

**Chicago Department of Public Health  
2018 Budget Testimony to the City Council  
October 31, 2017**

Good morning Madam Chair, Vice Chairman Ervin and honorable members of the City Council. First, I would like to thank you and Mayor Emanuel for your leadership and support in our efforts to improve health equity across Chicago.

I am honored to be with you today to discuss the successes of the Chicago Department of Public Health (CDPH) from this past year and our vision moving forward as we continue to strengthen the health, safety and wellbeing of Chicago residents. While we continue to make progress locally, we remain concerned about the future impacts of federal-level policy decisions on our work, as this Administration has already begun to roll back environmental protections, cut funding for Teen Pregnancy Prevention, and continues to undermine access to affordable, quality health insurance. However, we, as a department and as a city, remain steadfast in our commitment to the residents of Chicago and will continue to invest in and fight to protect their health, now and in the future.

CDPH has made tremendous progress over the past several years advancing programs and policies to improve the health of our residents. This is why Chicago was one of only five cities across the nation, and the only one in the Midwest, to receive a Gold Medal from CityHealth, a new project of the de Beaumont Foundation. Specifically, Chicago was recognized for our efforts to make quality pre-kindergarten universal for all children, the passage of the city's first paid sick leave law, building an infrastructure to promote walking and biking and raising the age for purchasing tobacco products to 21.

But gold medals and innovative policies are not the goals for CDPH. For us, the goal is whether or not we are making measurable gains in the health of all our residents in every neighborhood. On that front, we are making more progress than ever before.

- Our teen birth rates are at historic lows, following eight consecutive years of decline. Birth rates among African American teens, who have faced the greatest historical disparity, are falling the fastest and closing the gap when compared to other teens.
- Chicago has shown more progress than any other city in reducing racial disparities in breast cancer mortality among African American women.
- We have seen vaccination rates climb, and are a national leader in HPV vaccinations among both adolescent girls and boys.
- We have also seen rates of new HIV infections plummet.
- Every year, we continue to reduce the number of Chicagoans with elevated blood lead levels.
- Chicago's life expectancy has increased in every neighborhood.

But there is still more work to be done. This budget leverages our resources to build on these successes and ensure better health outcomes for every resident – by both protecting the public's health through smarter enforcement and by improving health equity across Chicago, as laid out in Healthy Chicago 2.0.

Nearly two years ago, we launched Healthy Chicago 2.0, a four-year plan to improve health equity across all our neighborhoods and communities. Healthy Chicago seeks to build and leverage partnerships and

use data to determine the best ways to invest our limited resources in the neighborhoods and communities with the greatest need.

We know improving health equity cannot be done by one government agency alone. It takes a concerted, group effort. So Healthy Chicago 2.0 called for the creation of the Health in All Policies task force, which provided a report to you earlier this year with ways that city departments can work to incorporate health concerns into their decision-making. I want to thank the City Council for your leadership on this issue.

Healthy Chicago 2.0 also leverages data to ensure that we are maximizing resources. CDPH surveyed 2,500 randomly selected Chicago adults annually on their health status, behavior, access to services and more. Results informed the development of Healthy Chicago 2.0 and are used to monitor our progress. Next month, we will officially launch the new Chicago Health Atlas, thanks to a partnership with the Sprague Institute and the Chicago Community Trust, which publishes this data in an easy-to-use format for residents and partners to access. By making this information publicly available, CDPH and its partners can strengthen efforts to get additional resources for our communities, and residents can make informed decisions to improve their health.

Our 2018 budget is designed with this same focus on leveraging partnerships and data, allowing CDPH to build off our recent successes and take the health of Chicago residents to the next level.

I would like to highlight a few key priorities in our 2018 budget and how they align with this vision of achieving health equity.

- **Substance Use.** Opioid addiction continues to grow across the nation and Chicago is no exception. We have seen increases in opioid-related overdose deaths among every ethnic group and age range. CDPH has launched initiatives to both stop addiction before it starts and help those who are dealing with addiction. This summer, Chicago became one of the first cities in the nation to require pharmaceutical representatives to be licensed, follow ethical guidelines and disclose their interactions with health care professionals when marketing dangerous drugs like opioids to area providers. Revenue from this license freed up \$700,000 a year that we are investing in opioid addiction treatment, allowing an additional 1,000 Chicago residents who live primarily on the south and west sides to access addiction treatment. This coming year, we plan to grow these investments with an additional \$500,000 to expand addiction treatment and recovery homes, helping patients get back on their feet. With this investment, we will serve an additional 500 Chicagoans a year.
- **Children's Health.** We know healthy children grow into healthy adults and by making the right investments today we can ensure a lifetime of better health and better opportunities.

Understanding this, CDPH provides direct services in our schools. This includes providing oral health services to 96,904 students, eye exams to 48,000 students and sexual health education and/or screening to more than 12,000 high school students. All of this is at no cost to any Chicago student or their family, regardless of immigration status.

We are also working to make homes healthier for children. In the 1990s, one in 25 children had a blood lead level above 10 micrograms/deciliter. Today, that number is less than one in 100. The CDC recently lowered their recommended threshold for action to 5 micrograms/deciliter. In Chicago, that means hundreds of additional children will receive a home inspection in 2018. Our budget proposal not only meets this need, but takes it a step further. We will conduct proactive inspections to help children before they get lead poisoning. Using a predictive algorithm, we can identify homes most likely to have lead hazards, then dispatch inspectors who can help ensure hazards are fixed before a child is exposed.

- **HIV/AIDS.** Chicago has made tremendous progress in this area and for the third year in a row, fewer than 1,000 residents were diagnosed with HIV. But Chicago thinks big, so CDPH and Mayor Emanuel launched Getting to Zero in an effort to eliminate new HIV infections within ten years. We can do this by meeting two goals: first, increasing the use of prevention medications among those most vulnerable from 20 percent to 40 percent; and second, ensuring that 70 percent of all people living with HIV receive treatment to reduce their viral load, eliminating their risk of transmission.

This effort will build off our success from this past year, when we transitioned management of our HIV primary care clinics in Englewood and Uptown to Howard Brown Health and UIC. Within just the first year of this change, we saw a four-fold increase in clients served and now provide services to 3,600 HIV positive residents.

- **Protecting the Public's Health.** One of our primary goals is to protect the public's health by preventing illness. We do this through regular inspections ensuring businesses comply with health and environmental codes and look to expand this work in the next year.

Chicago has about 16,000 food establishments CDPH inspects. Our inspectors are efficient and productive, as affirmed by a recent report from the Inspector General. However, the report also called on Chicago to hire more inspectors to meet state inspection requirements. I am pleased to report that in the 2018 budget, we are including 11 new positions to help fill this gap. The City will pay for this expansion by updating licensing fees, which have not gone up in decades and do not cover the program's cost. This step will not only help meet state requirements, but also further protect the food our residents eat.

When the environment is harmed, so is public health. Facing environmental rollbacks from the Trump administration and emerging threats like manganese on the southeast side, CDPH seeks to expand environmental protection. We plan to hire 10 new environmental enforcement staff, including four air pollution inspectors to ensure industrial facilities and other polluters comply with the law. We also plan to improve compliance by raising fines on violators, including the increases the City Council recently passed through the fly dumping ordinance.

All of these investments are designed to protect the health of our residents and to provide more resources and opportunities for them to thrive. By gathering and analyzing data, working with partners and strengthening the public health systems that assure a clean environment and safe food supply, we will continue to meet the ambitious goals laid out in Healthy Chicago 2.0 while protecting the health of all Chicagoans.

Thank you.