

Department of Public Health
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Opening Statement to the City Council for 2023 Budget Hearing
October 17, 2022

Good afternoon Chair Dowell, Vice Chair Silverstein, and honorable members of City Council. 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.

While COVID-19 is thankfully not disrupting our daily lives as we did early in the pandemic, it is very much still with us. But we are in a different phase of the pandemic now. We are now equipped with the tools to prevent severe illness – with vaccines, treatments, and testing widely available. I am happy to say that Chicago is currently at low risk level. We have administered more than 5 million vaccine doses, and both hospitalizations and deaths remain low. While we have made great progress the pandemic has claimed over 7,800 lives in Chicago and is now the second leading cause of death among Chicagoans, behind heart disease. We know we must and will remain vigilant in monitoring and addressing COVID, including continued education and access to vaccines, the best preventative tool available. There are many lessons from COVID-19 that we can apply broadly to our efforts across the work of our department.

This year we saw the emergence of Monkeypox virus. The structures we put in place to respond to COVID have been crucial to our response to this emerging virus. We were able to monitor the virus; educate and engage Chicagoans on the facts and resources; and receive, store and distribute the vaccine as soon as we could get it from the federal government, making sure we got information and resources to priority populations. Still, we have more work to do to protect residents against COVID-19, MPV and other viruses, and to remain prepared for emerging diseases.

While our budget is nearly five times what it was before the pandemic, it is mostly due to a surge in time-limited federal grant funding. We have been very deliberate to use these funds, not just to build temporary scaffolding, but to put long-term solutions and technology in place that will benefit the city for years to come. We have invested these funds to create new capabilities in Chicago including wastewater monitoring to understand the burden of disease at a population level, genomic testing to understand variants of a disease, coordinating and supporting health care providers, and evolving the community-based contract tracing program to community health workers who can address an array of public health issues. We are assessing, prioritizing and looking for ways to sustain the key activities and capabilities that will keep Chicago healthy and safe.

As a department that is 86% grant funded, with the bulk of that coming from the federal government, we will continue to beat the drum with our funders that continuing the cycle of time limited disease-specific surge funding does not help us achieve our shared goal of a robust

and prepared public health system. This has also demonstrated the great need to improve our administrative processes. We are grateful to our colleagues from other departments for working with us to make these improvements a reality. These improvements do not happen quickly, but they are vital, and will help us to meet our goal of closing the racial life expectancy gap in life expectancy in Chicago and to be better prepared for the next major public health response.

I am so pleased to say that the City continues to make significant investments in behavioral health. Today, there are 50 agencies, including our own clinics, providing City-funded, no-barrier mental health care services for adults, youth and families across the city through the Trauma-Informed Centers of Care network. By the end of this year, those providers are on track to provide services to 60,000 Chicagoans. We are also continuing our investments in the five CDPH-run mental health clinics, to put in place expanded service hours, telehealth options, community outreach capacity, and services for youth and adolescents.

Funding will also go toward continuing and expanding the Crisis Assistance Response and Engagement (CARE) pilot. This pilot deploys multi-disciplinary response teams, which respond to 911 calls with a mental health component and integrates mental health professionals into the City's 911 response system. So far, CARE teams have responded to over 350 calls and conducted over 300 follow-ups, with no use of force. Ongoing investments will deepen the presence in existing pilot communities by expanding hours, widening geographic coverage, and piloting new response models. For example, a new response model on the West Side will pair paramedics with peer recovery specialists to focus specifically on substance use crises. And in one of the bolder moves we are proposing, we will stand up stabilization housing for individuals that are high utilizers of homeless and emergency services, replicating the model of COVID isolation and quarantine housing for homeless individuals. In partnership with Department of Housing, we plan to acquire a motel and provide 60 beds for individuals to get support and treatment for mental health, substance use disorder, and chronic health conditions for up to six months before moving to permanent supportive housing.

We stand firm in our belief in the right to choose when and how to become a parent. In this budget, we remain committed to ensuring that Chicago is a safe haven for those seeking reproductive healthcare and to providing high-quality, comprehensive sexual health services. The Justice for All initiative will quadruple in size, providing a total of \$2M in funding for access to reproductive health services including abortion care, covering services like individualized case management, travel, lodging, and childcare. We are also investing in an expansion to double the reach of adolescent sexual health education through our CHAT program, which provides developmentally appropriate and accurate sexual health education and offers STI screening and linkage to care in some high schools. We are also making a new investment in CDPH run STI clinics to add the staff and supplies needed to start providing comprehensive pregnancy options counseling, birth control counseling, and prescriptions. This new funding will help address gaps for Chicagoans with unmet needs for contraception.

We are expanding supports for families that welcome new babies through Family Connects Chicago. Family Connects Chicago is an evidence-based universal newborn nurse home

visiting program that combines engagement and alignment of community service providers with short-term nurse home visiting for families with newborns. Family Connects provides a touchpoint for health of the birthing person, baby and family and connection to services during the vulnerable weeks following the birth of a baby. We launched the Family Connects Chicago pilot at four birthing hospitals in 2020. Since then, the program has provided 3,207 families with home visits. In 2022, the City invested \$25 million in Chicago Recovery Plan funds to take the program citywide over three years. We expect seven birthing hospitals to join by the end of this year and next year, we hope that this continued investment will expand these efforts to all 15 birthing hospitals and all Chicago communities. Another program that focuses on families with young children is our Special Supplemental Nutrition Program for Women, Infants and Children, commonly referred to as WIC. This program provides supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding, and postpartum women, infants, and children up to the age of five who are found to be at nutritional risk. CDPH's WIC clinics and partner organizations provide enrollment, benefit distribution and breastfeeding support for nearly 22,000 mothers, infants and children in Chicago.

I'm so proud of the excellent progress we continue to make in the fight against HIV/AIDS. As you may have seen in a recent report from CDPH's Syndemic Infectious Bureau, our latest numbers show that new HIV diagnoses are at their lowest since 1987 and new AIDS diagnoses are at their lowest since 1985. It's not just that diagnoses are down, it's that they are down for Black Chicagoans, White Chicagoans, and Latinx Chicagoans of all ages. We have made strategic investments in Population Centered Health Homes, successfully connecting those with HIV to medication, care, and other services. While 61% of all Chicagoans living with HIV are virally suppressed, more than 90% of people connected to those health homes are virally suppressed. However, we must remain focused on addressing disparities, knowing that more than half of new HIV diagnoses still occur in Black Chicagoans and that other STIs are on the rise, especially among younger people.

While I'm pleased to be able to share the good news of these investments and successes, there is still work to be done to address racial and health disparities. As of 2020, the gap in life expectancy between Black and white Chicagoans was ten years, up from 8.8 years in 2017. For the first time in decades, life expectancy for Black residents of Chicago fell below 70 years. Also, Latinx residents saw a more than a 3-year drop in life expectancy between 2019 and 2020, the steepest decline for any group, and have lost a total of 7 years of life expectancy since 2012. COVID has only further highlighted these disparities and the need to address not just health conditions, but the root causes of health. That is the focus of Healthy Chicago 2025, our community health plan for the city. Healthy Chicago 2025 calls out seven priority areas – housing, food access, environment, public safety, neighborhood planning and development, health and human services, and public health system organizations - and identifies strategies in each to address them.

I'm also pleased with the progress we have made towards this effort in partnership with other departments and community and local organizations to address these priorities. For example, Chicago is currently the only major city without a 211 system to connect residents to health and

human services. But we worked with the Mayor's Office, DFSS, the United Way of Metropolitan Chicago, Cook County, and multiple community and local organizations to establish 211 Metro Chicago, a health and human service resource website and plan to launch the 211call center this winter. As a complement to the City's 211 system, we are investing in taking that resource hub model developed from the corps of COVID contact tracers, and standing up the Community Health Response Corps. We are working to build a network of community health workers to reach Chicago residents in high priority communities, helping access public resources and health resources and delivering information that improves drivers of health and life expectancy.

Also, we are making significant investments of Chicago Recovery Plan funding into environmental justice initiatives. With this funding, we launched a cumulative impact assessment to evaluate pollution burden across Chicago and identify communities most vulnerable to the effects of pollution to inform policy and system changes. We are also expanding air monitoring in Chicago and remediate contaminated sites in overburdened communities.

We also learned during COVID how important it is to incorporate community-driven, hyper-local strategies into our work if we are going to move the needle on health disparities. That is why we launched our Healthy Chicago Equity Zones initiative last year to build capacity in communities, particularly in the Black and Latinx communities disproportionately affected by health inequities—so they can develop and implement locally tailored solutions to public health challenges. We are taking a regional approach and funding a community-based organization located in each of Chicago's 77 community areas. Healthy Chicago Equity Zone work started with a focus on promoting COVID vaccine uptake, and is now focused on capacity building and addressing local health and racial equity priorities.

I'll finish by noting the important progress in our various areas of inspection and field work. The sanitarians in our Food Protection program completed more than 6,800 retail food inspections in the first half of this year and were trained to monitor compliance with the updated municipal code which requires that restaurants that offer a packaged children's meal with a drink will offer a healthy drink option such as water, sparkling or flavored water with no added sweeteners, non-fat or 1% dairy milk and certain nondairy milk alternatives. Our Lead Poisoning Prevention and Healthy Homes Program worked with homeowners and tenants to clear 200 homes of lead hazards this year to date and has another 306 homes in the process of having lead and other health hazards removed. HUD recently awarded CDPH another \$8.7 million to fund this important work. Coupled with the infusion of Chicago Recovery Funds, Chicago will continue its progress toward reducing childhood lead poisoning.

We have a great deal of work ahead of us. But we are ready to take on these important challenges. I want to thank you all for your support as we strive to make a healthy, more equitable