

Department of Public Health
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Opening Statement to the City Council for 2021 Budget Hearing
November 6, 2020

Good morning Madame Chair, Vice Chair Silverstein, and honorable members of City Council. I want to start by thanking Mayor Lori Lightfoot for her leadership and commitment to the health and safety of all residents of the city. The Department of Public Health is dedicated to ensuring the health and safety of all Chicagoans, regardless of a resident's race, zip code or income. I thank you for your leadership and support in this common effort.

The biggest public health issue this year has, of course, been COVID-19. The pandemic has claimed over 3,000 lives in Chicago. CDPH has led the charge against the disease, collaborating with you, OEMC, CPD, CFD, other City agencies, and community partners to ensure a coordinated effort. CDPH's contribution includes data analysis, testing, case investigation, contact tracing, quarantine and isolation housing, healthcare system support, and public guidance, among many other areas.

Our work--and our pandemic preparedness--has been nationally recognized. When the pandemic started, unlike nearly every other jurisdiction in the country, we had large stockpiles of medical grade PPE ready to go for hospitals and first responders, and have distributed more than 18 million units of PPE across the healthcare system and in community settings. We have facilitated one of the nation's highest levels of hospital coordination. We have made innovative investments in technology to gather and analyze information to target interventions effectively. And now we are deep in planning for vaccine distribution. These results reflect Mayor Lightfoot's commitment to putting health first.

Still, we have much more work to do to protect residents against COVID-19, as this pandemic is far from over. We've seen over 3,000 deaths since March. To date, 1 in 25 Chicagoans has been diagnosed with COVID-19 (over 109,000)—with a quarter of the cases occurring since the second surge began in early October. The highest rate of recent cases has been among Latinx Chicagoans. While current death rates remain low compared to the early surge, more African American residents (over 1,300) have died from COVID-19 than any other race group. Hospitalizations of Chicago residents have continued to increase since early October, and we are monitoring the numbers closely. Our modeling consistently tells us that the number one thing that bends our COVID curve is personal adherence to public health recommendations—wearing a mask, watching your distance, washing your hands, and protecting vulnerable residents—and we continue to need your help in sharing this message.

CDPH's budget is now more than twice what it was a year ago because of COVID, with federal grants funding the lion's share of our work. With this funding, we are making critical investments to build our capacity. These investments include community-based contact tracing, lab capacity to do more tests quickly and accurately, and a resource coordination hub to provide a one-stop shop for services and information. Beyond the immediate benefits, we plan

to leverage these resources to strengthen the health and human services system in the long-term—with increased community capacity to tackle issues ranging from linkage to care to violence prevention to workforce development.

Indeed, we must look beyond COVID-19 in a variety of ways. The pandemic has highlighted gaps that have long existed in Chicago's health system, especially when it comes to racial and ethnic inequities. These are the inequities we are seeking to end through Healthy Chicago 2025, a plan we forged with hundreds of partners to close the city's racial life expectancy gap between Black and White Chicagoans of 8.8 years. Closing this gap is our top priority.

Healthy Chicago 2025 addresses not only traditional health issues but also the root causes of this gap. Too many Chicagoans lack quality healthcare, healthy food, safe neighborhoods, affordable housing, and good-paying jobs. Such inequities are unacceptable. Addressing them requires us to make long-term investments that outlive COVID and build the infrastructure for healthy communities. To do that, we as a health department must keep our focus on transforming and coordinating systems. There are countless healthcare providers in Chicago—but we are the institution best situated to build bridges between islands. We're the ones to prepare for systemwide emergencies. We're the ones to advance the policies and environmental changes that create a context in which providers and communities can thrive. We must also make policy progress in areas like tobacco, which is one of the top causes of the life expectancy gap.

Despite COVID, we have remained committed in 2020 to addressing a range of other important health issues—with none more crucial than behavioral health. We have made excellent progress on implementing the Mayor's Framework for Mental Health Equity, which increased our funding in 2020 by \$9.3 million to build a network of trauma-informed centers of care—including additional investments in our 5 CDPH mental health clinics along with new resources for more than 30 clinical settings in neighborhoods of greatest need. We also, for the first time, have been able to bring mental health resources outside the walls of clinics to reach people with mental illness, to fund behavioral health resources for people experiencing homelessness, and much more. Our budget proposes that this funding continues in 2021; we have also been able to grow this commitment with COVID dollars where appropriate. We have invested in violence prevention, including crisis intervention and de-escalation, and linking victims of violence to mental health supports. Our efforts on the heroin and opioid epidemic have expanded as well. Unfortunately, homicides, mental health issues, and overdoses are up in Chicago--like nearly everywhere else--but the investments we're making now are both responsive to COVID and will help us build a stronger behavioral health system in the years to come.

These efforts are in addition to the essential, often unheralded public health work we do at CDPH, like conducting food inspections, administering vaccines, performing environmental inspections, preventing the spread of communicable diseases beyond COVID, coordinating nutritional support for at-risk families, controlling West Nile Virus, issuing data briefs to help researchers and advocates, and much more.

We strive to do all of this work in partnership with the City Council and communities throughout the city as we work together toward a healthier and more equitable Chicago. Thank you.