Chicago Department of Public Health
2016 Budget Testimony to the City Council
October 1, 2015

Good morning Madam Chair, Vice Chairman Ervin and honorable members of the City Council.

I am honored to be with you today to discuss our plans to strengthen the health, safety and wellbeing of Chicago residents in 2016 and beyond. As you all know, this is my first year serving as commissioner, but not my first year serving the Department of Public Health. I first joined CDPH 15 years ago, serving first as Medical Director for the Immunization program and later as Chief Medical Officer.

During my time, it became clear how a public health department can most positively impact a city and its residents. Like all government agencies, we are limited by the resources that are available to us; as such, it is incumbent on us to determine how we can most effectively leverage those resources to maximize our impact in every community. This budget proposal maximizes our positive impact in three key ways: we gather and analyze data across our neighborhoods helping us determine our priorities as a city; we work with community stakeholders to implement programs, policies and environmental changes necessary to prevent disease and improve health across our great city; and we allocate and invest our funding in a manner that will maximize impact for those residents most in need.

We use data and research to establish policies that positively impact health and quality of life for the residents of Chicago. Thanks to data, we know that life expectancies have increased in every neighborhood in Chicago across every demographic group. We also know youth smoking rates and new infections of HIV have dropped to new lows. We use data to identify our challenges and to measure our successes as we address these challenges as an agency and as a city.

Last year, we launched a citywide campaign to increase the rates of human papilloma virus (HPV) vaccinations among adolescents, as the data showed there was room for improvement. The HPV vaccine prevents the most common types of the virus, some of which can lead to cancer. Following our campaign – which combined in-person training for medical providers with a citywide public education campaign geared toward adolescents and their parents – coverage levels for Chicago females receiving the first dose of the vaccine climbed to 78.1%, up more than 20 points than the year before, and well above the national average of 60%. Coverage levels for Chicago males also rose to a record high of 52.6%, up from 36.5% in 2013 and again above the national level of 41.7%.

Similarly, data have shown that youth smoking rates are declining in Chicago. Thanks to Mayor Emanuel's leadership, we have become a national leader in tobacco prevention and cessation. In 2014, Chicago became home to the highest tax per pack in the nation and we were the first big city to introduce an ordinance to include e-cigarettes in our local Clean Indoor Air Ordinance. Even with this effort, data show that rates for e-cigarette use is skyrocketing among youth – with the CDC reporting that e-cigarette use among middle and high school students tripled between 2013 and 2014. This is why Mayor Emanuel and Alderman Moreno proposed Chicago become the first big city to tax e-cigarettes. As research suggests, raising the price will discourage youth from ever picking up the habit in the first

place. The tax will have two parts: one, $0.25/mL of e-liquid and two, $1.25/container of e-liquid. The tax will generate $1 million in revenue in 2016 – dollars which will then be reinvested in part to support youth health.

We have also leveraged data to improve our core public health functions. As part of our ongoing work to ensure food safety for residents and visitors, we joined Mayor Emanuel and the Department of Innovation and Technology to announce a new system to prioritize health inspections, leveraging public data to identify restaurants most likely to face health code challenges. This use of data helps our inspectors identify issues more quickly, allowing our team to work with business owners to resolve issues and prevent foodborne illnesses before they start.

Good data drive better policies and better programming. Our goal is to focus on system-wide improvements and ensure more Chicago residents have more opportunities to attain their full health potential.

As a result, this past year we launched the first Healthy Chicago Survey. The new survey allows CDPH to survey 2,500 randomly selected Chicago adults on their health status, behavior, access to services and more. This survey has provided comprehensive, relevant and current information on the health and wellbeing of Chicago residents and will become the leading source of health status and health behavior for our city.

As our 2016 budget shows, we have made a commitment to conduct the Healthy Chicago Survey on an annual basis. The survey will allow us to present data at the neighborhood level starting in 2016, providing first-time community area estimates that will help us and partners better direct resources on a neighborhood and ward level.

Using the data from this new survey, we have convened more than 200 stakeholders from across Chicago to develop a new citywide health improvement plan that will outline goals and strategies for CDPH and our partners to implement over the next four years. This plan, tentatively titled Healthy Chicago 2.0, focuses on the policy, systems and environmental changes that will result in greater health equity throughout the city. The new plan will be structured around 10 key action areas:

- Access to health and social services
- Chronic disease prevention
- Community development
- Data and research
- Education
- Infectious disease control
- Maternal, child and adolescent health
- Mental health and substance abuse
- Community engagement and partnerships
- Violence and injury prevention

It is this collaborative effort that also allows us to determine the best ways to allocate and invest our limited funding in order to maximize our impact.

In 2016, we plan to build on the success of community investments to expand breast health services for Chicago's uninsured women. By joining forces with Cook County Health and Hospitals System, 5,000

women will now receive mammograms free of charge, as well as access to life-saving follow up care. By investing $635,000 in Cook County Health and Hospitals System and an additional $100,000 in Roseland Community Hospital and Mercy Hospital and Health System, CDPH will increase the number of women served from 1,600 to 5,000 while expanding service locations to eight sites across the city.

Indeed, this new program is just another example of how CDPH can use data, partnerships and targeted investments to create positive change. By bringing stakeholders together and identifying ways to improve our overall health system, we can in turn improve the lives of each of our residents.

It is this approach that led us to create the nationally recognized Chicago Ebola Resource Network with four area hospitals, helping to make Chicago one of the nation's most prepared cities in the unlikely event that a resident or visitor contracted the Ebola virus. It is this approach that helped us quickly contain an outbreak of meningitis in the LGBT community. Our communicable disease team first identified the outbreak, then worked closely with our public health nurses, our STI clinics, community-based organizations and the Aldermanic Caucuses to get the word out about the outbreak and to get individuals vaccinated. As a result of these partnerships, CDPH has distributed 14,225 doses of meningococcal vaccine, participated in dozens of community events across the city and launched an online vaccination locator.

Our 2016 budget is designed to build off these successes as we work to take the health, safety and wellbeing of Chicago residents to the next level. By working together with other City agencies and partners across Chicago, we can ensure 2016 will be even better. Through our proposed budget and the ongoing support of the City Council, CDPH can continue to make the necessary policy, systems and environmental changes that will continue to prevent disease and improve the health and wellbeing of Chicago residents, whether providing services directly, or investing in community partners who have a track-record of success. Our approach has led to improved service options and outreach in a number of key areas including primary care, violence prevention and mental health.

Understanding that violence is a public health concern, we sit on the Mayor's Commission for a Safer Chicago, providing our perspective and expertise to find collaborative ways to end violence across the City. As part of our efforts, CDPH has led a number of new initiatives to help reduce violence including:

- **Crisis Response and Recovery.** Funded by a $2 million grant from the US Department of Justice, this pilot program launched in 2015 to deploy crisis responders who offer immediate psychological first aid and bereavement support to survivors of fatal violence, including family and community members. Survivors are assisted with their immediate needs, including referrals to mental health services, to minimize trauma and prevent further acts of violence. The program is being piloted in six police districts.

- **Restorative Practices.** Understanding that violence in childhood increases the likelihood of psychological, social and other mental health challenges in adults, CDPH is investing $371,000 per year over two years to increase social and emotional development of

elementary school youth, their teachers, parents and community members by teaching and practicing valuable skills in building and repairing relationships.

- **Child Survivors of Sexual Assault.** The Chicago Children's Advocacy Center has expanded their evidence-based program providing counseling services to child survivors of sexual assault and their family members following a $250,000 investment from CDPH per year for two years.

As part of the ongoing efforts to strengthen the overall mental health infrastructure, CDPH worked with partners to identify areas where needs were greatest, making a series of targeted investments to address these service gaps with new investments in 2015 including the following:

- **Cook County Jail Collaboration.** CDPH launched a $250,000 initiative with the Cook County Sheriff's office linking Chicago residents to care who are released from jail and in need of ongoing mental health services. Thresholds is funded by CDPH to provide on-site individualized discharge planning, benefits enrollment and direct care linkage support services such as housing and case management.

- **Psychiatry Services.** Understanding the need for increased access to psychiatry services, CDPH invested an additional $250,000 in six community-based mental health agencies to provide psychiatry services to mentally ill adults. Five of these programs serve Chicago's South and West Sides where there is greater need for additional mental health capacity. This expands upon the City's previous $1.5 million in investments made in community psychiatry since 2012, which resulted in over 12,500 visits.

- **Crisis Intervention.** When a resident in a mental health crisis is interfacing with the police, a community-based partner will provide mental health triage services in a hospital setting to link the individual to appropriate mental health services. This two-year pilot follows a $200,000 investment from CDPH.

- **Engagement of Hard to Reach Populations.** CDPH has made $250,000 available to engage hard-to-reach populations with mental illness. The first priority population is residents who are ineligible for insurance through the Affordable Care Act, with a specific focus on undocumented residents. Secondly, we are conducting street outreach in the Uptown and Englewood neighborhoods to engage homeless adults and link them to appropriate mental health and other supportive services, including housing.

In 2012, CDPH implemented a comprehensive improvement plan to provide enhanced primary care services by transitioning then City-run clinics to community-based Federally Qualified Health Center (FQHC) partners. Now, three years later, the results of that transition are clear:

- Access to care continues to increase at the partner sites. In 2014, the partner agencies completed 82,236 patient visits, a 53% increase over the 53,905 patient visits during the last 12 months of direct CDPH management.

- Partner agencies have increased service options beyond primary care, with a special focus on preventative services. Today, residents can access new urgent care clinics, occupational therapy, weight management classes and diabetes education. Furthermore, select clinics now offer weekend and evening hours.

- FQHC partners now provide mental health services onsite, which were not previously available, including new integrated behavioral health programs for children on the South and West Sides.

The ultimate decision to live a healthy life is up to the people of our city. By gathering and analyzing data, working with partners to develop and implement appropriate and effective interventions and investing our limited resources strategically, we are providing new opportunities and new options for the people of Chicago.

Thanks to our combined efforts, more Chicagoans have more opportunities today. And more Chicagoans are seizing it—making the decisions that will enable them to live healthier lives. I look forward to working with all of you and all Chicagoans in the years ahead as we make Chicago the healthiest city in the nation.

Health Department 2016 Budget Hearing

MBE/WBE Contracting Data

Period: 01/01/15 to 09/15/15

Total Purchases: $3,942,878

MBE/WBE Spend	
WBE:	$147,811 (3.75%)
Asian MBE:	$77,622 (1.97%)
African-American MBE:	$396,614 (10.06%)
Hispanic MBE:	$153,129 (3.88%)
Total Purchases:	$775,175 (19.66%)

Staffing Data

Department Ethnicity and Gender				
	Male	**Female**	**Total**	**%**
Asian	11	31	**42**	**8%**
Black	44	236	**280**	**51%**
Hispanic	37	83	**120**	**22%**
White	49	63	**112**	**19%**
Total	**141**	**413**	**554**	**100%**
	25%	**75%**		

New Hires Ethnicity and Gender				
	Male	**Female**	**Total**	**%**
Asian	0	2	**2**	**6%**
Black	3	9	**12**	**33%**
Hispanic	5	3	**8**	**22%**
White	2	12	**14**	**39%**
Total	**10**	**26**	**36**	**100%**
	27%	**73%**		

Department Managers Ethnicity and Gender				
	Male	**Female**	**Total**	**%**
Asian	1	2	**3**	**5%**
Black	5	12	**17**	**29%**
Hispanic	1	6	**7**	**12%**
White	13	19	**32**	**54%**
Total	**20**	**39**		
	34%	**66%**		

Interns

School	Gender	Race / Ethnicity
Adler School of Professional Psychology	Female	Hispanic
Chicago School of Professional Psychology	Male	Asian/Pacific Islander
Chicago School of Professional Psychology	Female	White
Chicago School of Professional Psychology	Female	White
Chicago State University	Female	Hispanic
Depaul University	Female	Black
Depaul University	Female	Black
Depaul University	Female	White
Depaul University	Female	White
Depaul University	Male	White
Everest College	Female	Black

Health Department 2016 Budget Hearing

Everest College	Female	Black
Everest College	Female	White
Governors State	Male	Black
Gran Canyon University	Female	Black
Indiana State University School of Nursing	Female	White
Loyola University	Male	White
Loyola University Chicago	Female	Asian/Pacific Islander
Morrison Chartwells Dietetic Internship	Female	White
Morrison Chartwells Dietetic Internship	Female	White
North Park University	Female	Unknown
North Park University	Female	White
North Park University	Female	White
North Park University	Female	White
North Park University	Female	White
North Park University	Female	White
Northpark University	Female	White
Northwestern University	Female	White
Northwestern University	Female	White
Northwestern University	Female	White
One Summer Chicgo	Female	Two or more races
Rush University Medical Center	Female	White
St. Louis University	Female	Black
University of Chicago	Male	Asian/Pacific Islander
University of Chicago	Male	Asian/Pacific Islander
University of Chicago	Male	White
University of Chicago	Male	White
University of Chicago	Male	White
University of Chicago	Male	White
University of Chicago Harris School	Female	White
University of Chicago Harris School	Male	White
University of Georgia	Male	Asian/Pacific Islander
University of Illinois	Female	Black
University of Illinois	Female	Black
University of Illinois at Chicago	Female	Asian/Pacific Islander
University of Illinois at Chicago	Female	Asian/Pacific Islander
University of Illinois at Chicago	Male	Asian/Pacific Islander
University of Illinois at Chicago	Male	Asian/Pacific Islander
University of Illinois at Chicago	Female	Black
University of Illinois at Chicago	Female	Black
University of Illinois at Chicago	Male	Black
University of Illinois at Chicago	Male	Black
University of Illinois at Chicago	Female	Hispanic
University of Illinois at Chicago	Female	Hispanic
University of Illinois at Chicago	Female	Hispanic
University of Illinois at Chicago	Male	Hispanic
University of Illinois at Chicago	Male	Hispanic

Health Department 2016 Budget Hearing

University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Female	White
University of Illinois at Chicago	Male	White
University of Illinois at Chicago	Male	White
University of Illinois at Chicago	Male	White
University of Illinois at Chicago	Male	White
University of Illinois at Chicago	Female	Hispanic
University of Pittsburg	Female	Hispanic
University of Wisconsin, Green Bay	Male	Asian/Pacific Islander
University of Wisconsin, Green Bay	Female	White

HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH