

**Chicago Department of Public Health**  
**2017 Budget Testimony to the City Council**  
**October 26, 2016**

Good morning Madam Chair, Vice Chairman Ervin and honorable members of the City Council. I would like to thank Mayor Emanuel for his leadership and for advancing the City's health agenda.

I am honored to be with you today to discuss our plans to strengthen the health, safety and well-being of Chicago residents in 2017 and beyond. Though this is only my second year as Commissioner, I have been with the Department of Public Health for 17 years. I have been a mother for nearly 20 and a pediatrician for even longer.

In all these roles, I have seen directly how public health can most positively impact a city and its residents. We have made tremendous progress over the past several years, resulting in higher life expectancies in every neighborhood and record numbers of youth choosing to live smoke-free lives. We have seen vaccination rates climb and rates of new HIV infections plummet. But there is still more work to be done and this budget leverages our limited resources to build on these successes and ensure better health outcomes for every resident. I would like to highlight a number of key plans included in our budget proposal, but I would first like to discuss how it is modeled on the same vision and priorities laid out in Healthy Chicago 2.0.

In March of this year, we launched Healthy Chicago 2.0, a four-year plan to improve health equity across all our neighborhoods and communities. Healthy Chicago does this in a number of key ways: one, building and leveraging partnerships; two, addressing the social determinants of health; and three, using data to determine the best ways to invest our limited resources in the neighborhoods and communities with the greatest need.

First, we know that improving the health of our residents cannot be done by one government agency alone. It takes the concerted effort of all of us. That is why Healthy Chicago 2.0 is a plan for the entire city. The plan provides concrete strategies for both CDPH and our partners. It also calls for the establishment of a public health funding collaborative that will inspire new investments by non-traditional partners from the philanthropic and business communities. We have already laid the groundwork for this effort, hosting meetings in many of your neighborhoods with residents and community leaders, and partnering with more than 130 organizations to develop and launch the new plan. We also secured new funding from the Otho S.A. Sprague Foundation to hire a new Director of Health Equity and Strategic Partnerships, who is working on new opportunities to bring more partners into this effort.

Earlier this year, the City Council established the Health in All Policies task force, bringing together diverse city departments and city agencies to work on integrating the goals of Healthy Chicago 2.0 in the work of all levels of city government. I want to thank you, members of the City Council, for your leadership on this issue and for recognizing the vital importance of addressing public health.

The new Health in All Policies task force is also important because of the second key aspect of Healthy Chicago 2.0 that I would like to discuss – addressing the social determinants of health. We know that good health depends on numerous factors, including many that are outside of the traditional public health sphere. The availability of economic resources, the conditions of the homes in which we live, our educational opportunities and the degree to which we feel safe and connected to our neighborhoods all play critical roles in determining our health. By investing in our communities, we improve these social determinants and in turn improve health.

Healthy Chicago 2.0 uses data and evidence-based practices to ensure that we are investing our limited resources to maximize their impact. CDPH conducts our annual Healthy Chicago Survey, allowing us to survey 2,500 randomly selected Chicago adults on their health status, behavior, access to services and more. This survey provided comprehensive, relevant and current information on the health and wellbeing of Chicago residents that helped determine the goals of Healthy Chicago 2.0. Ongoing data will be used to both iterate that plan and provide Aldermen with comprehensive community area-level health data that you can use to better understand and address your constituent's needs. Healthy Chicago 2.0 supports innovative approaches for using data to improve our programs efficiency and effectiveness. Our predictive model that identifies restaurants that are at greater risk for having violations, and our predictive model for identifying homes at greater risk of having lead hazards will serve as the foundation for additional innovative solutions.

It is this focus on partnerships, social determinants and evidence-based practices that led to the creation of Healthy Chicago 2.0. Our 2017 budget is designed with the same priorities in mind, allowing CDPH to build off our recent successes in order to take the health, safety and well-being of Chicago residents to the next level.

As such I would like to highlight a few key priorities in our 2017 budget and how they align with this vision to improve health equity.

- In 2016, CDPH and our partners at the Public Health Institute of Metropolitan Chicago provided seed funding to six community-based organizations to jump start new health initiatives in communities with the greatest need. Our 2017 budget builds on this promise of Healthy Chicago 2.0 by providing additional seed grant dollars that will help build the capacity and knowledge of small, community-based organizations to launch new, evidence-based initiatives to help develop their communities.
- The administration is making an investment that will expand substance use disorder treatment by 50 percent by increasing our investment with an additional \$700,000. These dollars will help counter the national opioid epidemic here in Chicago by increasing the availability of treatment services. This increase will complement other CDPH initiatives that make more naloxone, an overdose reversal medication, available and by increasing education for residents and healthcare providers so they understand the dangers associated with this class of drugs.

- The numbers of Gonorrhea and Chlamydia infections in Chicago are among the highest in the nation. To optimize the efficiency and effectiveness of our disease control efforts, CDPH needs to modernize our systems for identifying individuals who are infected so we can respond swiftly and prevent the spread of these diseases. This is why we are making an investment in electronic reporting from health care providers will assure that CDPH staff are able to identify the highest priority individuals and to intervene quickly.
- Ensuring children have health services that help them learn and grow is essential for the success of our city:
  - Since its launch in 2013, CDPH’s school-based vision program has provided more than 64,000 pairs of eyeglasses to students at no cost to them or their families, helping ensure our children have every opportunity to succeed in the classroom. The Mayor is committed to building on this enormous success by investing an additional \$250,000 into the program, helping us expand to more schools and provide more exams for more children.
  - Just two weeks ago, I joined Mayor Emanuel and Alderman Dowell to announce plans to build our city’s 33<sup>rd</sup> School Based Health Center at Drake Elementary in Armour Square. Our 2017 budget helps fulfill Mayor Emanuel’s promise to expand services at five School Based Health Centers using revenue from the recent e-cigarette tax championed and passed by the city council. Of the planned expansion at five schools, one is now open and offering expanded mental health services and the second one has broken ground and will provide comprehensive primary care in a permanent facility. That tax is emblematic of how public health can improve our communities. By raising the price, we are discouraging more residents, especially youth, from picking up a dangerous, deadly habit. And at the same time, we are using the revenue produced to invest back in our communities, providing more opportunities for youth and their families to have a new medical home while creating more resources and assets for communities.
  - We will continue to invest in PlayStreets, which not only provides opportunities for children and their families to get out and play, but also provides needed resources and knowledge for community-based organizations to host events in neighborhoods with higher rates of childhood obesity. Through the \$245,000 for this program, we equip those small groups with new knowledge and resources they can use strengthen the neighborhoods they serve all year long.
- Understanding that violence is a problem that requires a holistic approach across city agencies, we plan to build on our successful prevention and response programs in 2017:

- Following a grant from the Department of Justice, we launched the Crisis Recovery and Response Program in 2015 which deploys crisis responders to offer immediate psychological first aid and bereavement support to survivors, including family and community members, of gun violence. Survivors are assisted with their immediate needs including referrals to mental health services to minimize trauma and reduce further acts of violence. More than 597 families have been helped with this program since its launch and in 2017 we are investing an additional \$250,000.
- We plan to grow our Crisis Intervention Program (CIP). When a resident in a mental health crisis is interfacing with the police, a community-based group will provide mental health triage services in a hospital setting to link the individual to appropriate mental health services. Following a successful pilot where we reached more than 140 individuals, we look to expand funding by an additional \$100,000 in 2017.
- We are working closely with Cook County Health & Hospital Systems to open a new Community Triage Center at our Roseland Neighborhood Health Center, which will provide evaluation, crisis stabilization and treatment for patients presenting with psychiatric and/or substance-related crises.
- This past month we were awarded a new \$5 million/five year grant from the U.S. Department of Health and Human Services to launch the new ReCAST Institute. The new Institute will not only provide training for frontline city workers and community leaders to become trauma-informed, it will also help our communities recognize and respond to the challenges we are facing, so our neighborhoods can combat violence in the long run.
- We are building stronger partnerships with the Department of Family Support Services to better align resources where they are needed to address mental health needs in the community.

All of these investments are designed to provide more resources and opportunities for our residents to make healthy choices. By gathering and analyzing data, addressing the social determinants of health and working with partners to develop and implement appropriate and effective interventions, we are meeting the ambitious goals laid out in Healthy Chicago 2.0 and 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 sure every resident in every neighborhood has the opportunity to thrive.

Thank you.