

Department of Public Health
Allison Arwady, MD, MPH
Opening Statement to the City Council for 2020 Budget Hearing
November 5, 2019

Good morning Madam Chair, Vice Chair Silverstein and honorable members of City Council.

The Department of Public Health is dedicated to improving the health and safety of all Chicagoans, regardless of a resident's race, zip code or income. I know you share that commitment and want to thank you for your leadership and support on issues that drive our work every day.

I appreciate the opportunity to talk about our vision and what we can do as a city to improve the health of all our residents. But first I want to briefly talk about the tremendous progress we have made in some key areas. In many important ways, and on many important measures, Chicago is healthier now than we have been for years.

- We have record low rates of teen birth and youth smoking and are turning the corner on childhood obesity – all of which ensures a healthier future for our children.
- We are making dramatic progress in eliminating the risk of lead poisoning. In the late 1990s, one in four Chicago children had an elevated blood lead level (10 Ug/dL); today, that is down to less than one in 150 children.
- We continue to see record low numbers of new HIV cases year-to-year.
- And in 2016, we launched Healthy Chicago 2.0 – a strategic plan and call to action for partners both within and outside of government. Since then Healthy Chicago has become a movement to promote health equity and address the root causes of health.

But there are still deep challenges. CDPH, with hundreds of local partners, recently completed a comprehensive community health assessment. We found that too many Chicagoans don't have access to quality healthcare and healthy food options; too many families and communities continue to be traumatized by violence and poverty; and too many people live in neighborhoods where opportunities are few.

The result is a staggering racial life expectancy gap: on average, a black resident of Chicago dies 8.8 years sooner than a white Chicagoan. Adding to this, life expectancy for Latinx Chicagoans has been falling; in 2017, for the first time, it fell below life expectancy for whites. These trends are unacceptable—and they are preventable. We know the gap is driven by five main factors locally: chronic disease, homicide, infant mortality, HIV/infectious disease, and opioid overdoses. At CDPH, closing this gap is our North Star.

That's why it's so important that, even in this moment of fiscal belt-tightening, our City is making new investments in public health. In 2020, CDPH will receive additional funds, while maximizing grant funds, building our capacity in critical areas, and maintaining high quality services across our programs. I'd like to tell you a bit more about our plans for these funds.

First and foremost, we're investing in mental health and violence prevention. Surveys show approximately 178,000 people in Chicago say they needed mental health care in the past year and didn't get it. We have to step up. It's time to transform our mental health system so those people who need care can get it, when and where they need it – close to home and regardless of their ability to pay. With this budget, we are putting an additional \$9.3 million into our mental health care system.

Part of this commitment includes additional investments in our five City-run mental health clinics to increase their capacity – and you should know some of that work has already started. But these clinics are a small part of Chicago's mental health safety net system. There are more than 100 publicly funded clinics across Chicago – places where people can get services regardless of whether they have insurance, on a sliding scale that goes down to zero. The only way we can begin to close the gap in mental healthcare is to invest in and build up this broader system.

So we'll also use this money to make sure people know where they can go for help. We'll use it to support a network of 20 Trauma-Informed Centers of Care and to improve the quality of mental health services delivered at these centers. We'll enhance services to connect people who are victims of violence to mental health care, when it is most needed. We'll fund community-based crisis prevention and response, staffing outreach teams to support people who have trouble accessing mental health care at brick-and-mortar clinics and who currently cycle through emergency departments. And we'll develop better information and data so we can fill the holes in our system. The goal is a true city-wide system of mental healthcare that increases access to care and prioritizes the people and communities most in need.

Moreover, the Mayor has proposed a complementary investment of \$8 million for violence prevention, which CDPH will be administering in coordination with the Mayor's Office of Violence Prevention. This investment will expand and coordinate street outreach work, support youth at the highest risk of violence, and incorporate trauma-informed principles into responses to violence.

I am grateful that the Mayor, the City Council, and our many community partners have all made mental health and violence prevention top priorities for our city.

Beyond this investment, CDPH is strategically aligning City and grant funds in several other key areas. This winter we'll join with community organizations and our partners from across sectors to launch Healthy Chicago 2025 – a citywide plan to close the racial life expectancy gap. Here's a preview:

- We'll **address inequities in chronic conditions** like heart disease and diabetes by promoting healthy communities. With the 2020 budget, we're investing in staff capacity and new initiatives to help our City understand the health and racial equity impacts of our policies and investments – from housing and neighborhood development to transportation and public safety.
- We **launched Getting to Zero, a plan to finally end the HIV epidemic in Illinois** by 2030. CDPH is awarding \$40 million to more than 40 organizations to increase access to

services and address structural barriers like housing instability for people living with or at risk for HIV. In line with our mission, we have specifically directed this funding to serve populations most impacted: 86% of HIV care/treatment clients and 82% of housing clients are black and/or Latinx.

- More people die from opioid overdoses in Chicago every year than die from gun violence or car crashes. With a new 3-year, \$10 million grant from the CDC, shared between the city and the county, we will **prevent opioid overdoses and save lives** by increasing access to naloxone (the emergency medication to treat an overdose), making more treatment available for people with opioid use disorder, and expanding overdose prevention education.
- To improve outcomes for moms and infants, CDPH is **piloting a nurse home visiting service for families with newborns**. We have already begun work with our first three hospitals serving families on the west and south sides, offering all new mothers and families a home visit to assess maternal and infant health and help families connect to needed services.

This is, of course, all in addition to the essential, often unheralded public health work we do at CDPH: conducting food and environmental inspections, preparing for public health emergencies, administering vaccines, preventing the spread of communicable diseases, providing vision and oral health examinations in CPS schools, coordinating nutritional support for at-risk families, controlling disease-carrying mosquitos, and much more.

As you can see from our budget priorities, CDPH remains committed to health equity—using data to identify challenges and target solutions to people and neighborhoods most in need. And we strive to do this work in partnership with the City Council and communities throughout the city, in a way that acknowledges the lived experience and priorities of residents, and empowers them as we work together toward a healthier Chicago.

CDPH is also committing more explicitly to racial equity. In 2020, we will play a stronger role in addressing the root cause of many health inequities: structural and institutional racism. We look forward to working with Chicago's new Chief Equity Officer to institute internal policies and practices – from how we conduct hiring and procurement to how we hold ourselves accountable to the communities we serve. We hope that our journey will be an example to our City partners and the broader public health system.

At its core, our budget reflects a vision for Chicago that I know you share – a city of thriving communities where all residents are able to lead healthy lives. Thank you.