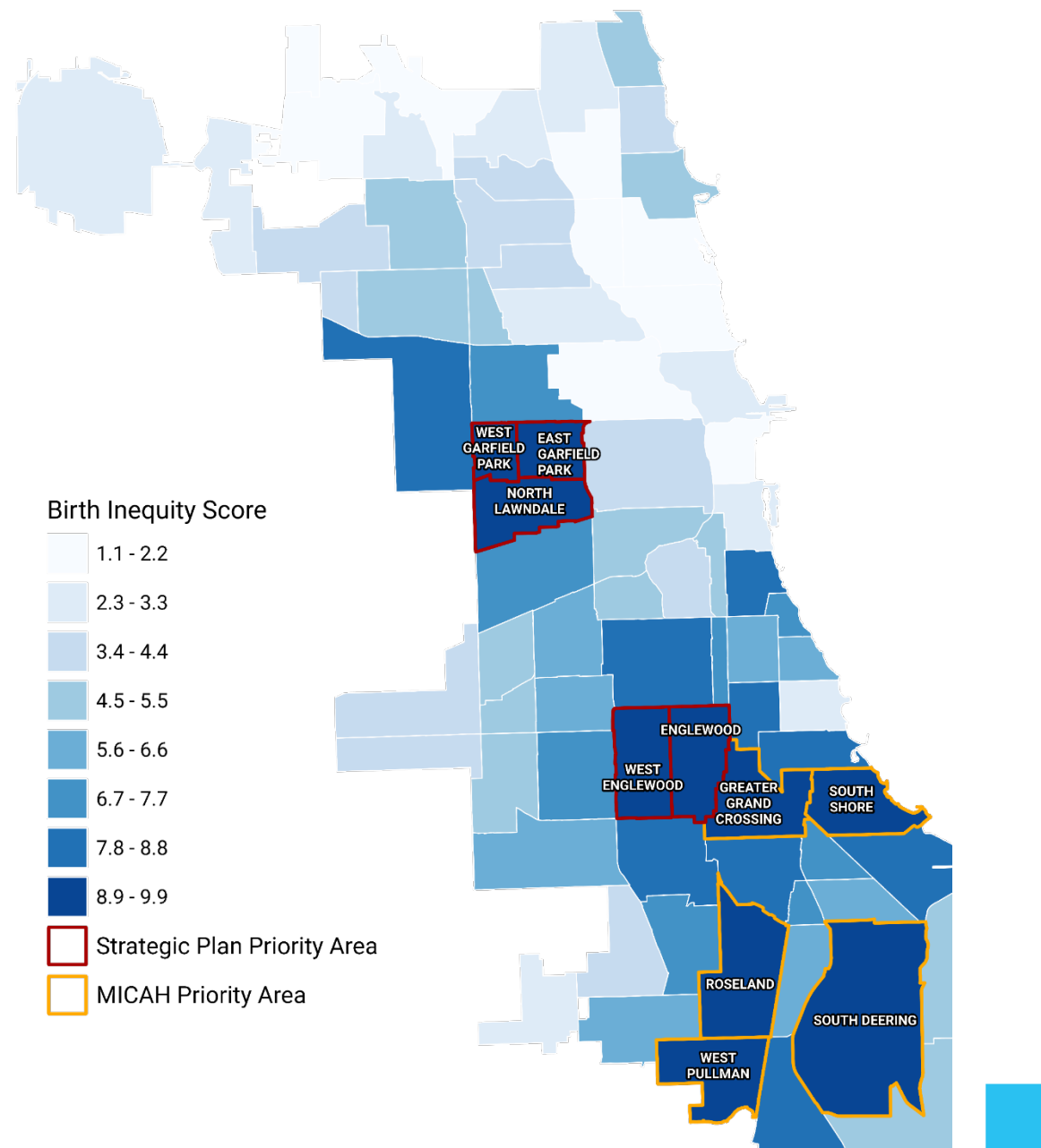
Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Infant Mortality Rate (per 1k live births)	6.4	11.1	7.9	9.4	13.2	18.7
Smoking During Pregnancy Rate	1.1%	8.2%	5.6%	6.6%	5.1%	6.6%
SUID (2016-2022 per 1k births)	1.16	4.78	3.67	2.49	3.22	6.17
Family Connects Reach	45%	43%	40%	36%	45%	42%

1. Hyperlocal outreach to promote safe sleep practices
2. Complete a community assessment to understand facilitators and barriers to prenatal care and roll out an educational media campaign
3. Modernize the Women, Infants, and Children (WIC) program through various strategies to maximize utilization
4. Increase Family Connects Chicago participation by increasing awareness and facilitating access

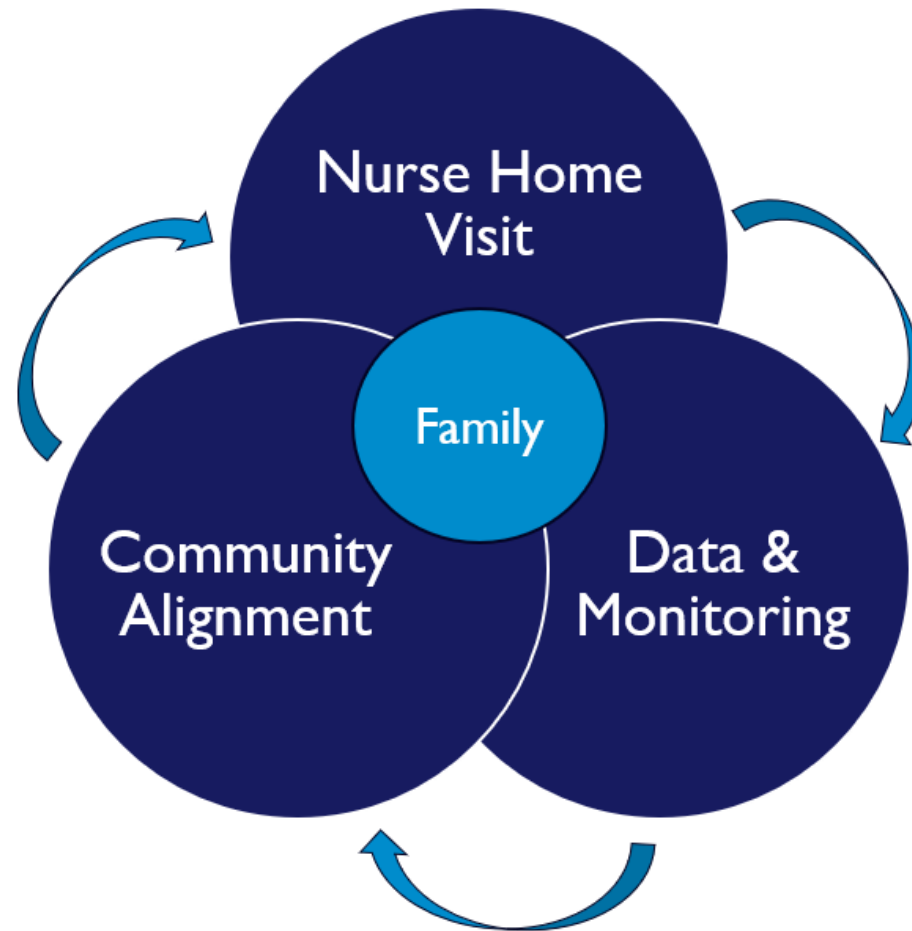


MICAH 5+5

- 5 Healthy Chicago 2025 Priority Areas
- + 5 Community Areas
- Communities chosen based on composite Birth Inequity Score
- Outcomes included:
 - Infant mortality
 - Maternal hypertension
 - Prenatal care utilization
 - Preterm birth
 - Smoking during pregnancy
- Additional MICAH focus areas:
 - Greater Grand Crossing
 - South Shore
 - Roseland
 - West Pullman
 - South Deering



★ Family Connects Chicago: A Systems Solution



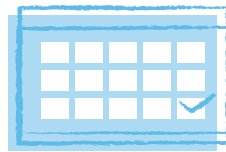
Family Connects Chicago Timeline

**Birth at 11
participating hospital**



Partner hospitals
account for >11,500
births annually

Integrated home visit is
scheduled at hospital bedside
or with a phone call shortly
after discharge*



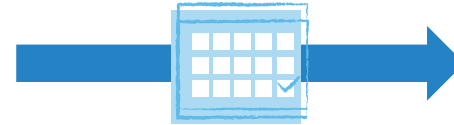
**Integrated home visit
with nurse**



First 2-3 weeks postpartum

Earlier and additional
visits scheduled as needed

Follow up visit** if
needed and/or follow up
on referrals, case closed



**Post visit call with Program
Support Specialist**



30-60 days after
case is closed to
assess referrals
and satisfaction

*72 hour visits can be scheduled for breastfeeding support or blood pressure checks

** approximately 10% of our families need an in depth follow up visit- determined by the nurse



Annual Dashboard Highlights

Meeting Families Where They Are



Supporting a Grieving Mother

The nurse made a telephone check-in with a mother of four who had recently given birth. The mother, now raising three children alone, had suffered immense loss. Her husband had been killed in an act of gun violence just weeks before delivery, and one of her newborn twins had passed away.

The nurse listened patiently as the mother described her grief, exhaustion, and anxiety. She validated the mother's emotions and gently reassured her about newborn bonding and parenting during a time of loss.

*The nurse connected the family to **grief support groups, infant care supplies, and long-term home visiting services**, as well as job search assistance which was and identified need by the mother.*

This call reminds us that compassion and presence can be a powerful intervention.

Supporting a Low-Birth-Weight Infant

A Family Connects nurse visited a home of an infant born weighing 4 pounds 11 ounces. At the time of the visit, the baby had only gained 1 pound and was spitting up frequently. The mother reported feeding every time the baby cried.

*The nurse identified that the infant's feeding pattern and clinical findings indicated poor weight gain and suggested poor digestion. She educated the parent on paced, responsive feeding, recognizing early on hunger cues, and positioning. **The nurse referred the infant back to the primary care provider for follow-up.***

Through personalized, culturally sensitive support, the nurse helped the mother understand how to keep her baby healthy and empowered her to do so with confidence.

Supporting a Mother with Complex Health Needs

*During a home visit, the nurse supported a mother managing **seizures and hypertension**, two high-risk conditions during the postpartum period. The nurse reviewed her medications, emphasized the importance of following her treatment plan, and explained the risks of missing lab and doctor's appointments.*

*By providing **individualized education** and **clear, practical guidance**, the nurse helped the mother feel confident in her ability to care for her newborn and manage her health safely. The visit was not just about the baby. It was a critical safeguard for the mother's well-being.*

Family Connects Chicago Through The Years

1

13,000+ home visits completed

That's over 13,000 homes where a nurse sat down, eased a new parent's worries, and connected them to resources.

2

83% Latine or non-Latinx Black families

We meet families who have historically been overlooked—right where they live.

3

80% in low/very-low opportunity areas (Childhood Opportunity Index)

We go where need is greatest.

4

97% satisfaction

Families tell us, in their own words, that FCC feels like a lifeline.

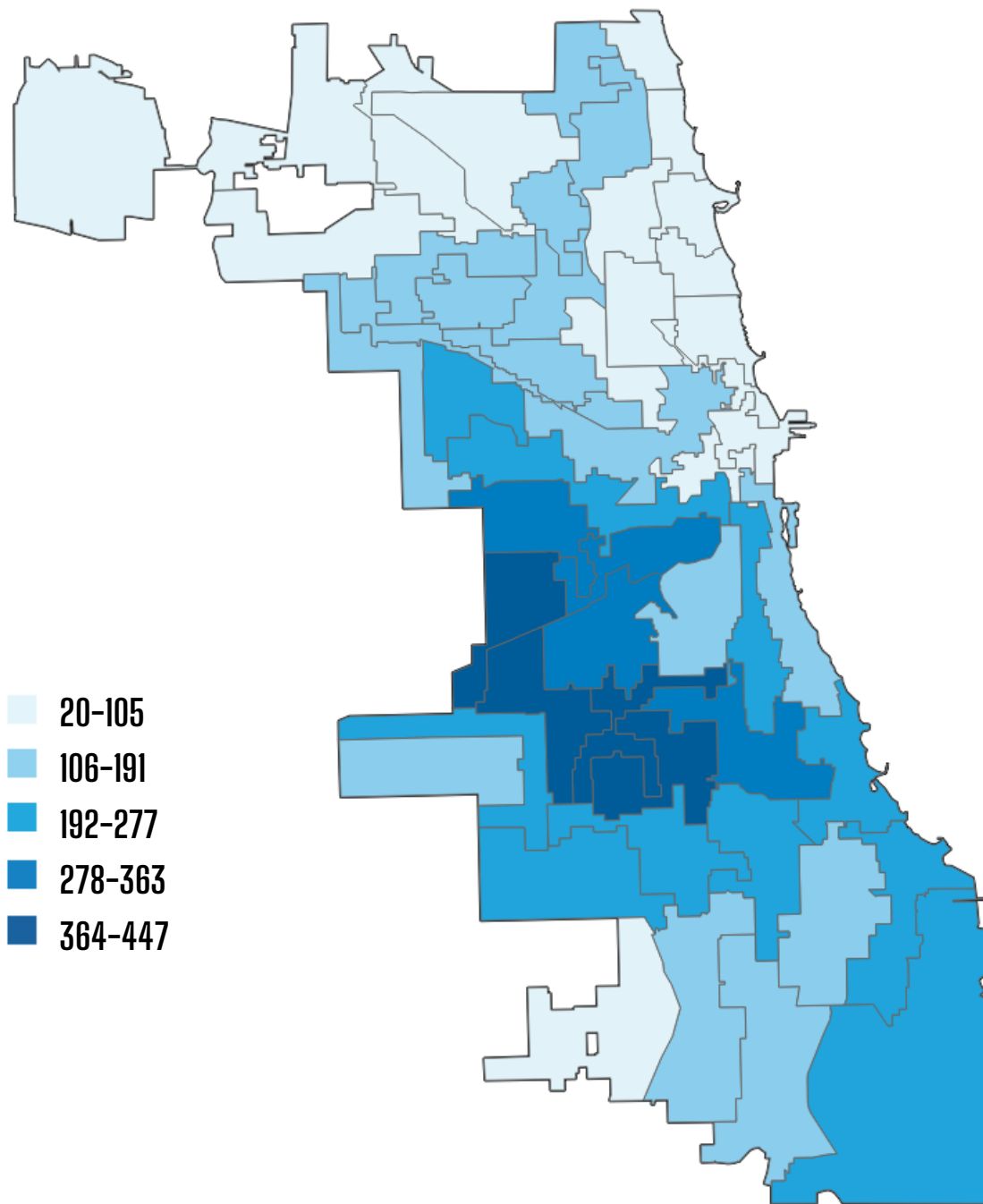
5

76% Medicaid

We're strengthening Chicago's safety net from the inside out.

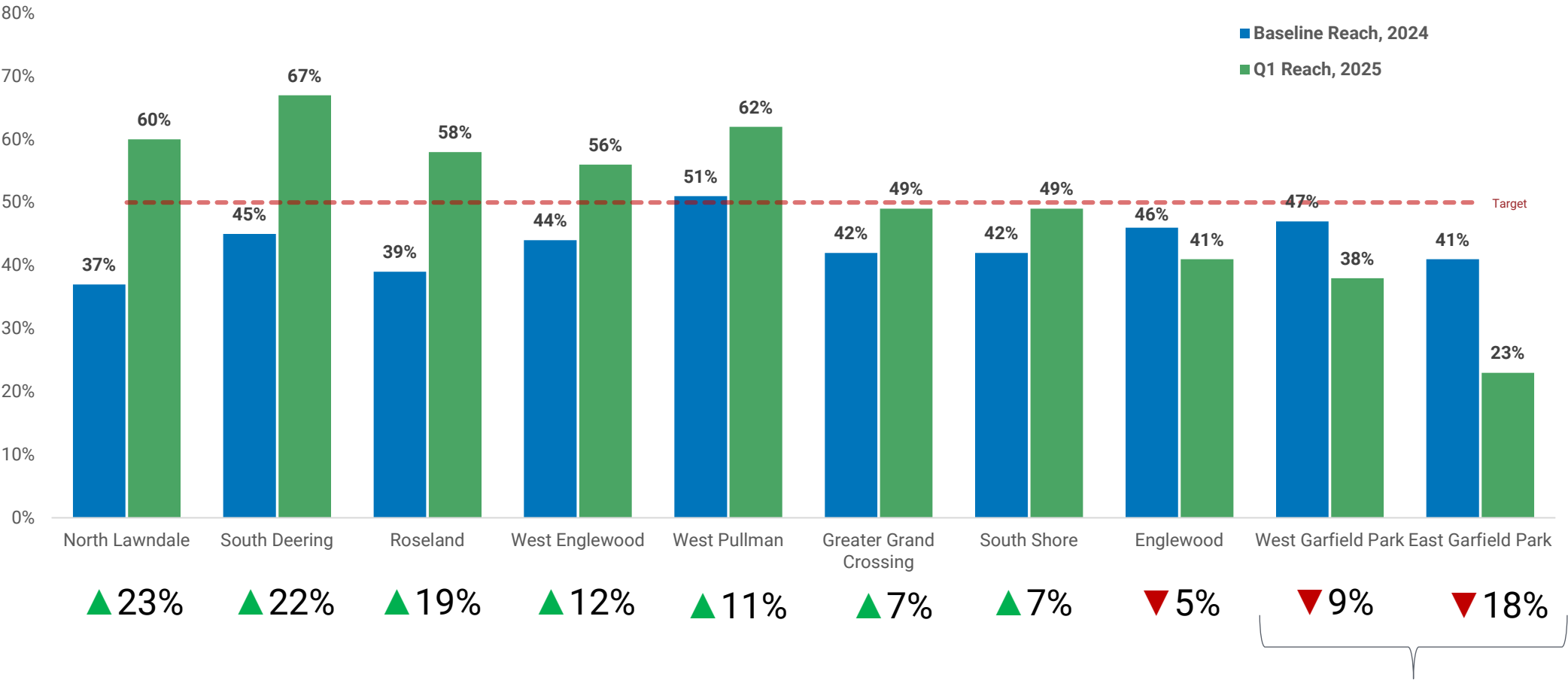


Family Connects Visits by Ward, 2022-2024





43% Reach (2024) → 51% Reach (Q1 2025) in Priority Communities



Focus areas for improvement

Data reflects 10 MICA priority areas. Reach defined as % of eligible families completing a home visit.

Improving Family Connects Reach Action Plans

Improve **scheduling and visit completion practices**:

- Offer and schedule visits at the bedside
- Establish best practice standards for follow up calls
- Expand texting options
- Strengthen QA/QI processes for reviewing scheduling, acceptance and completion data with hospitals and nurses

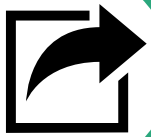
Conduct hyperlocal community and provider **marketing and outreach** to raise awareness about Family Connects:

- Implement focused marketing campaigns in priority community areas
- Expand outreach and education to community members, healthcare providers and community-based organizations

★ Alder Engagement



PROMOTE participation in FCC – help us establish these visits as our standard of care



SHARE information about the services and supports available in your wards



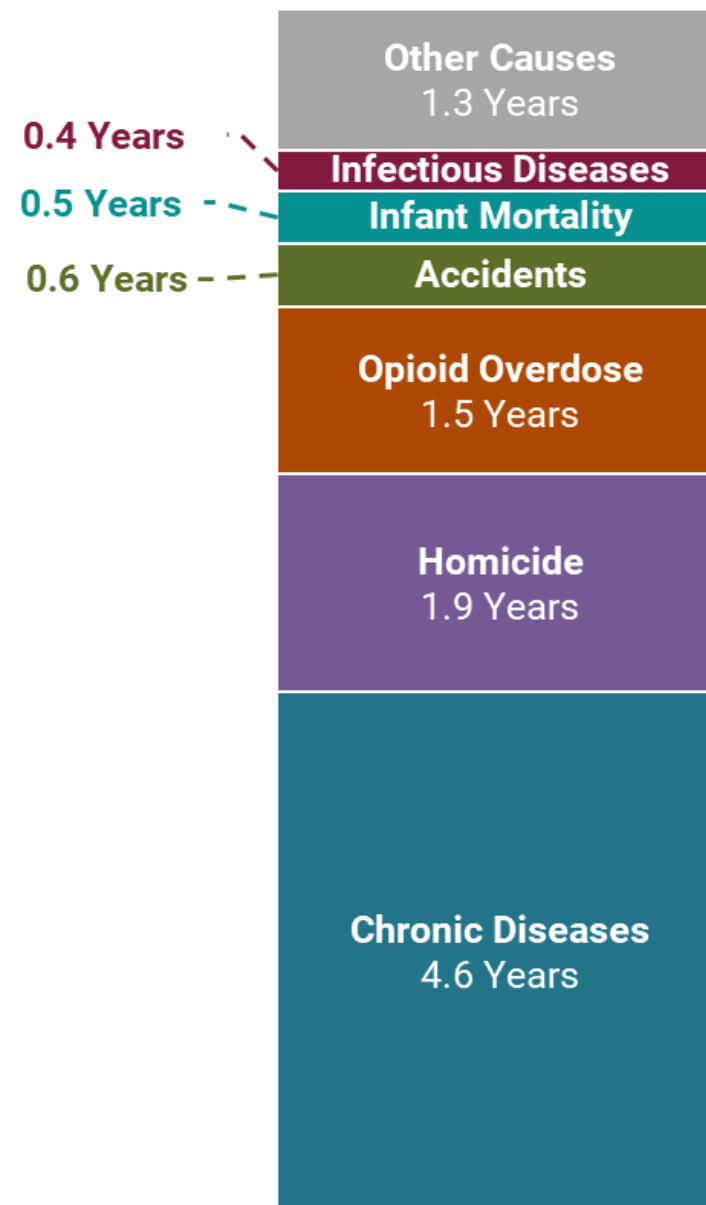
INVITE us to events to share maternal & child health resources and information



INFORM us where, when, and how to connect with new & expecting families

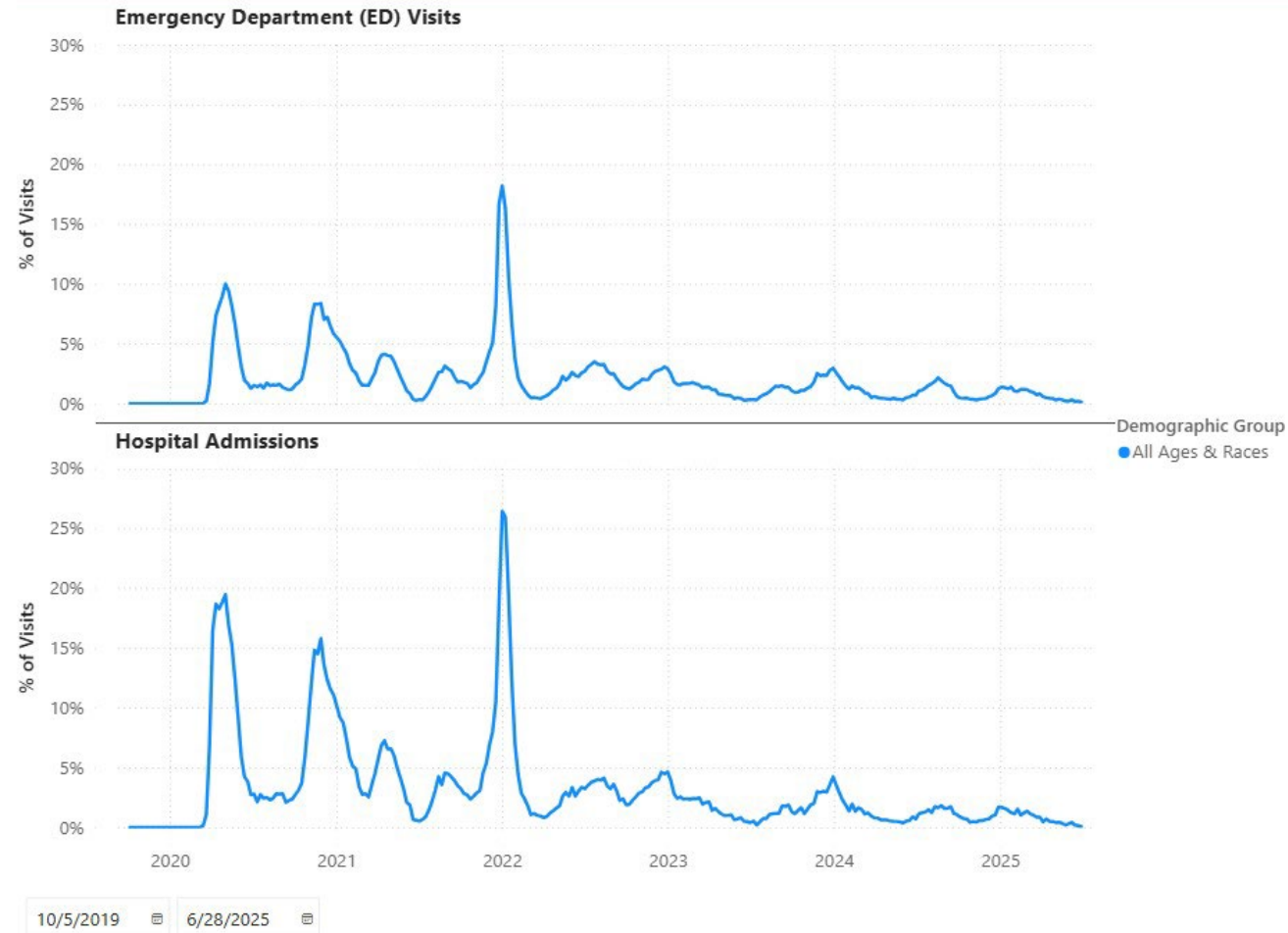
Infectious Disease Prevention: 2024/2025 Respiratory Virus Immunization Report

Dr. Alex Sloboda, Medical Director

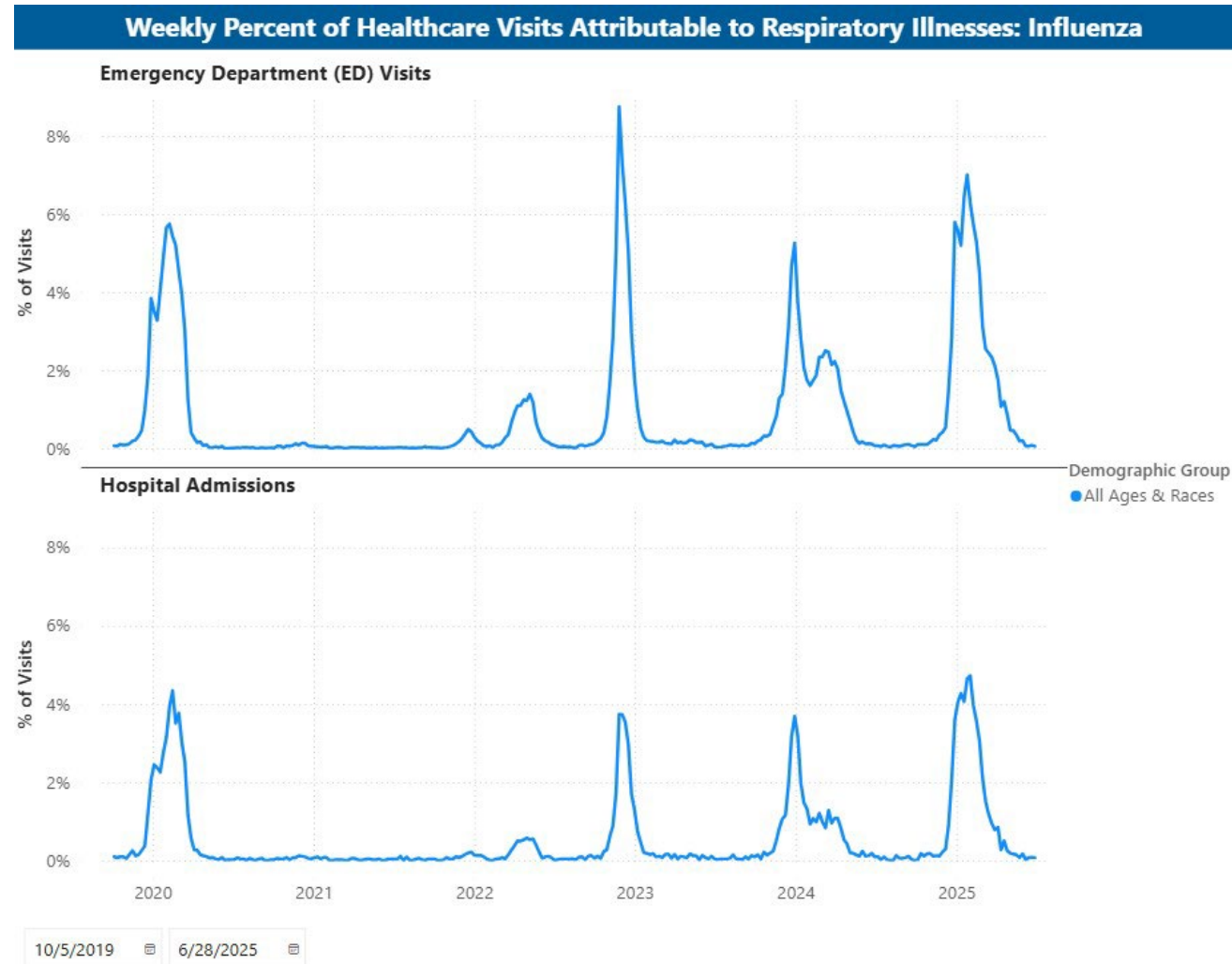


★ Viral Respiratory Illness: COVID-19

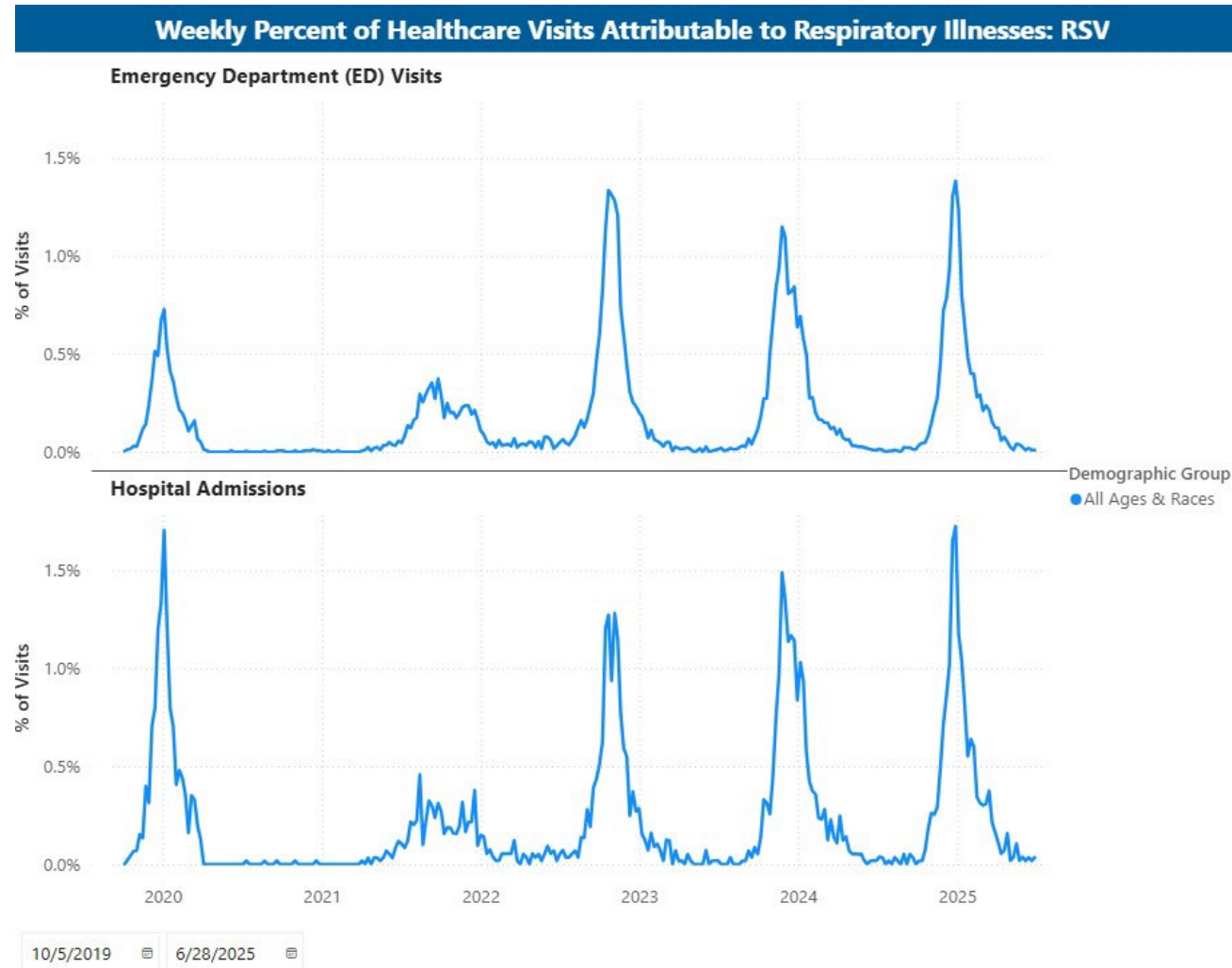
Weekly Percent of Healthcare Visits Attributable to Respiratory Illnesses: COVID-19



★ Viral Respiratory Illness: Flu



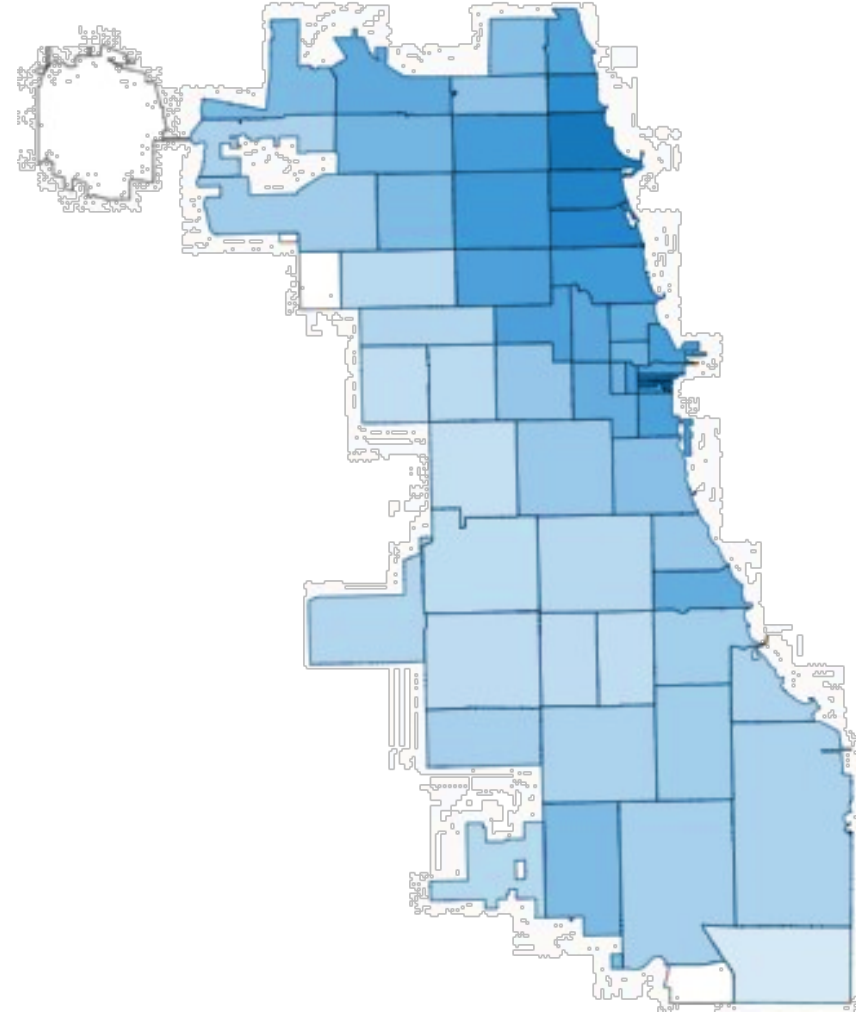
★ Viral Respiratory Illness: RSV



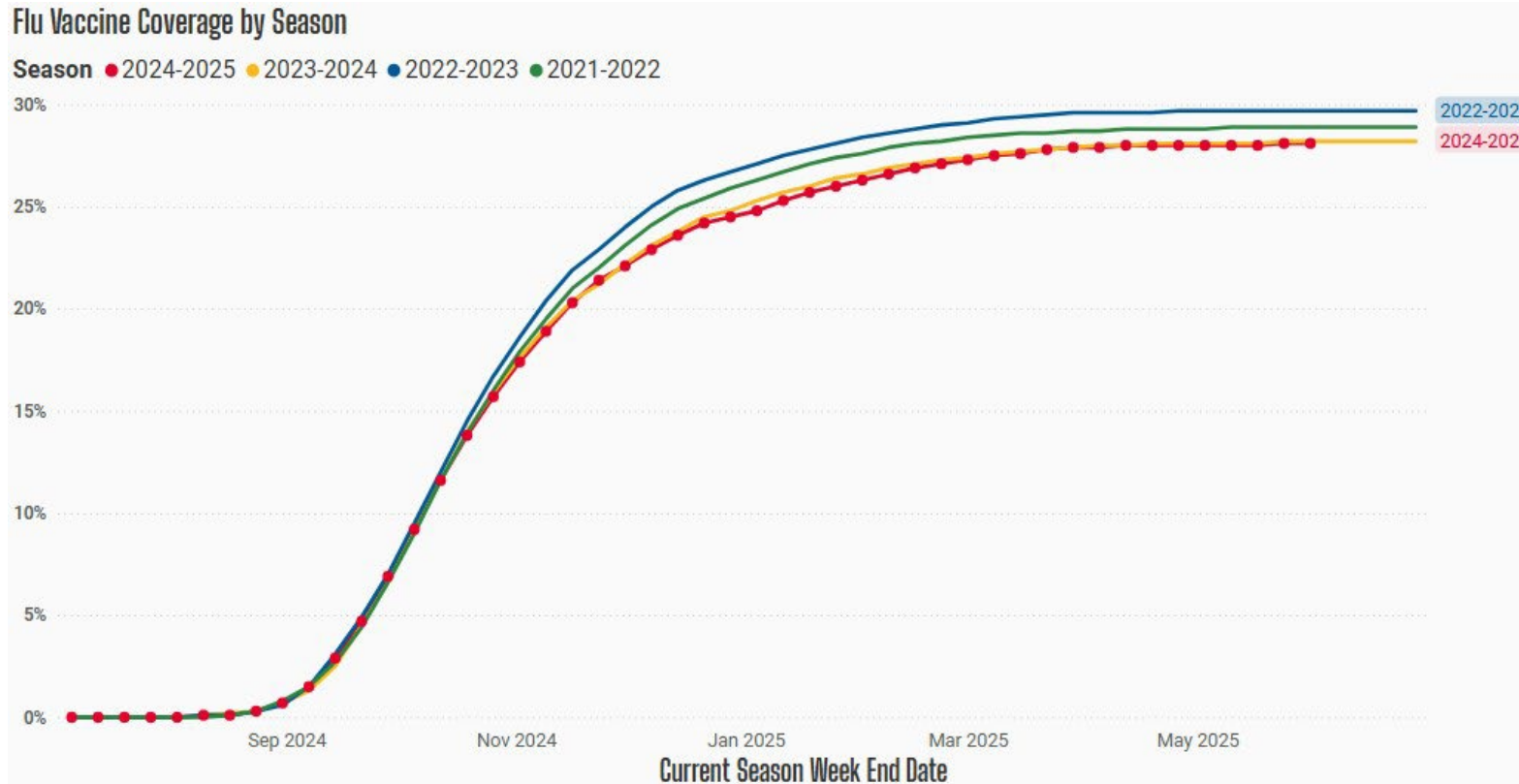
★ 2024-25 COVID-19 Vaccination Coverage in Chicago

Coverage of updated 24-25 COVID-19 vaccine: **13.4%**

- Chicago Coverage updated **23-24** COVID-19 vaccine: 16.6%
- **Illinois** Coverage updated 24-25 COVID-19 vaccine: 11.7%
- ~80% of Chicagoans have received at least 1 dose of COVID-19 vaccine since 2020



★ 24-25 Flu Vaccination Coverage

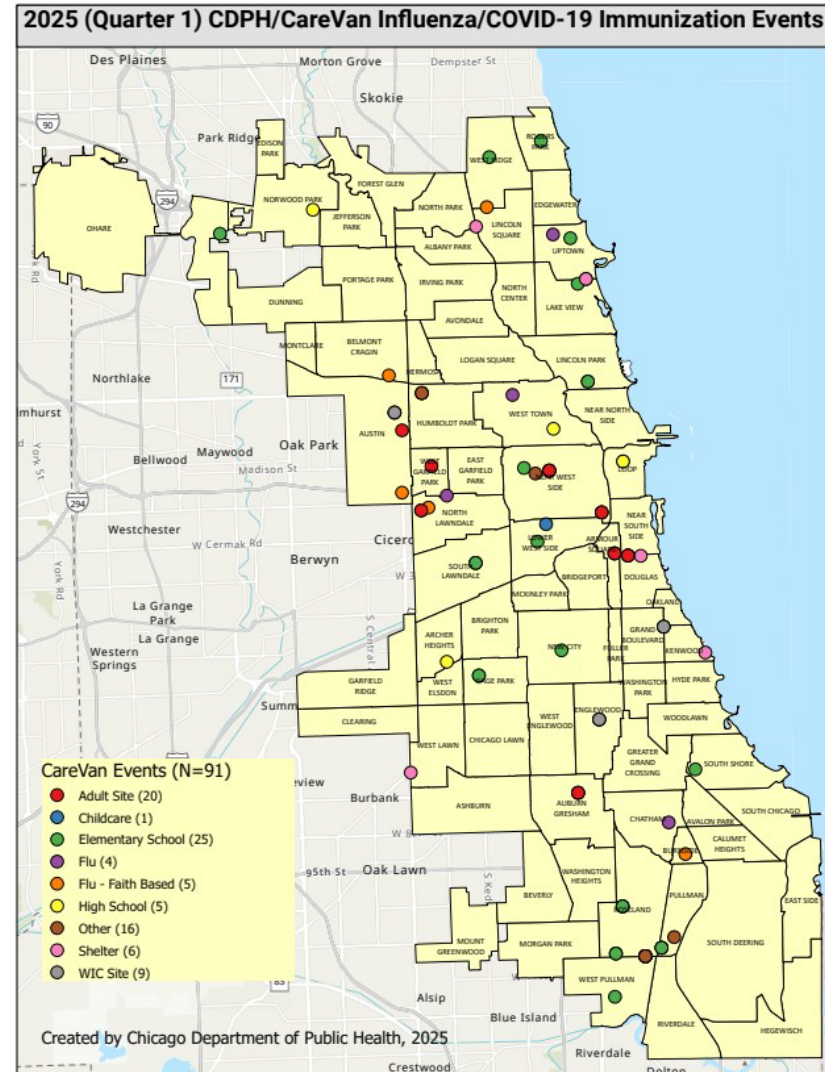


Chicago Coverage updated 24-25 flu vaccine: 28.1%

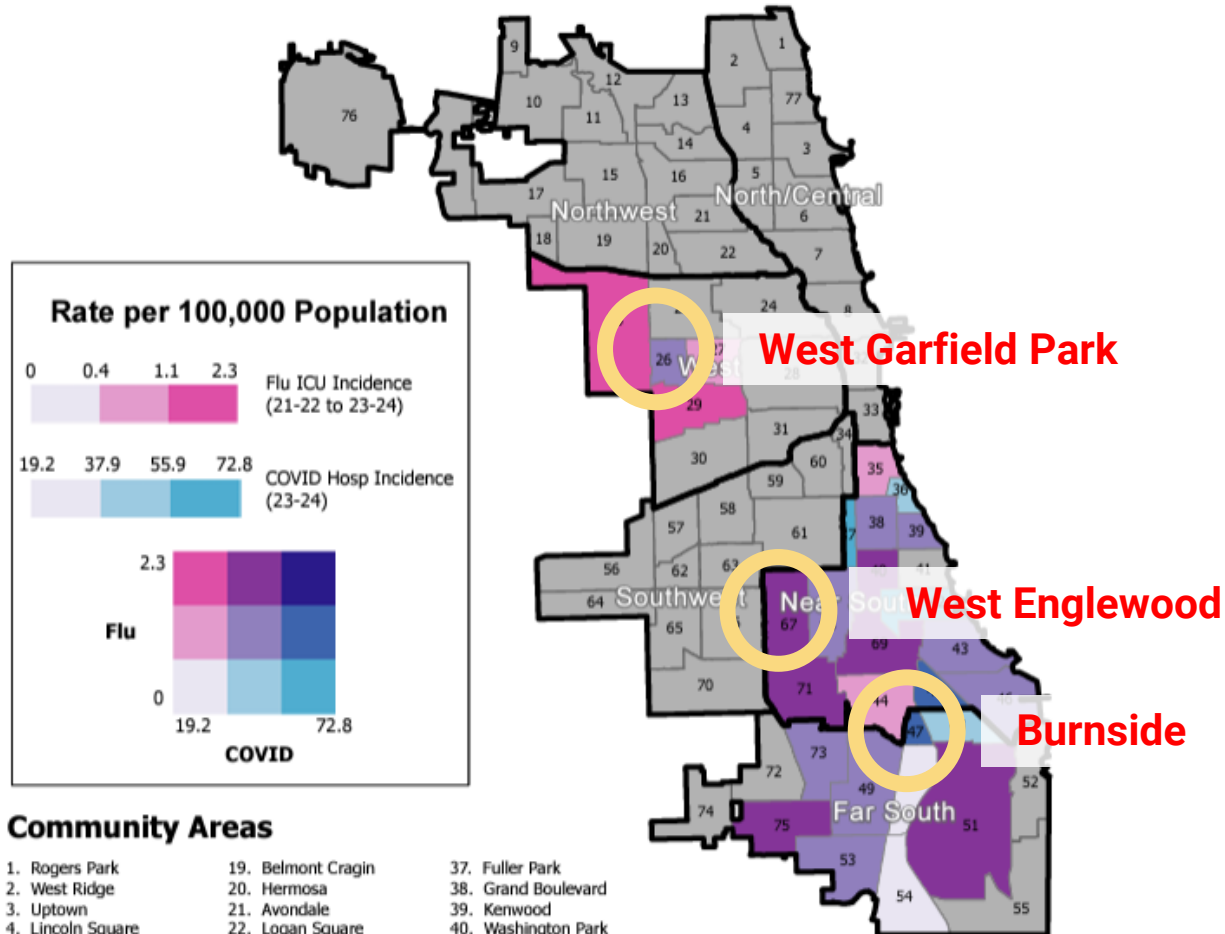
- Chicago Coverage updated **23-24** flu vaccine: 28.2%
- **Illinois** coverage updated 24-25 flu vaccine: 28.5%

★ CDPH 24-25 Viral Respiratory Season Vaccine Campaign

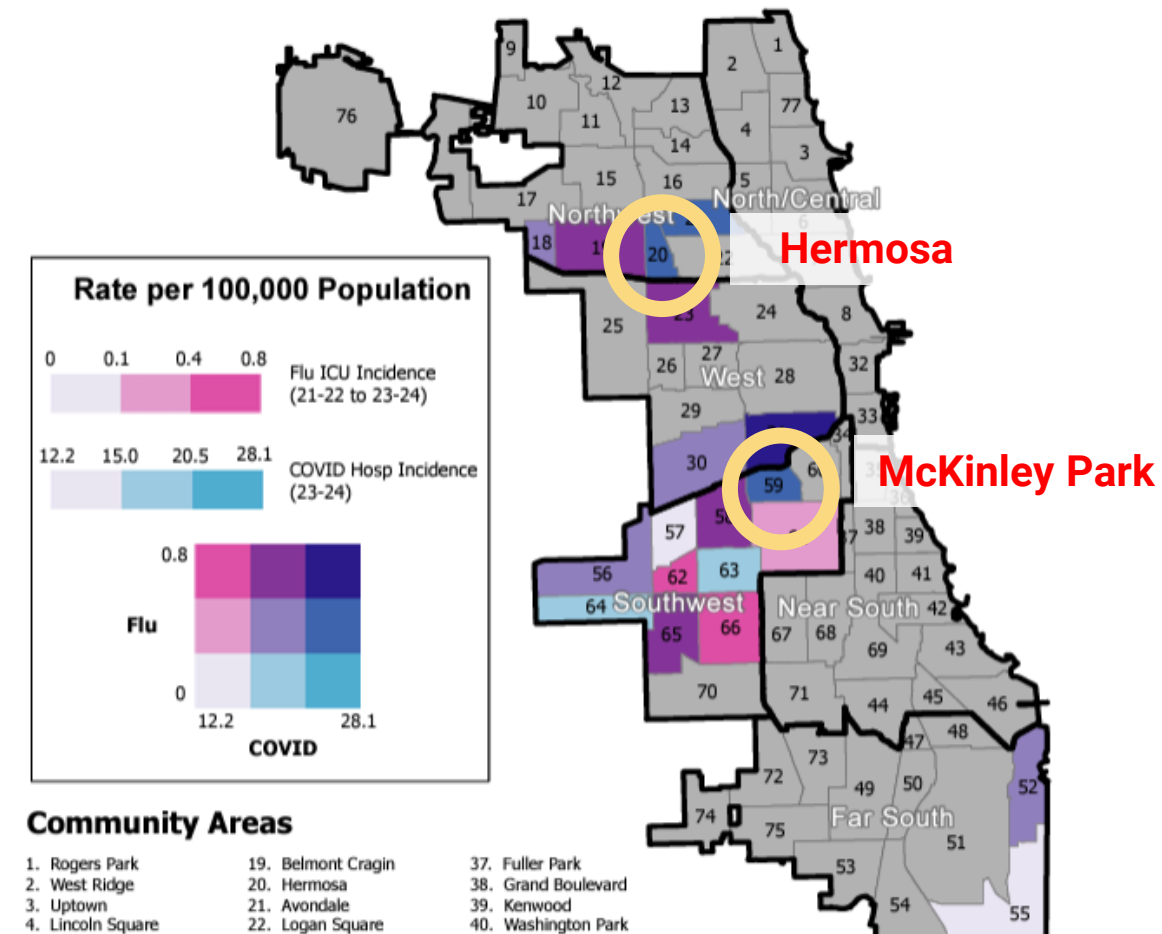
- September 1, 2024 – April 30, 2025
- 406 CDPH vaccine events:
 - 112 CareVan Events
 - 200 Congregate Settings Events
 - Shelters, CHA, senior housing
 - 31 Faith-Based Events
 - 30 DFSS Senior Center Events
 - 7 City Colleges
- Vaccines Administered:
 - 10,824 flu doses
 - 9,259 COVID-19 doses



Incidence of Flu and COVID hospitalizations among Black, non-Hispanic Chicagoans in Black-majority community areas



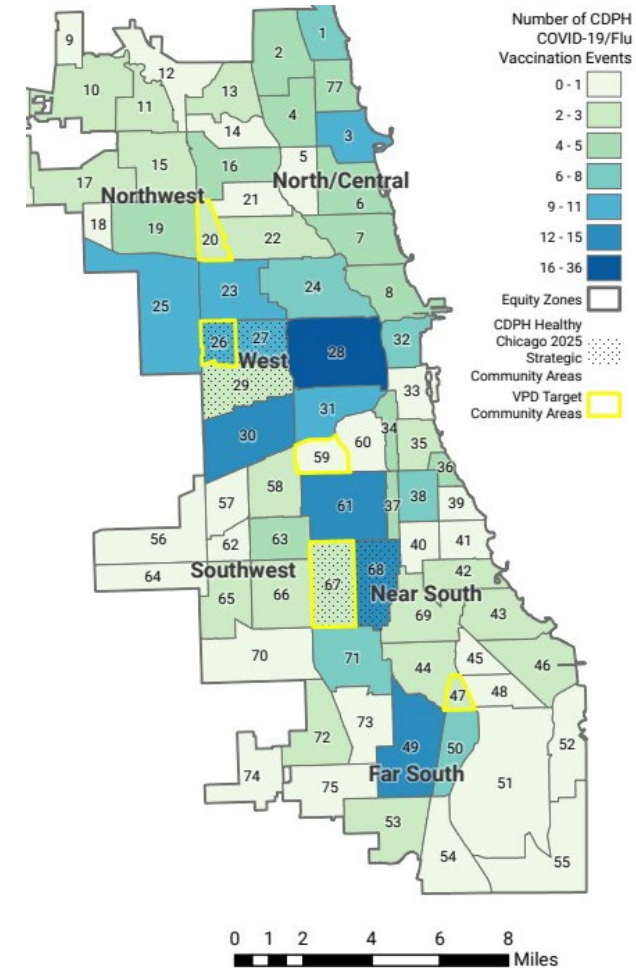
Incidence of Flu and COVID hospitalizations among Hispanic Chicagoans in Hispanic-majority community areas



★ Healthy Chicago 2025: Priority Community Areas

107 Vaccine Events for these areas:

- West Garfield Park (31)
- West Englewood (28)
- Burnside (16)
- Hermosa (15)
- McKinley Park (17)





COVID Vaccine Community Meetings



★ Infant RSV Immunization Successes

- RSV **#1 cause of hospitalization for infants** in the US
- Nirsevimab (RSV antibody) **90% effective** in preventing RSV hospitalization
- **58% of Chicago infants** born 4/1/24 to 3/31/25 received RSV immunization
 - Improved from 17% during 23-24 season
- CDPH has already enrolled **6/15 Chicago Birthing Hospitals** in Vaccines For Children program for immunization prior to discharge



★ Alder Engagement



PROMOTE the importance of staying up to date on seasonal vaccines



PROVIDE science-based information on vaccine efficacy



CONNECT residents to CDPH vaccination events



COLLABORATE with local providers and pharmacies for vaccine events



Emerging Issues Mitigating Threats to Public Health



Misinformation

★ Defining the Problem

Misinformation

The inadvertent spread of false information without intent to harm

Disinformation

False information designed to mislead others and is deliberately spread with the intent to confuse fact and fiction

How does mis-/dis-information affect public health?

1. Creates widespread fear and confusion
2. May lead to wrong health decisions
3. Delayed care seeking due to distrust of healthcare and public health
4. Impedes efforts to safeguard health & wellbeing

Misinformation

CDPH started
collecting misinformation
data in August 2024

10.6 K

*Social media
interactions flagged as
misinformation
(0.02% of citywide
discussions)*

Sources of
misinformation

91%

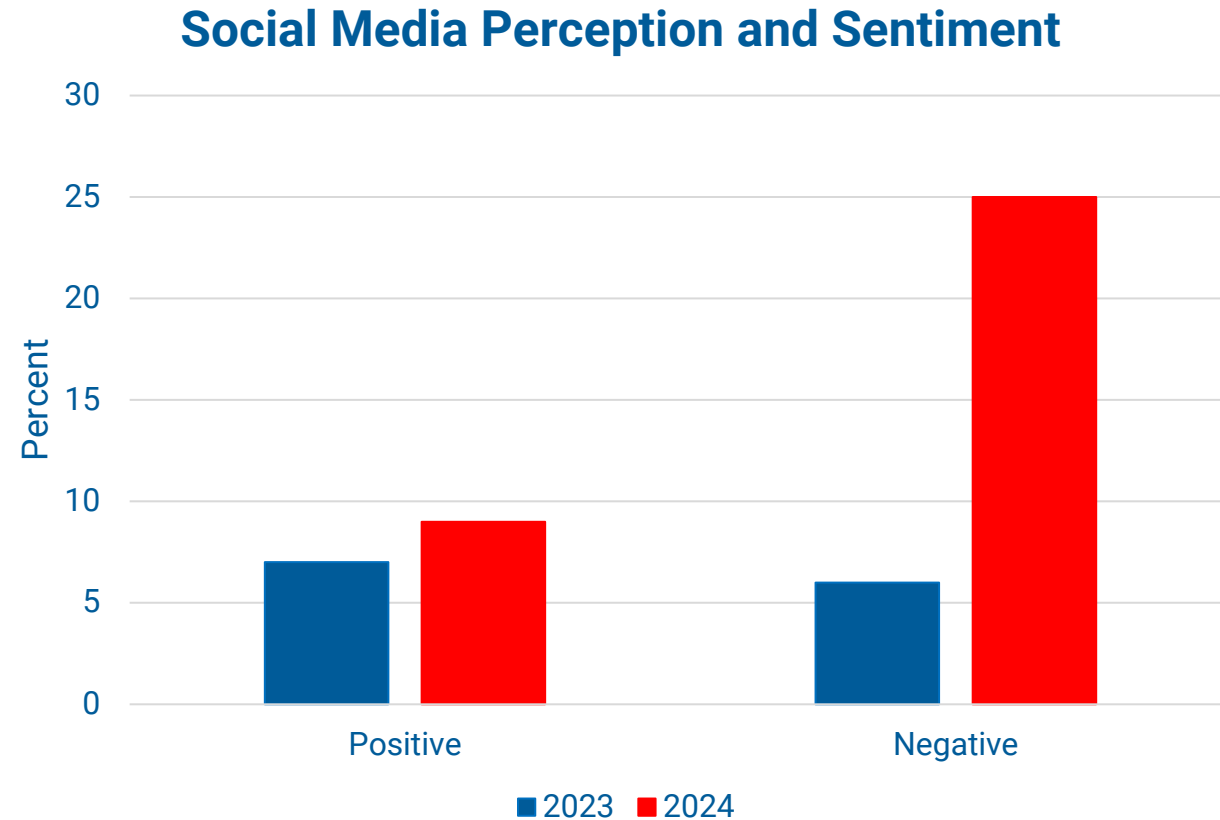
*Misinformation came
from residents or
community groups*

Misinformation came
from 'official channels',
managed by local
government agencies
and officials

9%

*As government, we need
to ensure trusted
messaging*

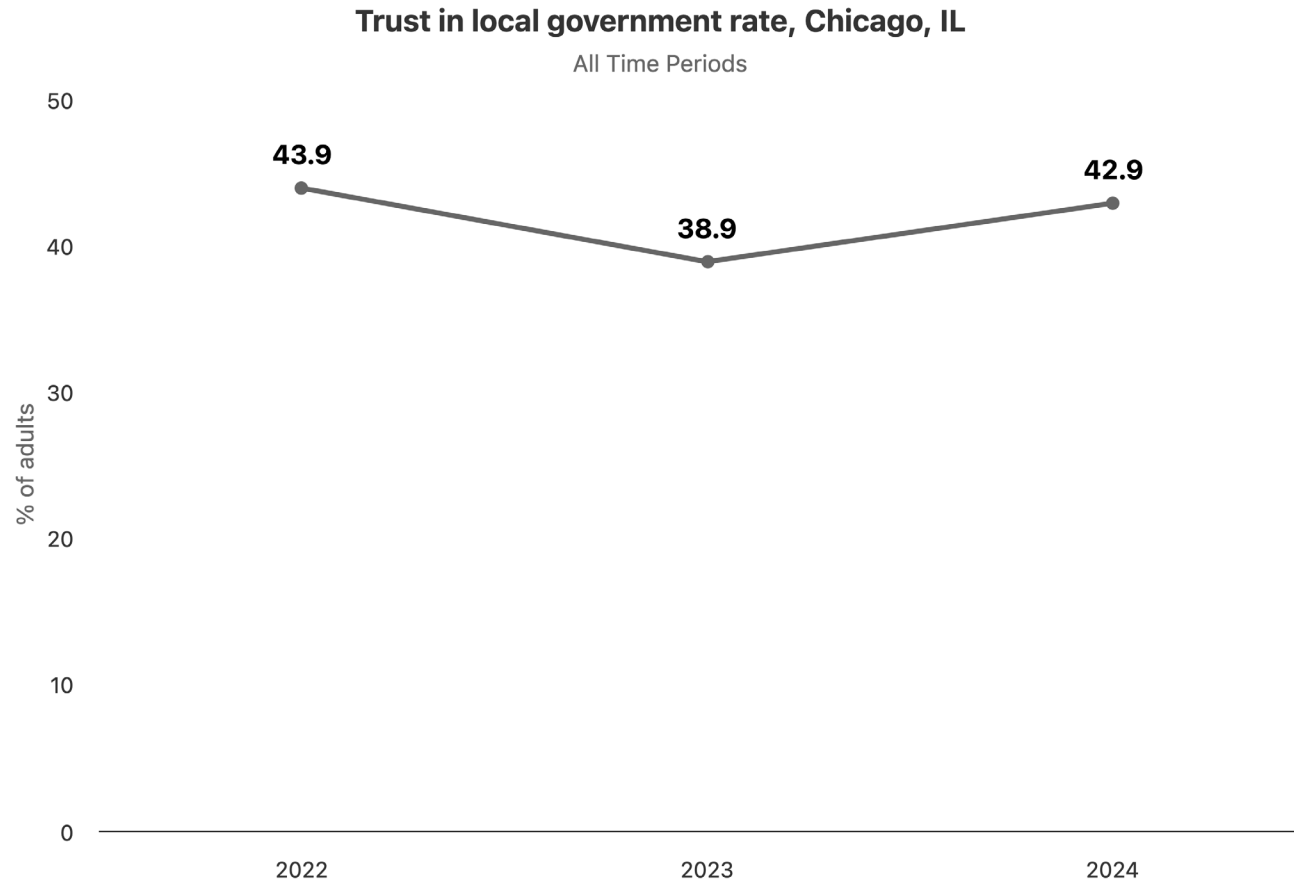
★ Social Media Perception of Public Health Information



2024 public sentiment is significantly **more polarized and negative** toward public health information

Trust in local government

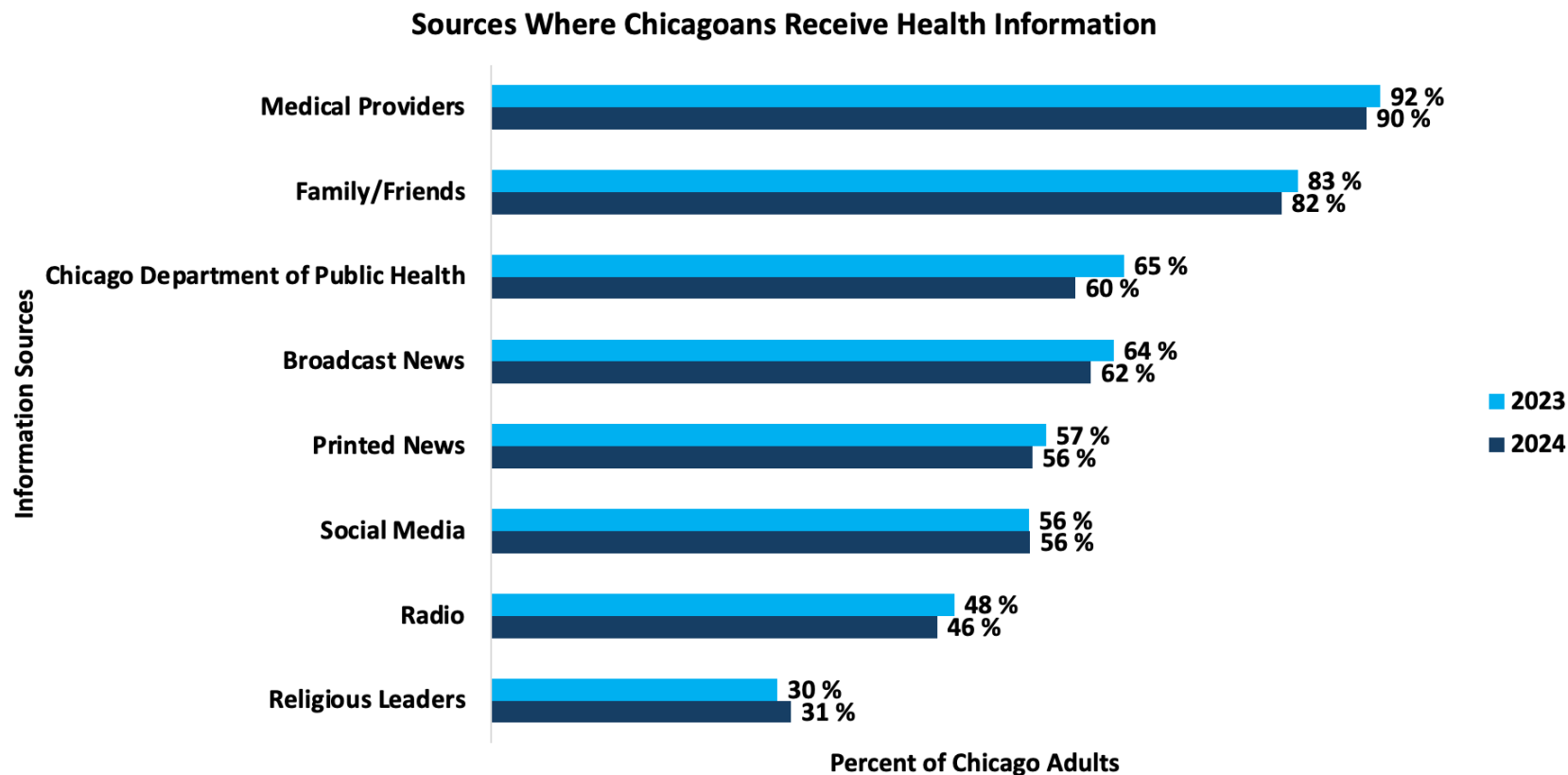
Percent of adults who reported trusting their local government to do what is right for their community "a great extent" or "somewhat" were similar in 2022 and 2024.





Preferred Health Information Sources

Percent of adults who reported relying on the following sources to provide health information a great extent, somewhat, or a little in 2023 and 2024.



What CDPH is Doing

Media Monitoring



Track sentiment and identify emerging topic areas

HAN Alert



Provide information and data to healthcare provider networks on public health issues

Proactive Engagement



Assess health threats and communicate protective/mitigative action to communities

Communication Saturation



Saturate platforms with verified and accurate information:

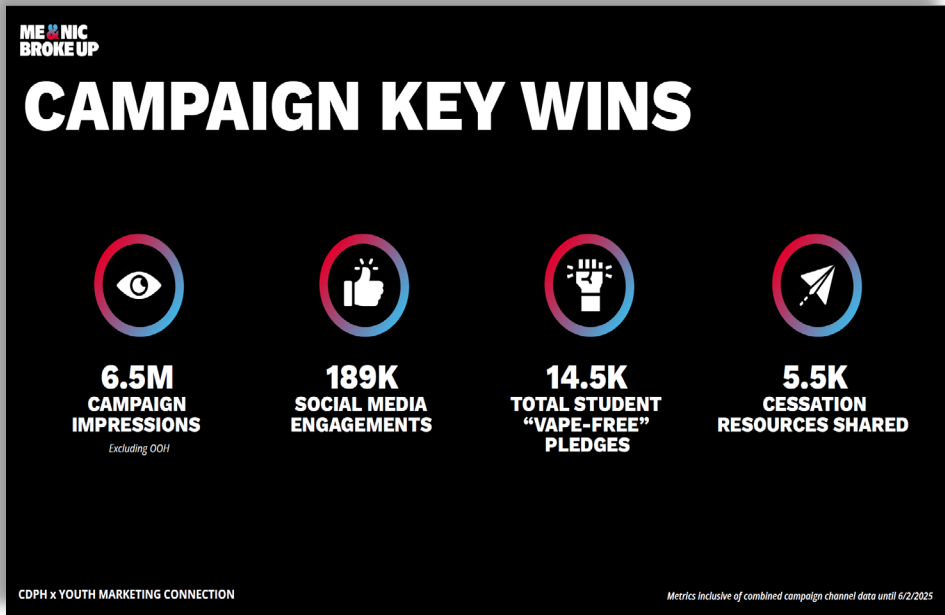
Social media
Traditional media - news/press
Print/out-of-home (billboards/transit stations)

Trusted Messengers



Partner with trusted messengers to better engage the most vulnerable residents

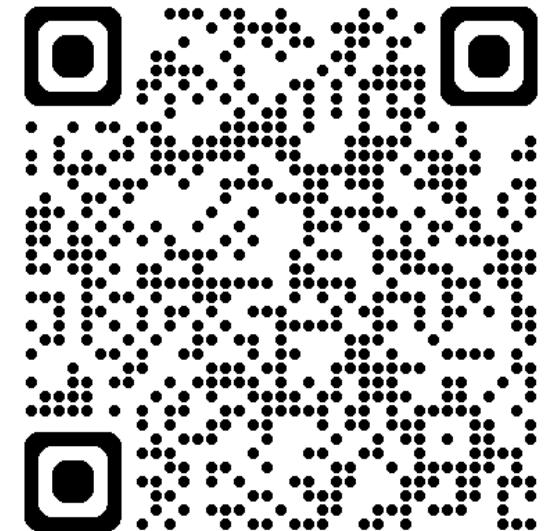
★ Successful Social Media Campaign



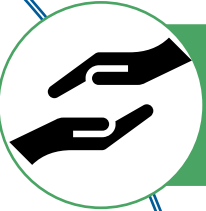
★ Engagement with CDPH

CDPH Main Department Website

- 245 content pages + press releases + media briefs
- Total pageviews: **1,146,319**
- Unique pageviews: **643,794**
- Top 5 Pages: ·
 - Immunization Clinics: 109,824 / 72,525 ·
 - CDPH Homepage: 77,591 / 48,491 ·
 - STI/HIV Testing and treatment: 51,271 / 34,966
 - Nurturing YOU: 48,515 / 43,508 ·
 - Get the Facts: Measles: 46,444 / 25,064



★ Alder Engagement



PROVIDE residents accurate and researched health information



TAKE NOTICE of information that seems misleading or inaccurate



AMPLIFY CDPH events, one-pagers, and social media platforms/podcast/media briefs



CONNECT with CDPH for health-related guidance

HIV/AIDS Grant Funding

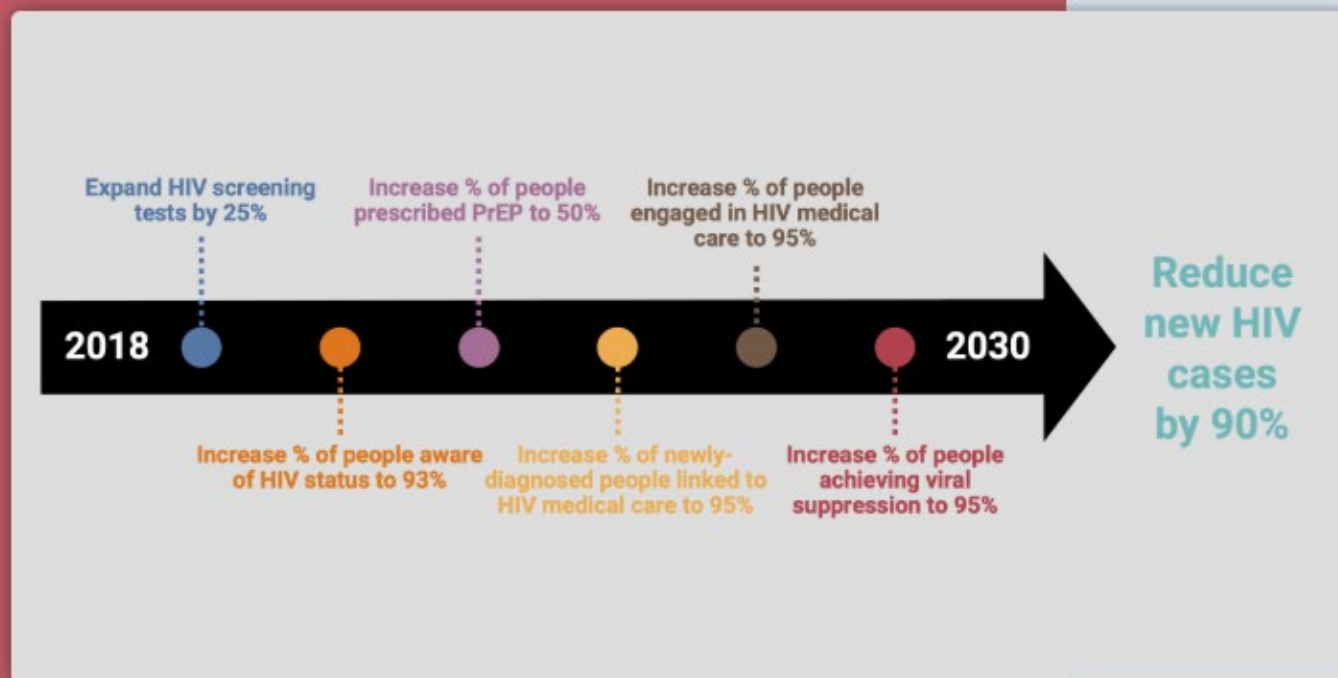


GETTING TO ZERO ILLINOIS (GTZ-IL) HIV DASHBOARD

STATEWIDE INITIATIVE TO END THE HIV EPIDEMIC BY 2030

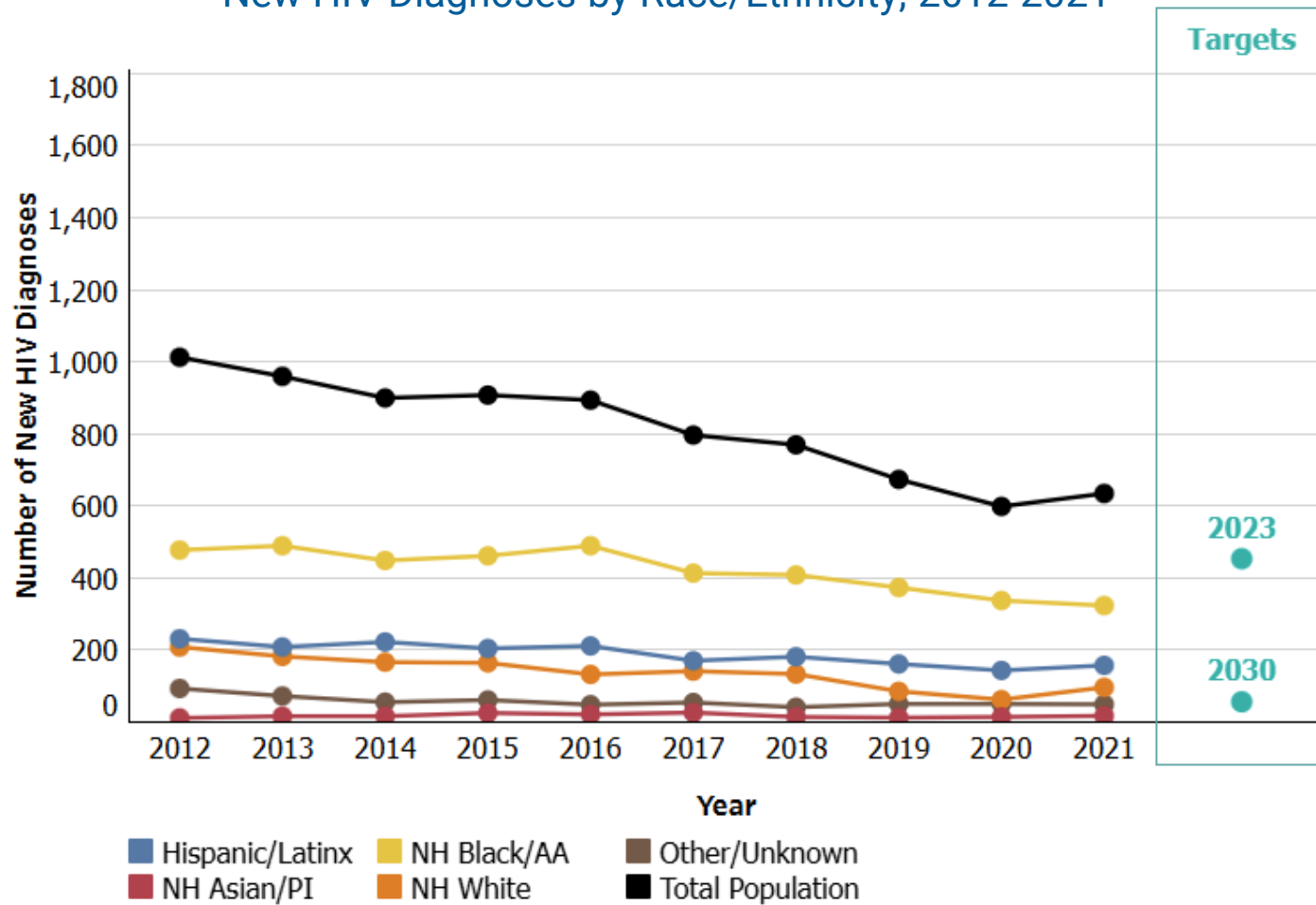


Progress Measures



★ Recent Trends in HIV

New HIV Diagnoses by Race/Ethnicity, 2012-2021



- After years of downward trend, there was a spike in new HIV dx in 2023
- From 2021 – 2023:
 - Hispanic/Latine increased most – rate of new dx **more than doubled**
 - 20.2 → 46.2/100,000
 - Rate among Black Chicagoans increased slightly
 - 41.7 → 46.2/100,000

2023 Citywide Target: 451

2023 Citywide Actual: 865

2030 Citywide Target: 54

CDPH HIV Geographic Areas of Concern – New dx, 2023

Citywide new HIV diagnoses

- 865 new diagnoses in 2023
 - 81% male
 - 42% Black, 44% Hispanic, 8% White
- 31.5/100,000 people diagnosed

New HIV diagnoses (cases)

- **Uptown** (49)
- **Edgewater** (35)
- **South Shore** (32)
- **Rogers Park** (29)
- **West Ridge // Loop** (26)

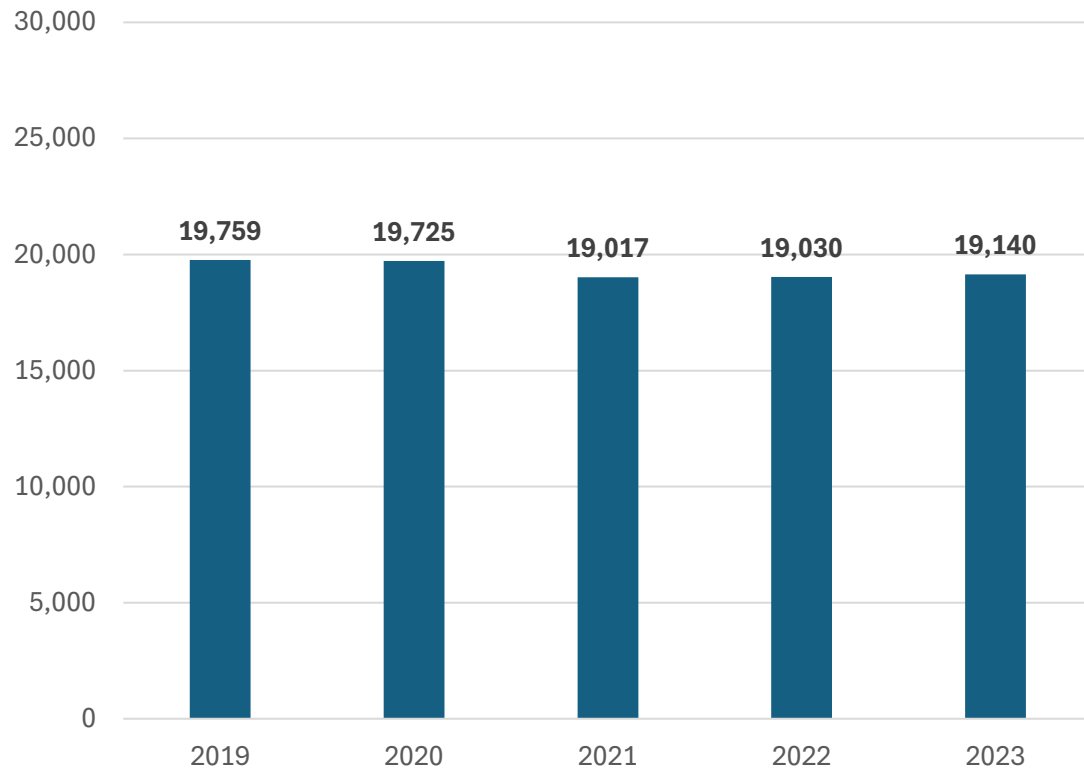
New HIV diagnoses (rates)

- **Burnside*** (198.9/100,000)
- **Uptown** (88.9/100,000)
- **Douglas** (73.9/100,000)
- **Woodlawn** (67.2/100,000)
- **Edgewater** (62.2/100,000)

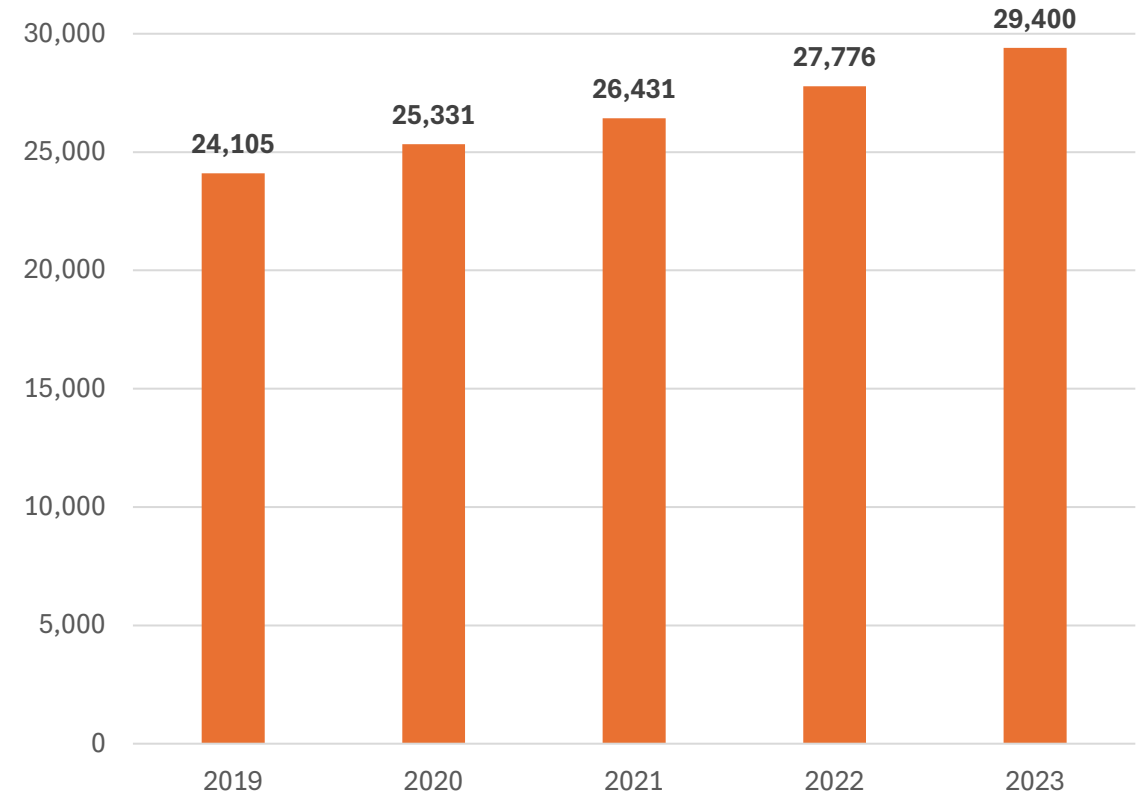
*Use caution when interpreting data based on less than 10 events. Rate is unreliable.

Baselines – Persons Living with HIV, 2019–2023

Chicago, HIV Prevalence



EMA, HIV Prevalence



CDPH HIV Geographic Areas of Concern – Prevalence, 2023

Citywide HIV prevalence

- 19,140 PLHIV in 2023
 - 83% male
 - 47% Black, 20% White, 24% Hispanic
- 696.9/100,000 Chicagoans living with HIV

HIV prevalence (rates)

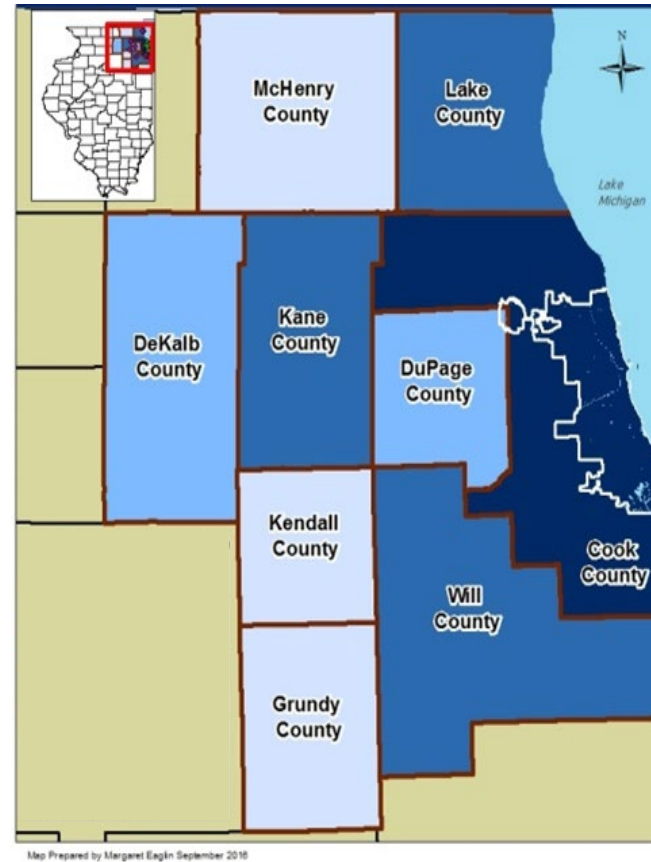
- Uptown (2,294.9/100,000)
- Edgewater (2,191.5/100,000)
- South Shore (1,508.1/100,000)

HIV prevalence (cases)

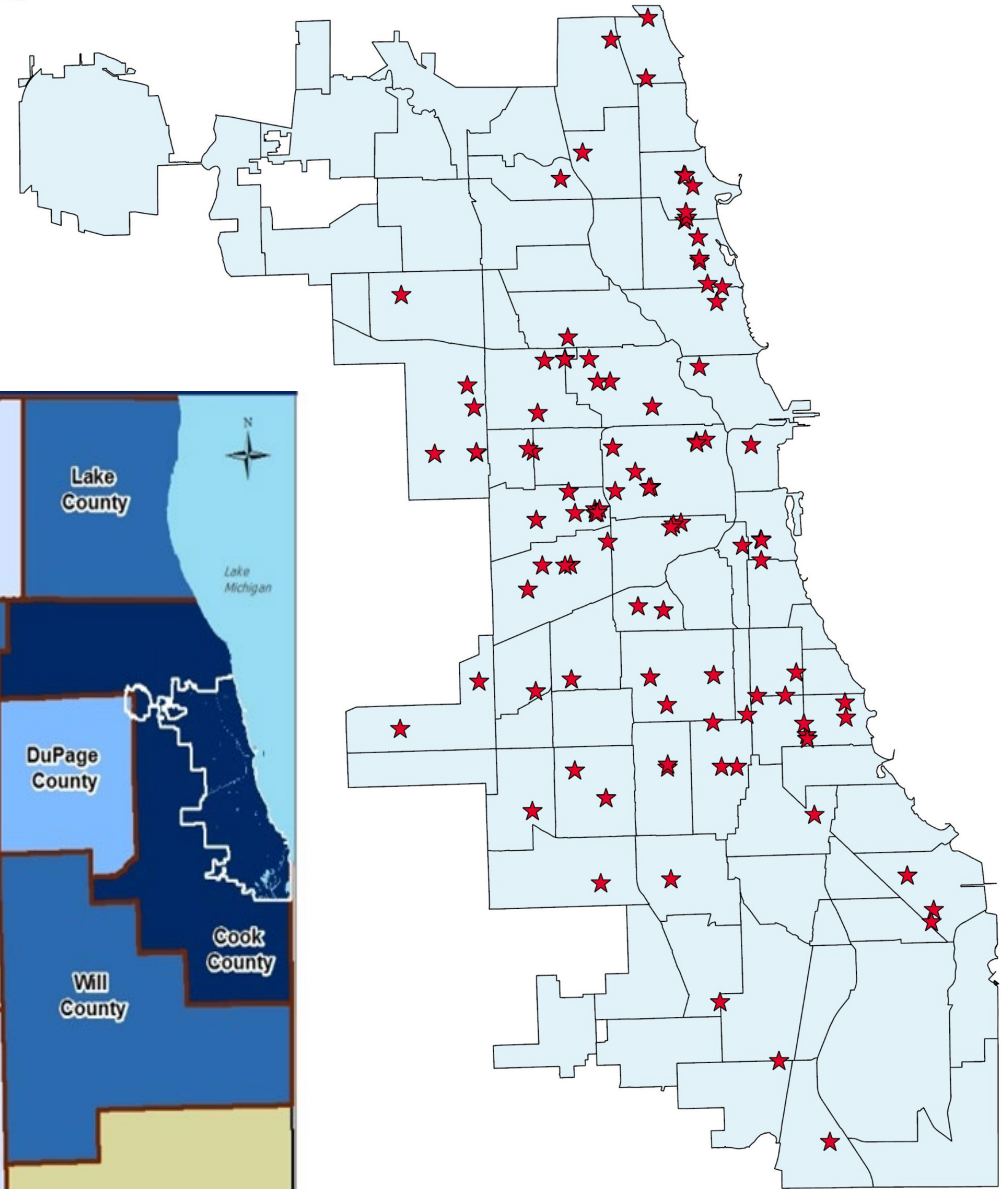
- Uptown (1,265)
- Edgewater (1,234)
- Lakeview (927)

★ CDPH HIV Program Coverage

- **Prevention services** – City of Chicago and suburban Cook County
- **HIV housing services** – City of Chicago, suburban Cook County, and DuPage, Will, Grundy, McHenry, Kendall counties
- **HIV care / treatment services** – City of Chicago, suburban Cook County, and DeKalb, DuPage, Will, Grundy, McHenry, Lake, Kane, Kendall counties



★ HIV testing, PrEP, and
HIV-Wraparound
Service Sites



★ Queens Initiative

- Educational Campaign led by CDPH Syndemic Infectious Diseases Team
- To address the higher prevalence of HIV, heart disease, stroke, cancers, diabetes, maternal morbidities among Black women
- Health workshops & events and health screenings
 - Intersectionality of sexual health and overall wellbeing
 - > 95% of women who attend workshops opt for HIV and STI screening
- Engages community members, CBOs, local service providers and coalitions in the event planning, canvassing, and provision of services to mitigate health disparities of Black women



CDPH HIV Funding Sources

- **Prevention services**

- CDC HIV Prevention, Surveillance, and Ending the HIV Epidemic (EHE); IDPH; and City of Chicago corporate

- **HIV housing services**

- HUD HOPWA

- **HIV care / treatment services**

- HHS HRSA Ryan White Part A, Minority AIDS Initiative

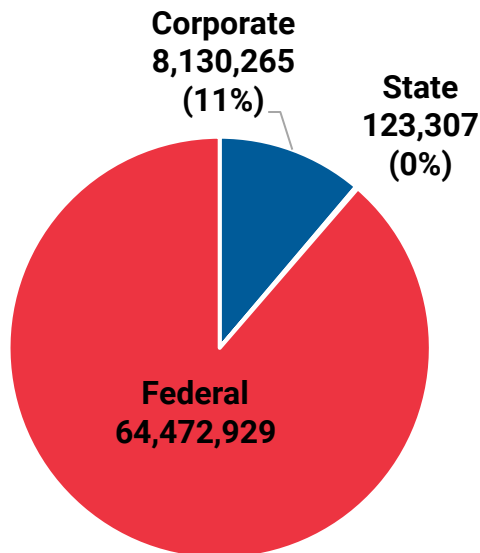
2024 Syndemic Infectious Diseases Funding

Funding Source	Grantor	2024 Total
HIV Emergency Relief Project Grants	HRSA	\$27,817,885
Housing Opportunities for People with AIDS (HOPWA)	HUD	\$14,326,681
High-Impact HIV Prevention and Surveillance Programs for Health Departments	CDC	\$9,094,696
Corporate	N/A	\$8,130,265
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	HRSA	\$7,782,603
Strengthening STD Prevention and Control for Health Departments (STD-PCHD)	CDC	\$1,964,831
Tuberculosis Elimination and Laboratory Cooperative Agreement	CDC	\$814,591
Support and Scale Up of HIV Prevention Services in Sexual Health Clinics	CDC	\$600,000
National HIV Behavioral Surveillance (NHBS)	CDC	\$594,820
Medical Monitoring Project	CDC	\$572,722
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments	CDC	\$544,100
Sexually Transmitted Infection Surveillance Network (SSuN) Cycle 5	CDC	\$360,000
Comprehensive Health Protection Grant: PREP	IDPH	\$123,307
Total		\$72,726,501.00

Federal Funding

- **2024 HIV Delegates:**
 - 79 organizations
 - \$31 million awarded
- **2024 Impact:**
 - 30,000+ HIV tests provided to at-risk individuals
 - 8,300 people living with HIV received medical and supportive services

Nearly 90% of CDPH's budget (\$53.4 M) is federal funding.



Funding Source	Funding Agency	CDPH FY24 Funding Amount	President's FY26 Request
HIV Emergency Relief Project Grants	HHS: HRSA	\$27,817,885	HRSA: Potential loss of more than \$2.3M a year via elimination of Minority AIDS Initiative
Ending the HIV Epidemic: A Plan for America: Ryan White HIV/ AIDS Program Parts A and B	HHS: HRSA	\$4,653,457	
High-Impact HIV Prevention and Surveillance Programs for Health Departments	HHS: CDC	\$9,094,696	CDC: Eliminates Domestic HIV Prevention and Research Consolidates funding to one block grant, decreases funding, and removes HIV
Public Health Crisis Response Cooperative Agreement	HHS: CDC	\$1,661,226	
Support and Scale Up of HIV Prevention Services in Sexual Health Clinics	HHS: CDC	\$600,000	
Medical Monitoring Project (MMP)	HHS: CDC	\$575,722	
National HIV Behavioral Surveillance	HHS: CDC	\$594,820	
Housing Opportunities for Persons with AIDS (HOPWA)	HUD	\$1,568,039	HUD: Eliminates HOPWA and consolidates into a housing block grant, decreases funding by \$532M

HUD - HOPWA



FUNDING SOURCE

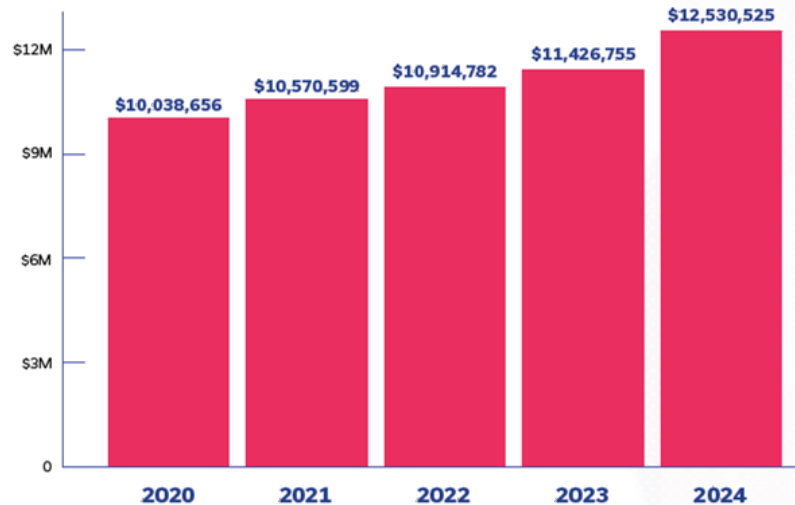
U.S. Department of Housing and Urban Development, the cabinet-level department of the U.S. government charged with creating strong, sustainable, inclusive communities and quality affordable homes for all

GRANT

Housing Opportunities for Person with HIV/AIDS (HOPWA).

Housing Opportunities for Person with HIV/AIDS (HOPWA) funding provides housing and support services for low-income people living with HIV and their households. These services are in the form of housing units, rental supports, referrals to housing services, supportive services, and short-term rental/mortgage/utilities assistance to prevent eviction and keep utilities on.

CDPH AWARD AMOUNTS



HOW THE MONEY IS USED

In 2024, CDPH funding through HOPWA supported housing services across the Chicago Eligible Metropolitan Statistical Area, which includes the City of Chicago, suburban Cook County, DuPage County, Grundy County, Kendall County, McHenry County, and Will County.

- **544** households received subsidies to rent in the private rental market
- **416** households received housing in dedicated facilities designed to meet the needs of people living with HIV
- **420** people received assistance finding and securing housing
- **636** people received other resources to maintain stable housing

HRSA – Ryan White, Part A



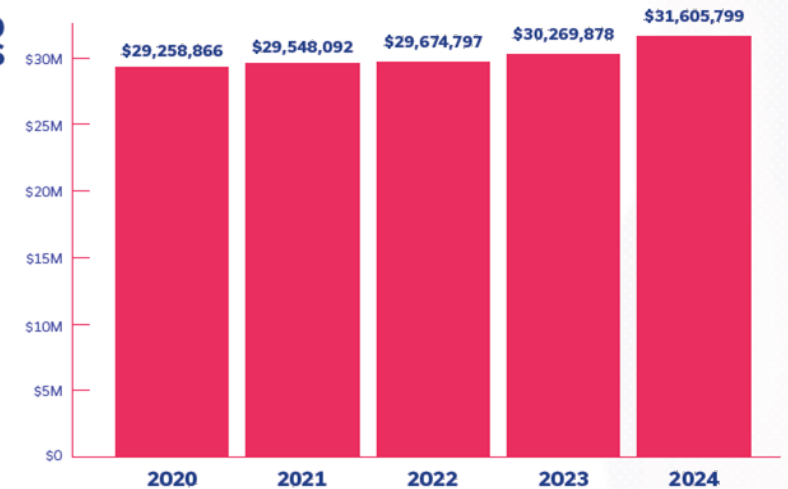
FUNDING SOURCE

Health Resources & Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, charged with improving access to health care services for underserved and rural communities and people with HIV

GRANT

Ryan White HIV/AIDS Program, Part A, provides funding to help low-income people with HIV with medical care, medications, and support services. "Part A" focuses on cities and counties most affected by HIV.

CDPH AWARD AMOUNTS



HOW THE MONEY IS USED

In 2024, CDPH funding through Ryan White supported 20 community health partners to provide medical care and supportive services for people with HIV and their households in the Chicago Eligible Metropolitan Area, which includes the City of Chicago, Suburban Cook County, DeKalb County, DuPage County, Grundy County, Kendall County, Kane County, Lake County, McHenry County, and Will County.

These organizations provided more than **130,000** units of services to **19,143** people living with HIV, including:

- **14,244** individuals received primary healthcare services
- **2,221** individuals received oral health services
- **4,934** individuals received case management services
- **785** individuals received substance use services
- **845** individuals received transportation to medical appointments
- **886** individuals received food services
- **Plus more** in mental health, legal, emergency housing, emergency financial and health insurance services



Creating Awareness

Ending the HIV epidemic is in sight. We can't stop now

By Olusimbo Ige, Kiran Joshi
and Sameer Vohra

Thanks to decades of sustained federal investment, Chicago, Cook County and Illinois are on the cusp of ending the HIV epidemic in our city, county and state. This remarkable progress is a testament to programs such as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, established in 1990 to provide crucial health care to those living with HIV and AIDS.

This critical legislation, named in honor of young AIDS activist Ryan White, marked a turning point in our fight against HIV. It wasn't just a humanitarian response; it was sound public health policy. Within that decade, the spread of HIV, the progression of HIV to AIDS and the mortality rates due to AIDS all peaked and have been declining ever since. Funding channeled through state and city agencies such as the Illinois Department of Public Health (IDPH), the Cook County Department of Public Health (CCDPH) and the Chicago Department of Public Health (CDPH), alongside direct support to community organizations, made medical treatment and support services accessible, especially for low-income individuals.

Coupled with Centers for Disease Control and Prevention grant programs for monitoring, testing and prevention with life-saving tools such as the prophylaxis medicines PrEP and Doxy PrEP, we've built a robust system that works.

It is thanks to this funding and the work of hundreds of epidemi-



An HIV testing kit at a Walgreens in Oak Lawn is seen on June 27 at an event for National HIV Testing Day.
ANTONIO PEREZ/CHICAGO TRIBUNE

ology teams at local health agencies including IDPH, CCDPH and CDPH that we have data that shows how many people have received an HIV diagnosis and how many people are receiving HIV care. Thirty-five years later, Chicago, Cook County and Illinois, along with the rest of the country, have seen a dramatic decrease in new diagnoses thanks to these prevention, testing and treatment programs. We also see higher percentages of those living with HIV getting vital care and treatment and living long, full lives.

But this progress is fragile. To pull back now would be a cata-

strophic mistake, especially for our most vulnerable communities. Despite hitting a significant low in new HIV cases, the burden of HIV/AIDS still falls disproportionately on communities of color. And while medical advancements allow those living with HIV to survive and thrive, their care demands continuous, costly services. More work is needed to see basic investment and improvements to HIV monitoring and infrastructure while also making use of more advanced technology.

Consider the immediate impact: In 2024 alone, nearly 14,000 Chicagoans and thousands

more Illinoisans relied on Ryan White funding for their HIV care. A staggering 70% of those served by CDPH-funded programs are Black, Latino, or Hispanic — the very communities most affected by HIV/AIDS. The lifeline for these programs? Federal funding. In fact, more than 90% of CDPH's annual budget for managing infectious diseases, including HIV, comes directly from federal sources.

Yet, despite this clear success and urgent need, Washington, D.C., is debating draconian cuts to these vital programs in next year's budget, even threatening to rescind funds already

allocated for 2025. The consequences of these cuts would be devastating. AmfAR, the Foundation for AIDS Research, projects that a 50% reduction in HIV prevention funding from the CDC could lead to 75,000 new HIV infections across the U.S. by 2030 — and that number would nearly double if all funding is eliminated.

Here in Illinois, we could face over 5,500 additional new HIV cases, leading to sicker populations and a tragic rise in deaths due to lack of treatment. Without these federal dollars, our neighbors would lose access to critical prevention tools such as PrEP, essential testing for HIV and sexually transmitted infections, and lifesaving treatments.

We stand at a crossroads. We have the knowledge, tools and proven programs to end the HIV epidemic. We are so close. To retreat now, when the finish line is in sight, would be an act of profound negligence.

We urge our elected officials in Washington, D.C., to reject these dangerous cuts and continue investing in the programs that protect the health and well-being of all Illinoisans. We cannot afford to backtrack and lose the tremendous progress that has been made in fighting HIV.

The health of our communities depends on it.

Dr. Olusimbo Ige is commissioner of the Chicago Department of Public Health. Dr. Kiran Joshi is chief operating officer of the Cook County Department of Public Health. Dr. Sameer Vohra is director of the Illinois Department of Public Health.

Federal Contract Restrictions

- Federal dollars subject to federal regulation

Uniform Guidance

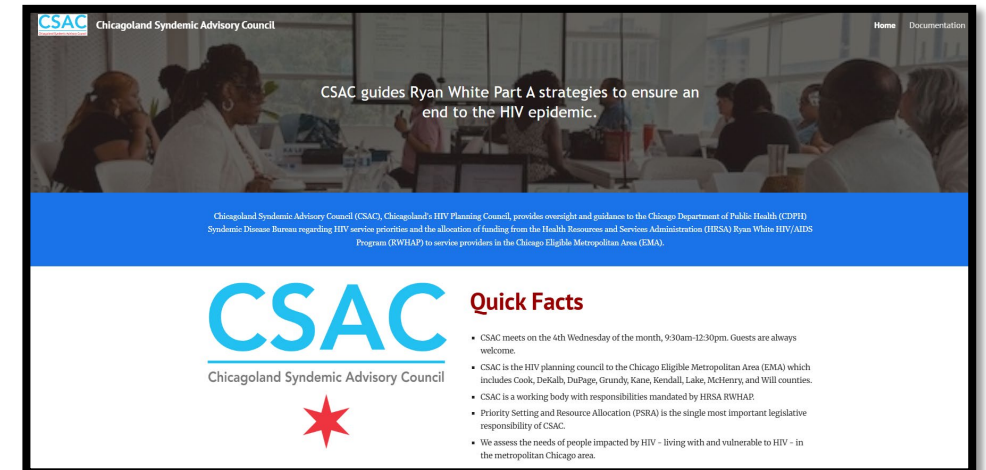
Summary of these relevant Uniform Guidance sections:

- **2 CFR § 200.319 – Competition** This section mandates that *all procurement transactions* under a federal award must be conducted to ensure **full and open competition**. It outlines practices that restrict competition (e.g., unreasonable qualifications, brand-name-only specs, organizational conflicts of interest) and requires written procedures for solicitations that clearly describe technical requirements and evaluation criteria².
- **2 CFR § 200.320(c) – Noncompetitive Procurement** This subsection details the **limited circumstances** under which a noncompetitive (sole-source) procurement is allowed. These include:
 - The item is only available from a single source
 - Public exigency or emergency won't allow delay
 - Written approval from the federal agency or pass-through entity
 - After soliciting multiple sources, competition is deemed inadequate



Federal Restrictions: Requirements for Local Advisory Council for HIV Funding

- **Ryan White Funding** centers on housing, medical care, and support services to maintain care.
- **Chicagoland Syndemic Advisory Council (CSAC) sets priorities** and advises on **funding allocation**
 - Membership requirements and duties set by the Federal Public Health Services Act
 - CSAC guides Ryan White Part A strategies to ensure end to the HIV epidemic
- **City of Chicago requires** that delegate agencies maintain a 501c3 status, be in good financial standing with the City, and be able to manage upfront costs while awaiting **reimbursement**



Required by the Public Health Services Act

City Contract Restrictions: Competitive Process

- CoC procurement policy of competitive bids as outlined in State and Municipal Codes

3. Municipal Purchasing Act, 65 ILCS 5/8-10

• The Municipal Purchasing Act for Cities of 500,000 or More Population, 65 ILCS 5/8-10-1 et seq. (the "Act"), is the state statute that governs the City's procurement practices.

• The principal requirement of the Act is that all contracts for amounts greater than \$10,000 are to be let by free and open competitive bidding.

• Section 8-10-4 of the Act also identifies the exceptions to this requirement, which include contracts "which by their nature are not adapted to award by competitive bidding," such as contracts for professional services, contracts for goods or services that are only available from a single source, utility contracts, publications, and specified printing and binding contracts.

• The Act also authorizes emergency purchases in Section 8-10-5, requires City department heads to certify to the Chief Procurement Officer (CPO) the officers and/or employees of the department that are authorized to sign requests for purchase on behalf of the department in 8-10-6, and prohibits the splitting of such requests into amounts under \$10,000 to avoid competitive bidding in 8-10-6.

• Section 8-10-8 prohibits price fixing and other forms of collusion among bidders.

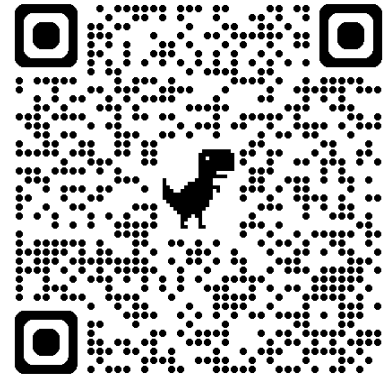
• The requirement that parties interested in doing business with the City disclose beneficial or ownership interests of their entities is set forth in Section 8-10-8.5 of the Act. Anyone with an interest, direct or indirect, of greater than 7.5% in a vendor must be disclosed to the City (see Part 6, Policies and Procedures, for a further discussion of the City's disclosure requirements).

• Sections 8-10-11 and 8-10-12 of the Act authorize the CPO to take the responsibility of a vendor into account when awarding a contract, and to reject a bid, proposal, or qualifications if the vendor is deemed non-responsible. Responsibility includes such considerations as financial capacity, past performance, experience, adequacy of equipment, and the ability to perform the contract within the time frame required by the City.

• **Bids** – The majority of the City's contracts are awarded through competitive bidding. There are limited exceptions where multiple bidders are not available or contracts by their nature are not adapted to award by competitive bidding, such as, but not limited to, contracts for certain professional services. There are several key elements to competitive bidding. For definitional purposes, competitive bidding differs from other forms of competitive procurement in that, pursuant to state and local law, price is the determining criterion in making the award, assuming that a responsible bidder has proposed goods or construction services responsive to the City's requirements.

Current RFPs:

- [RFP #54927 Lead Poisoning Prevention Training for Healthcare Providers](#) ↴
- [RFP #54840 School Based Vision Program \(SBVP\)](#) ↴
- [RFP #54798 Chicago Vaping Education, Prevention & Cessation – Youth](#) ↴
- [RFP #53593 HOPWA Tenant-Based Rental Assistance](#) ↴
- [RFP #52595 HOPWA Facilities-Based Housing Assistance](#) ↴
- [RFP #18560 Congregate Settings Testing](#) ↴
- [Archive](#) ↴



City Contract Restrictions: Non-Competitive / Sole-Source

- All require non-competitive review board (NCRB) approval

Potential Sole Source Contracts Through DPS

According to the Illinois Municipal Purchasing Act, Chapter 65, Section 5/8-10 et. seq. of the Illinois Compiled Statutes, "Contracts Not Requiring Competitive Bids," the Non-Competitive Procurement method is used for the procurement of goods and services which by their nature are not adapted to award by competitive bidding.

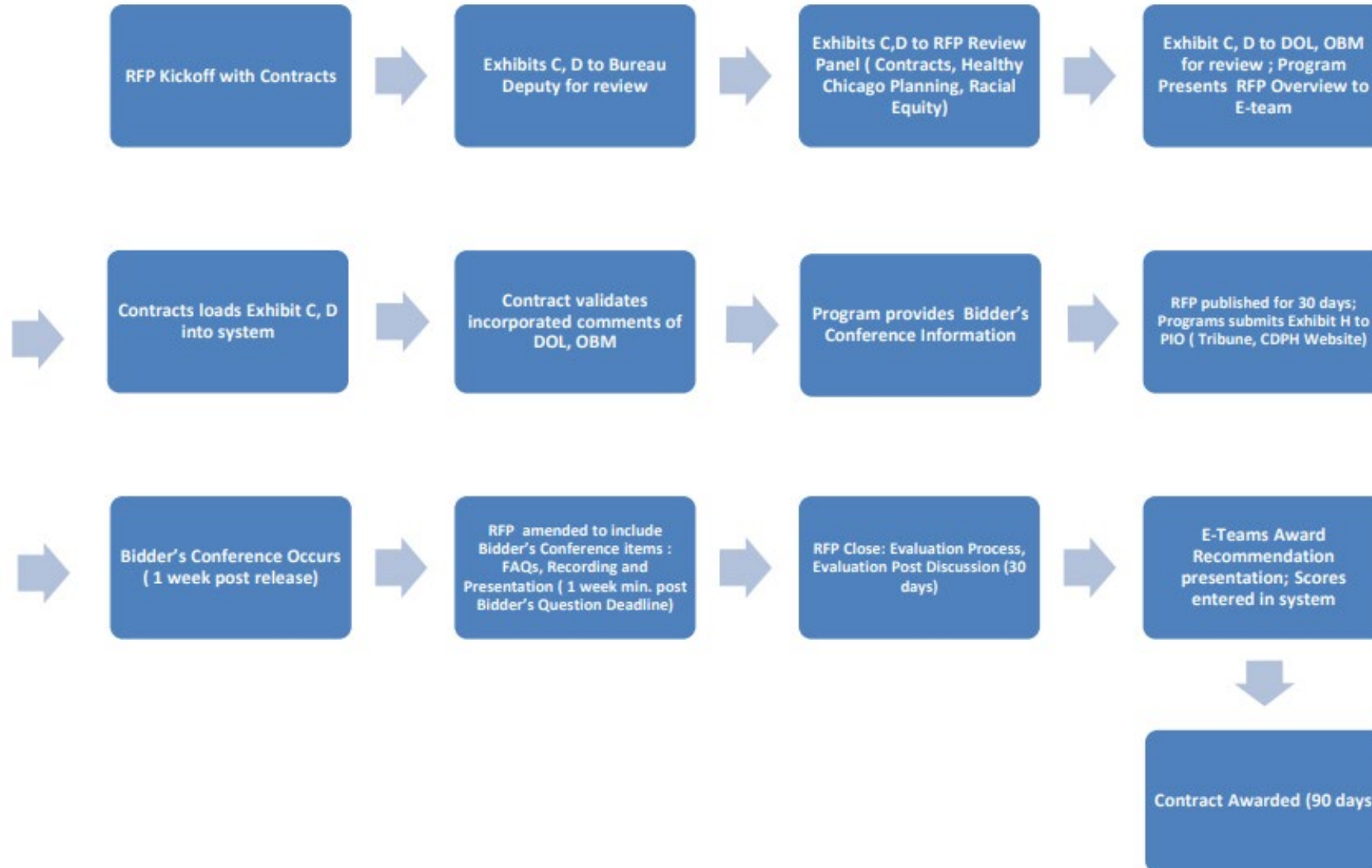
A non-competitive procurement can be for any materials, supplies, equipment and/or services that are not suitable for competitive bidding for any of, but not limited to, the following reasons:

- contracts for the services of individuals possessing a high degree of professional skill where the ability or fitness of the individual plays an important part;
- contracts for supplies, materials, parts or equipment which are available only from a single source;
- contracts for printing Finance Committee pamphlets, Comptroller's estimates, and departmental reports;
- contracts for printing or engraving of bonds, water certificates, tax warrants and other evidences of indebtedness;
- contracts for utility services such as water, light, heat, telephone, or telegraph; and
- contracts for the purchase of magazines, books, periodicals and similar articles of an educational instructional nature, and the binding of such magazines, books, periodicals, pamphlets, reports and similar articles.

Requests for non-competitive procurement are initiated by the Using Department and are subject to approval by the Chief Procurement Officer.

RFP Process

RFP Review Timeline Overview: 2 Months



UAlignment with CDPH Guiding Principles

All CDPH investments guided by the following principles:

- CDPH delegates and their sub-contractors are expected to integrate these principles into organizational policy and practice and should be reflected their proposals
 1. Trauma prevention and trauma-informed services – ensuring services address trauma and healing
 2. Cultural responsiveness – ensuring services are culturally and linguistically appropriate
 3. Health equity in all communities – allocating resources and services to people and areas with the greatest need

Evaluation Criteria	
Alignment with CDPH Guiding Principles	10 points
Agency Background	10 points
Community Reach	10 points
Organizational Infrastructure	30 points
Facility-Based Housing Assistance	40 points
Total	100 points



GETTING TO ZERO ILLINOIS (GTZ-IL) HIV

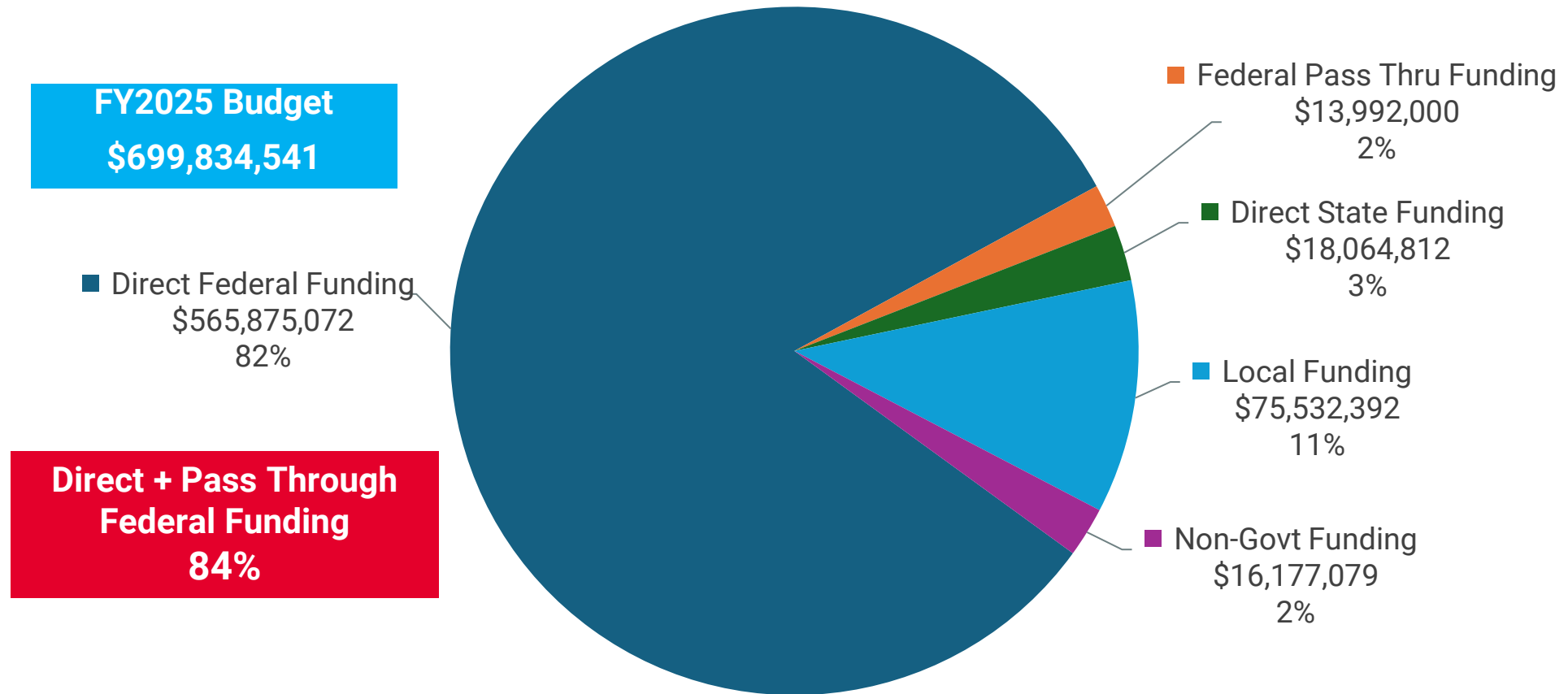


CDPH remains committed to the goal of Getting to Zero



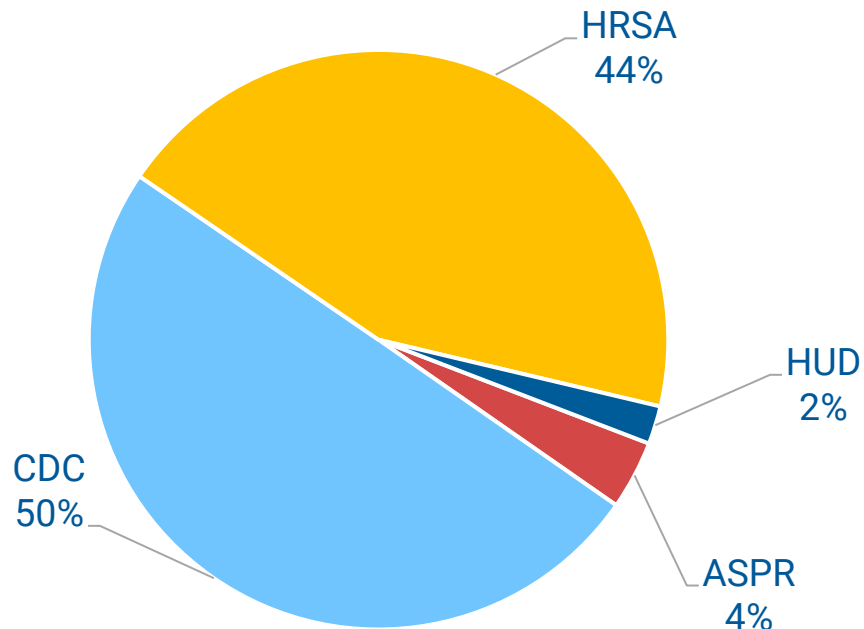
CDPH Funding

★ Local Public Health Depends on Federal Funding



★ CDPH Direct Federal Funding by Grantor

FY 2024 CDPH Direct Federal Funding



Primary CDPH Funding Agencies

President's FY2026 Budget includes cuts across our major funders:

- **HHS: 26.2%** agency level reduction
 - **CDC: 38.9%** agency level reduction
 - **HRSA: 19.4%** agency level reduction
 - **ASPR: 6.6%** agency level reduction
- **HUD: 43.6%** agency level reduction
- **USDA: 18.3%** agency level reduction
 - *Not pictured, funding supports WIC*

Data is percent change from FY2025 funding amounts. Specific cuts to CDPH cannot be known at this time as budget is not final.

Cuts to critical agencies WILL impact CDPH's ability to assess and improve the health of Chicagoans



FY26 Federal Budget: Proposed Cuts Threaten Core Public Health Work

HIV Data & Care

- HIV prevention services
- HIV housing services
- HIV care/treatment services

Opioid Epidemic Response

- Substance use services and treatment
- Naloxone distribution
- Overdose data

Public Health Infrastructure & Capacity

- Health assessment
- Disease outbreak response
- Policy and regulatory capacity

Emergency Preparedness & Outbreak Response

- Maintaining federal preparedness standards
- Laboratory and diagnostic capacity
- Vaccination operations

Note that highlighted program areas are based on proposed, not final cuts and are illustrative, not exhaustive.

FY26 Federal Budget: What's Next

- FY2026 budget appropriations negotiations underway
 - A budget or continuing resolution (CR) must be passed by **September 30**
- Congress divides appropriations bills between 12 subcommittees
- **3 subcommittees** with a direct impact on CDPH funding
 - Labor, Health and Human Services, and Education (LHHS)
 - Agriculture, Rural Development, and Food and Drug Administration, and Related Agencies (Ag-Rural-FDA)
 - Transportation, Housing, and Urban Development (THUD)
- Ag-Rural-FDA and THUD bills moving through Appropriations Committee include funding levels **higher than those originally proposed** in the President's FY26 budget
 - BUT many steps still remain
- **Uncertainty** about FY26 funding levels and impacts to local health departments

Prioritizing Resources and Enhancing Partnerships

Any financial reductions will impact CDPH ability to serve Chicagoans.

To mitigate harm, we continue to:

1. Prioritize evidence-based public health programs that address the needs of the most impacted communities
2. Enhance partnerships with the State and County level to fill gaps in services
3. Engage non-profit, philanthropic institutions and relevant public-private partnerships to address service gaps

Government Alliance for Safe Communities

Unprecedented governmental collaboration between the State of Illinois, Cook County, and the City of Chicago to support communities in building and promoting safety.

((MAKE THE RIGHT CALL))

9-1-1 Emergency Services

Call 9-1-1 when a situation requires immediate police, fire, or emergency medical response.



3-1-1 City Services

Call 3-1-1 to request city services and file a non-emergency police report.



Download the **CHI311 App**
(Apple or Google Play)
or visit **311.Chicago.gov**

9-8-8 Suicide and Crisis Lifeline

If you or someone you know
needs support now.

Call or text **9-8-8** or
chat **988lifeline.org**.

If this is a life-threatening
emergency, call **9-1-1**

2-1-1 Metro Chicago

Free connections to community,
health, and social services.



Call **2-1-1** to talk to a local
navigator, text your zip code
to **898211** or visit
211MetroChicago.org.



**IF THERE IS AN IMMEDIATE
THREAT or EMERGENCY CALL 9-1-1**



★ Mapping State, County and City Health Resources

2-1-1 Metro Chicago

Find the health and social service support you need. Search by category or select a support type.

[Search All Resources](#)



Child Care



Clothing



Crisis Services



Disability Services



Education



Employment



Food



Health Care



Housing



Immigration



Legal Assistance



Mental Health



Money



Senior Services



Reentry Programs



Search All Resources



Call

Dial 2-1-1 from any phone pad



Text

Text your zip code to 898-211



Chat

Use the widget in the lower right corner of your screen.



Email

Email info@211metrochicago.org with specific questions.

THANK YOU



Chicago.gov/Health



HealthyChicago@CityOfChicago.org

@ChicagoPublicHealth

@ChiPublicHealth



Facebook



LinkedIn



Instagram



YouTube



Nextdoor



TikTok



Threads



Bluesky



X