



CDPH Board of Health Updates – August 2024

August 28, 2024

Commissioner Olusimbo (Simbo) Ige, MD, MS, MPH

Priority Initiatives

- Enhance capacity for early detection, investigation, and response to communicable diseases
- Improve internal systems to achieve equitable delegate pool
- Release a progress report on Healthy Chicago 2025**
- Expand Family Connects Chicago
- Expand Crisis Assistance Response and Engagement (CARE) 911 Alternate Response
- Narcan Distribution Strategy
- Treatment not Trauma Clinic Expansion
- Increase vaccine preventable infectious disease vaccination rates in most impacted communities (flu, COVID, MMR, Varicella)
- Plan and prepare for 2024 Democratic National Convention
- Increase public health visibility in marginalized communities
- Tracking PREP and DoxyPEP Prescriptions
- Expand workforce capacity and increase efficiency of hiring process

Commissioner's Update

Commissioner Olusimbo (Simbo) Ige, MD, MS, MPH

★ Future Meeting Location

- We will continue to hold the monthly Board of Health meetings at 111 W Washington, room 1212 for the foreseeable future





- Successes- Preparedness capacity, intergovernmental partnership, communication
 - # Patients Evaluated at United Center and McCormick Place- 85
 - # EMS transports- 35
- Challenges –Staff safety, long hours and staffing



Mpox Clade I Readiness Assessment

- No cases in Chicago
- Readiness Assessment for State, Tribal, Local, and Territorial Health Officials
 1. Prevention: vigorous case investigation and contact tracing for early cases, PEP, campaigns to improve vaccine coverage.
 2. Surveillance for Rapid Identification and Reporting of Initial Cases- Dr on Call
 3. Vaccine Administration: some JYNNEOS vaccine supply, short dated.
 4. Health Care System Readiness for Managing People- clinical guidance and HAN
 5. Readiness for Testing: wastewater surveillance programs and PH lab capacity
 6. Infection Prevention and Control capacity: No isolation capacity
 7. Public Health Risk Communication: Messaging underway
 8. Funding Streams to Support Expected Response Actions: Syndemic Grants and Epidemiology and Laboratory Capacity (ELC) funding allow flexibility to support high risk populations.



Lead Poisoning Prevention and Healthy Homes Program


Jen Vidis



Childhood Lead Poisoning Prevention Program

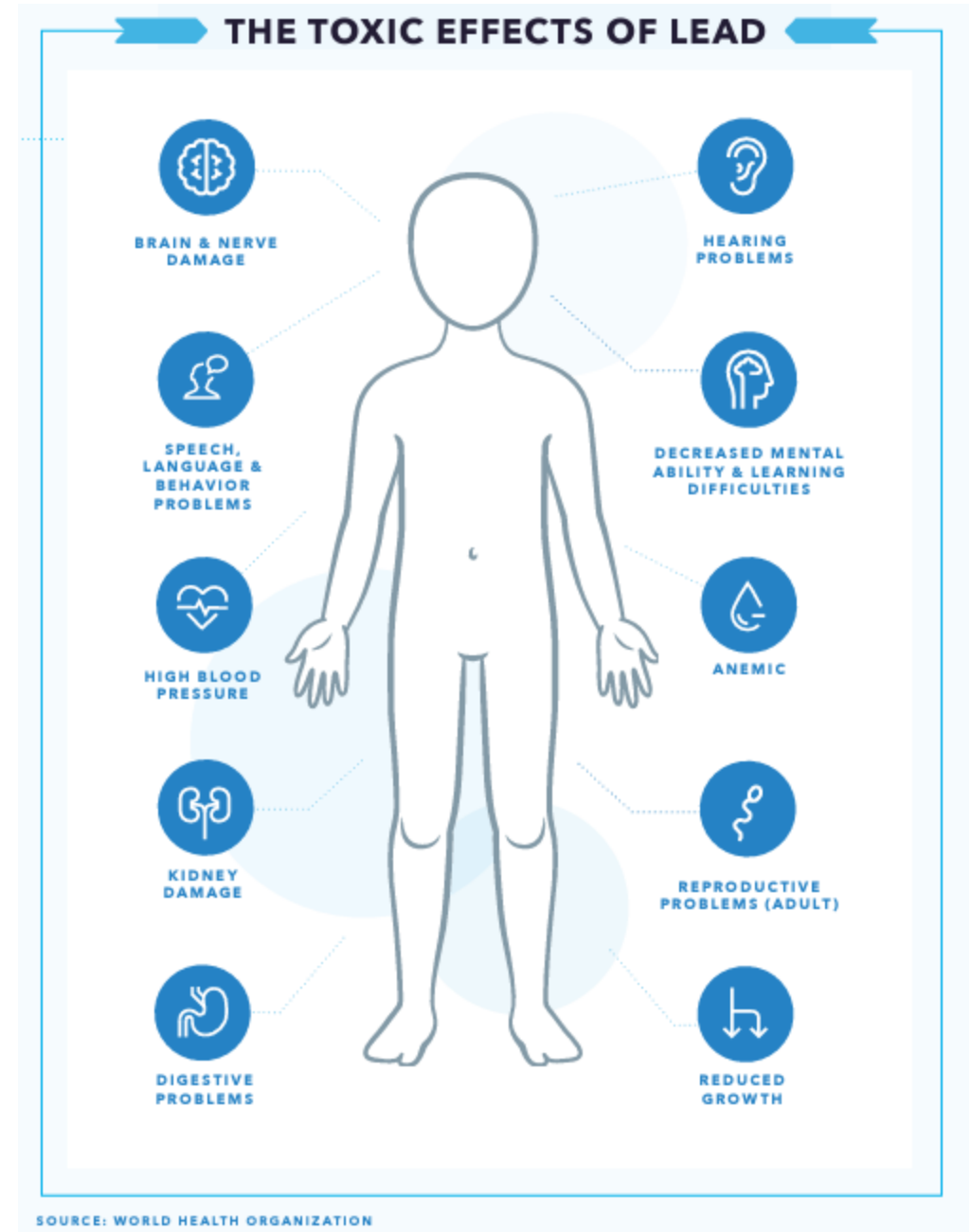
- CDPH's Childhood Lead Poisoning Prevention Program works to detect and address exposures to lead hazards and eliminate lead poisoning in Chicago children.
- Through comprehensive programming and partnership, the number of children with elevated lead levels has declined from over 70% of children tested in the late 1990s to 1.5% today.

What do we do

- Nurse case management & care
 - Environmental inspection
 - Abatement/mitigation
 - Education & outreach
 - Enforcement
- 

★ Lead and the body

- There is no safe level of exposure to lead.
- Lead exposure is particularly dangerous for children because of their developmental stage and the possibility of lifelong impacts.
- Lead can be transferred in the womb, and pregnant persons are also at higher risk.
- Other at-risk populations include refugees, international adoptees and workers in certain industries.





Sources of lead exposure

- Paint
- Water
- Soil
- Toys
- Imported products
- Jobs/hobbies

Lead can be found throughout a child's environment.



1 Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.



2 When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



3 Certain water pipes may contain lead.



4 Lead can be found in some products such as toys and toy jewelry.



5 Lead is sometimes in candies imported from other countries or traditional home remedies.



6 Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

★ Lead Testing



Lead Hotline: 312-747-LEAD(5323)

Learn more at:
linktr.ee/cdph

- Children should be tested at 12, 24 and 36 months
- Results are reported to the State and then shared with CDPH for follow-up:
 - Current follow up standard is 5 mg/dl or higher
 - January 2025 the standard will lower to 3.5 mg/dl



Environmental Home Inspection and Abatement

LEAD ENVIRONMENTAL INSPECTION PROCESS



★ Partnering for Prevention



City Collaborations:

- Department of Housing
- Department of Water Management
- Department of Buildings
- Department of Family and Support Services
- Chicago Housing Authority

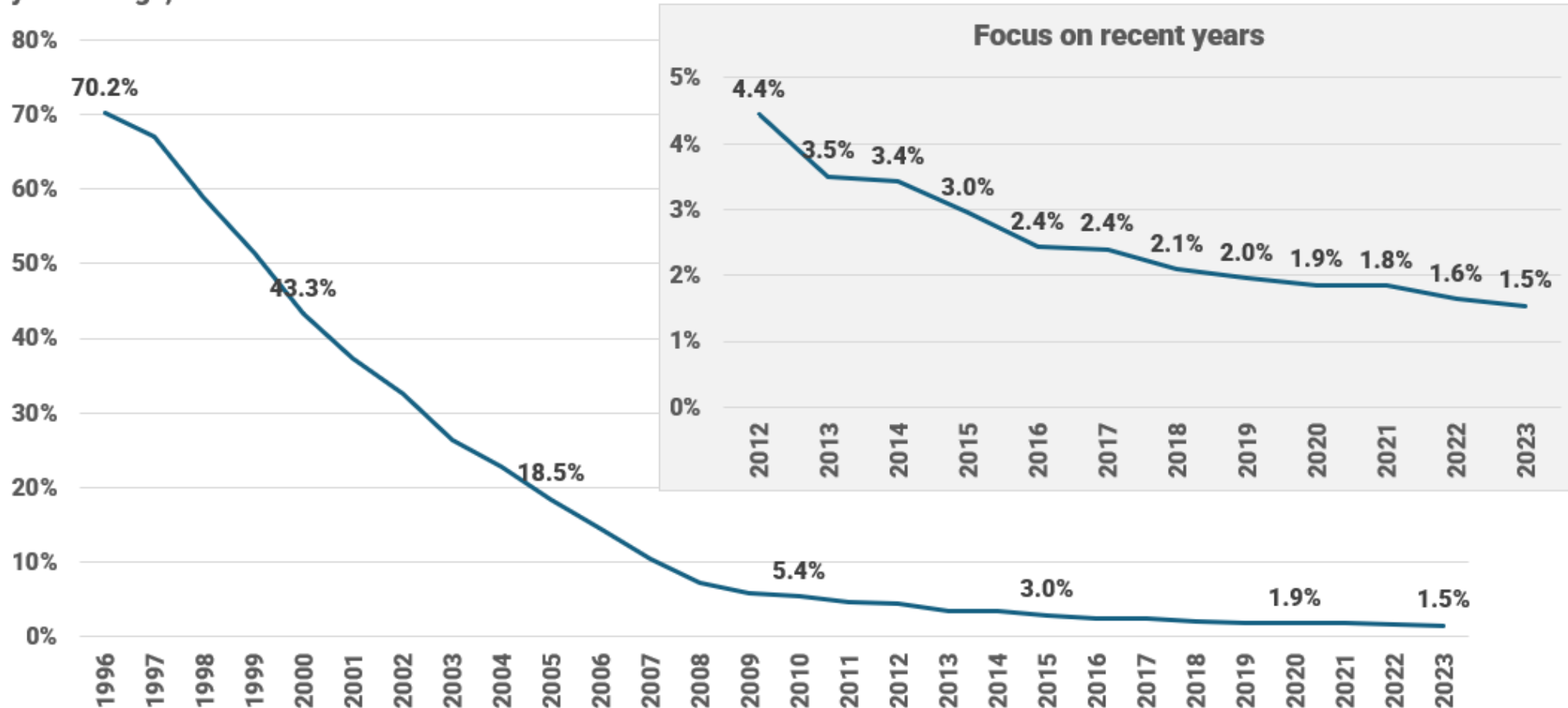
Community Partners:

- Illinois Chapter of the American Academy of Pediatrics (ICAAP)
- Metropolitan Tenants Organization (MTO)
- Henry Booth House (HBH)
- Neighborhood Housing Services (NHS)



Progress over time

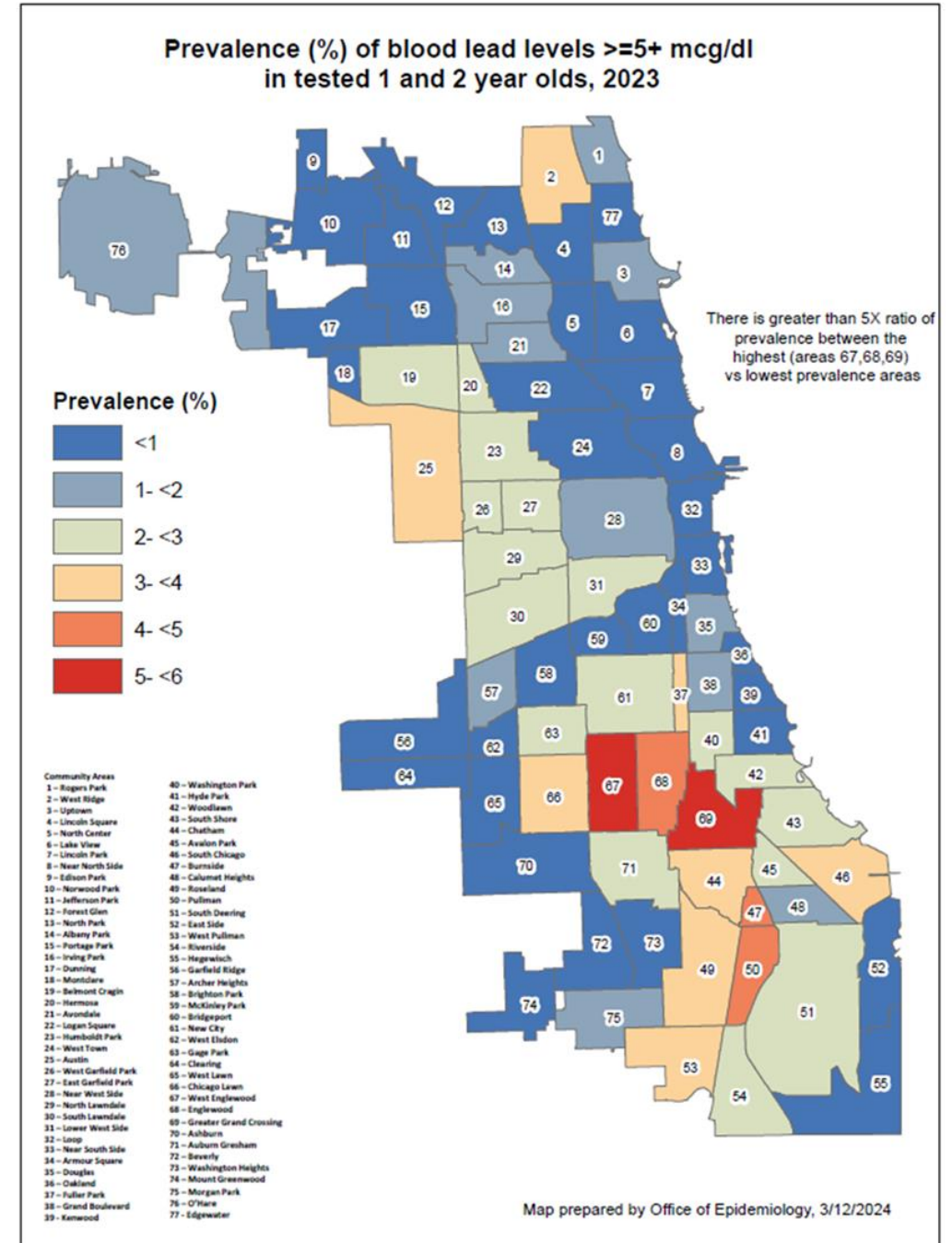
Reduction in the prevalence (percent) of venous blood lead levels, 5+ $\mu\text{g}/\text{dl}$, in children <1-5 years of age, 1996-2023





Health disparities

- The reported number of children with elevated lead exposures varies by neighborhoods and follows patterns of systemic disinvestment in Black and Brown communities.
- Communities with the highest prevalence are the priorities for outreach, education, testing promotion and proactive inspection.





Funding

- Corporate Funding
 - \$202,707
- US Department of Housing and Urban Development (HUD)
 - \$8M Lead
 - \$700,000 Healthy Homes
- The Community Development Block Grant (CDBG)
 - \$4,843,337
- Torrens(Cook County)
 - \$750,000 Lead
- General obligation tax -exempt bond (GO Bond)
 - \$45.3M Lead & Healthy Homes
- Illinois Department of Public Health (IDPH)
 - \$2,050,800 Case Management
- The Centers for Disease Control and Prevention
 - \$437,645 Community Engagement & Outreach



What's Ahead

- \$45M in Bond Funding to do more holistic healthy home improvements to support program innovations to:
 - Address Healthy Homes hazards even when lead hazards are not present
 - To serve more families by raising income eligibility to 140% AMI
- Applying for another \$2M in federal funding, in partnership with Chronic Disease Office, to identify and remediate home health hazards in communities disproportionately impacted by asthma
- Strengthening our pathways to proactive identification of eligible homes





For more information, residents

can:

Visit website

https://www.chicago.gov/city/en/depts/cdph/provdrs/healthy_families/svcs/lead-poisoning-prevention.html



Chicago.gov/Health

• **Call 312-747-LEAD (5323) or 311**



HealthyChicago@cityofchicago.org



@ChicagoPublicHealth



@ChiPublicHealth



Staffing Updates

Fikirte Wagaw

Staffing Updates, Q2 and Year to Date (as of 7/10/24)



Hires

- Q2 - 44
- YTD – 87

Goal: 190 priority positions

Separations

- Q2 – 17
 - Resignations – 11
 - Retirements - 5
 - Discharge - 1
- YTD - 33
 - Resignations - 21
 - Retirements – 9
 - Discharge - 2
 - Deceased - 1

Number of Grant vs Corporate–funded positions

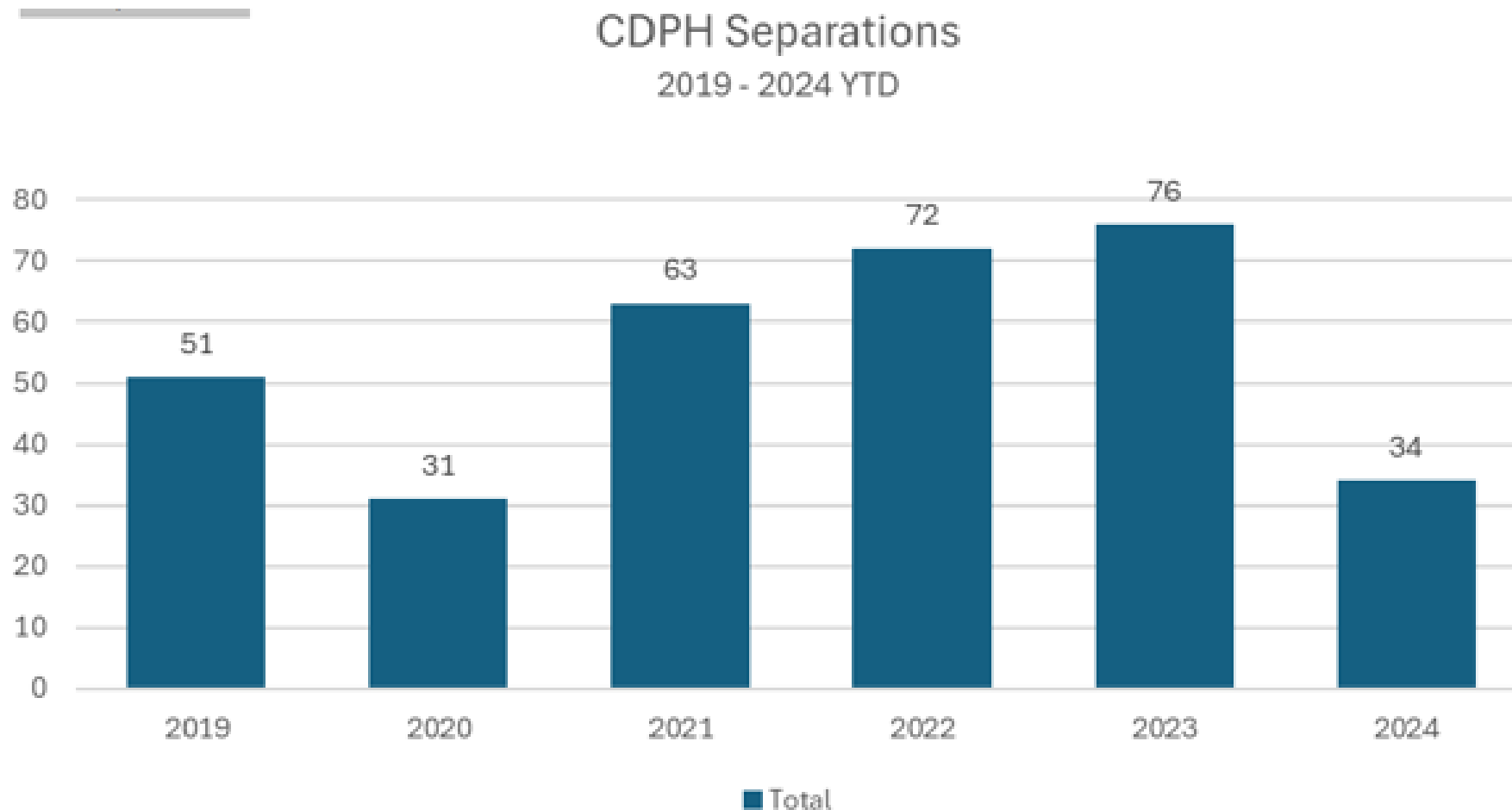
- Department
 - Grant-funded – 531 (72%)
 - Corporate-funded – 202 (28%)

Total Number of Staff and Vacancies (as of 6/30/24)

- 733 Staff
- 445 Vacancies
 - Grant-funded – 93 (21%)
 - Corporate-funded – 352 (79%)



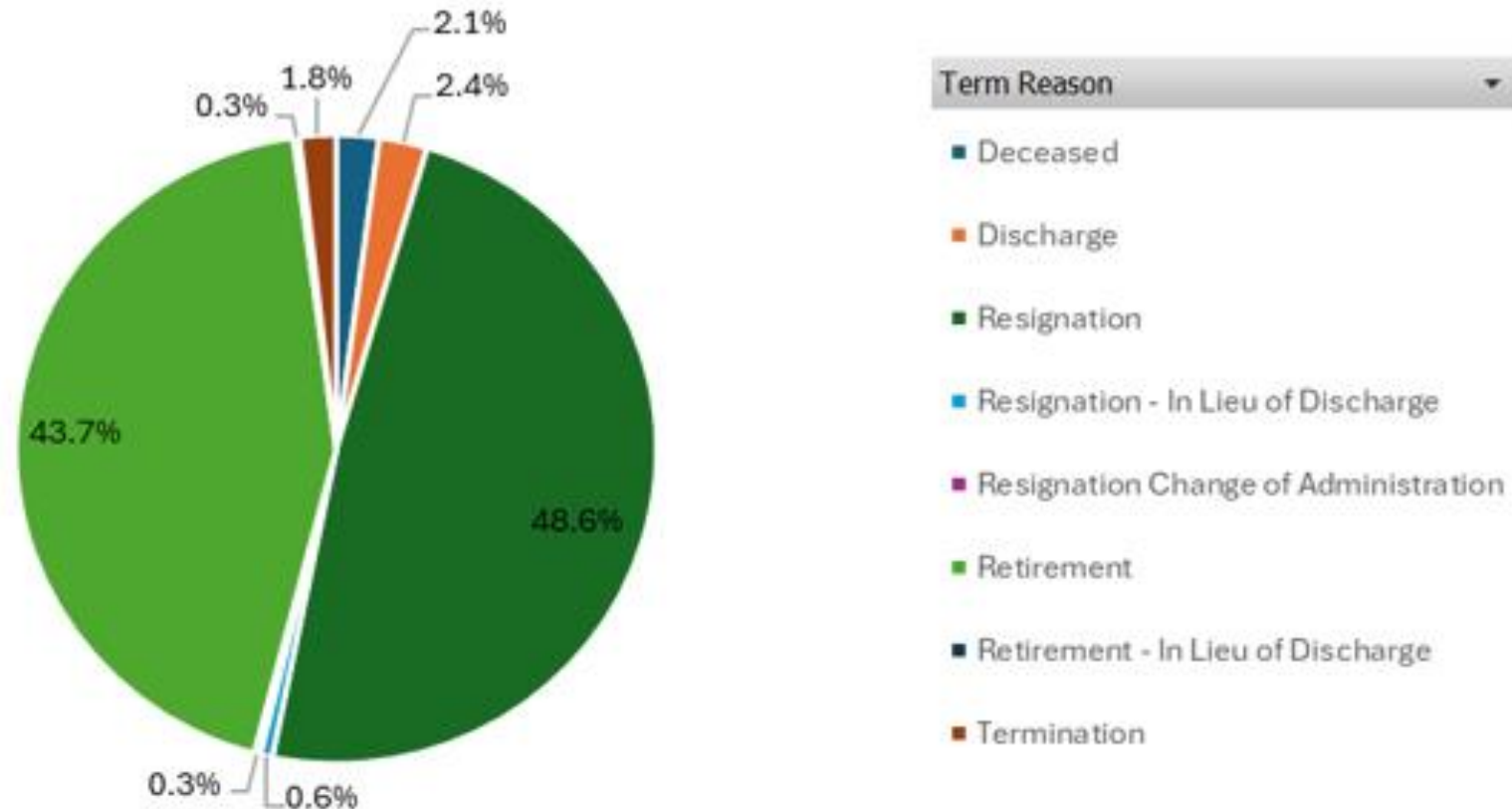
Staff Separation Counts, 2019 – June 2024



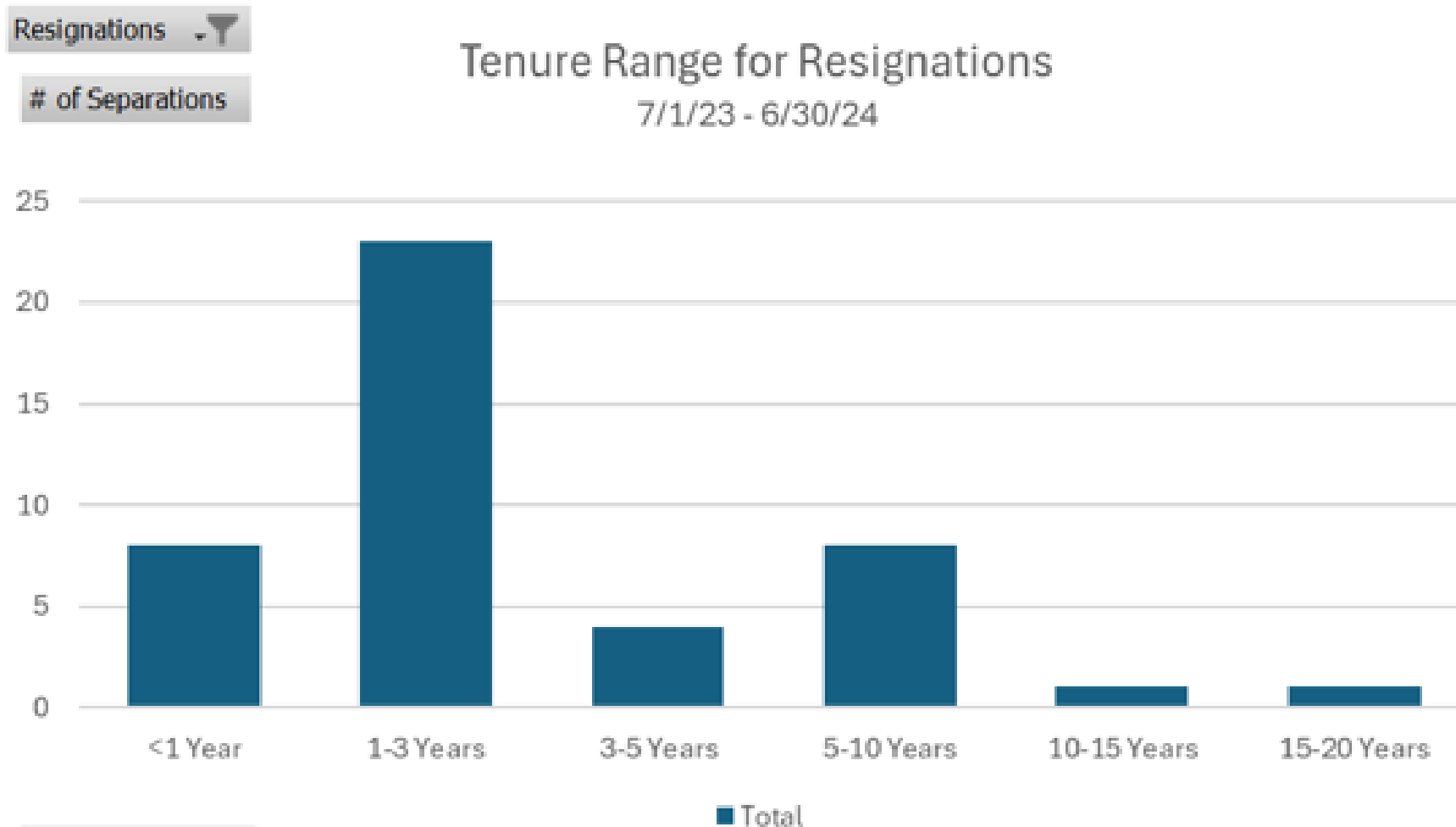
★ Staff Separation Reasons, 2019 – June 2024

of Separations

Reason for Separation
2019 - 2024 YTD



★ Resignations by Tenure,



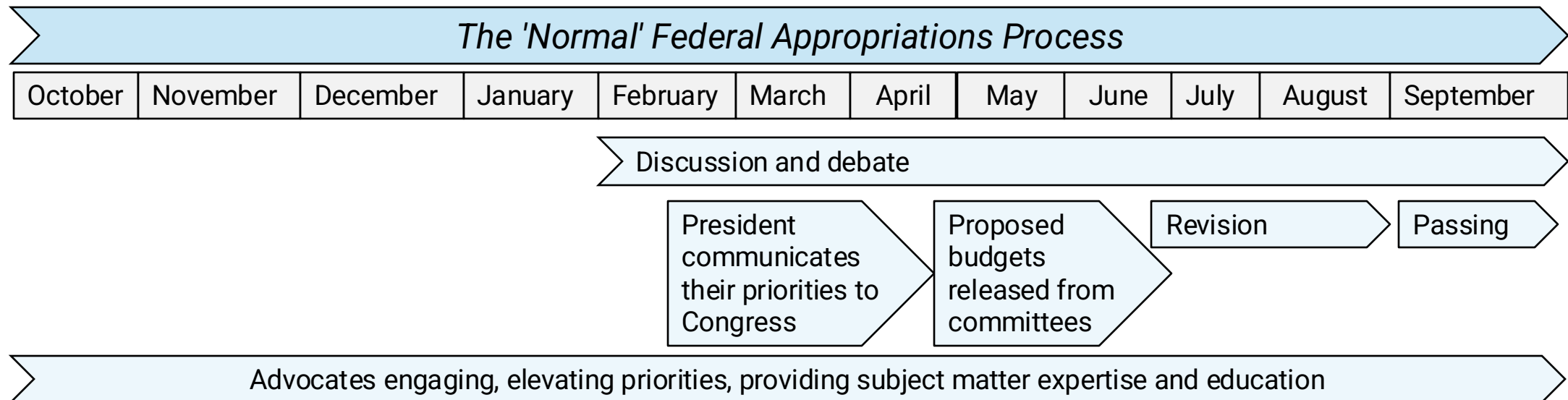


Legislative Updates

Kate McMahon

★ Federal Appropriations Process

- The federal annual budget is historically [passed during the summer](#) before the next fiscal year, which begins on October 1.
 - We are currently in FY24, which will expire Sept. 30, 2024
- Due to the current political climate, it is anticipated that the FY25 budget will not pass by the deadline and one, or more, **continuing resolutions (CRs)** will be passed to extend current funding levels and extend budget negotiations until after the November election.
 - If a budget is not passed, and a CR is not passed, the federal government can “[shut down](#)” and stop all non-essential functions, as agencies run out of operating funding.
- To fund governmental operations, Congress passes 12 appropriations bills, including the **Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations Bill**





House and Senate FY25 LHHS Appropriations

Line Item	House Appropriation	Senate Appropriation	FY24 Appropriation
National Center on Injury Prevention and Control	\$0	\$776 million	\$761 million
Public Health Infrastructure and Capacity	\$360 million	\$365 million	\$350 million
Public Health Preparedness and Response	\$874 million	\$953 million	\$938 million
Ending the HIV Epidemic Initiative	\$0	\$613 million	\$613 million
HIV, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	\$1.18 billion	\$1.4 billion	\$1.4 billion
Chronic Disease Prevention and Health Promotion	\$1.55 billion	\$1.46 billion	\$1.43 billion
Opioid Abuse and Overdose Prevention Surveillance	\$0	\$507 million	\$505 million
Ryan White HIV/ AIDS Program	\$2.38 billion	\$2.6 billion	\$2.6 billion
Maternal and Child Health Programs	\$1.02 billion	\$1.18 billion	\$1.18 billion
Maternal and Child Health Services Block Grant	\$609 million	\$817 million	\$814 million

- **CDPH receives approximately 84% of its funding from grants, with 97% of those grants being federal grants.**
- On July 10, the House LHHS Bill passed out of committee on a party line vote, 31-25.
 - The House proposal represents a drastic cut to public health funding, eliminating several essential programs.
- On August 1, the Senate LHHS Bill passed out of committee with bipartisan support, 25-3.
 - The Senate proposal does not eliminate any public health programs and increases funding for several essential programs.

Next Steps:

- Negotiations will occur over the next several months to reconcile differences in funding levels.
- CDPH is working with our federal partners to educate decision makers about the importance of CDC funding and its impact on local public health.



CDPH Healthy Chicago Action Plan

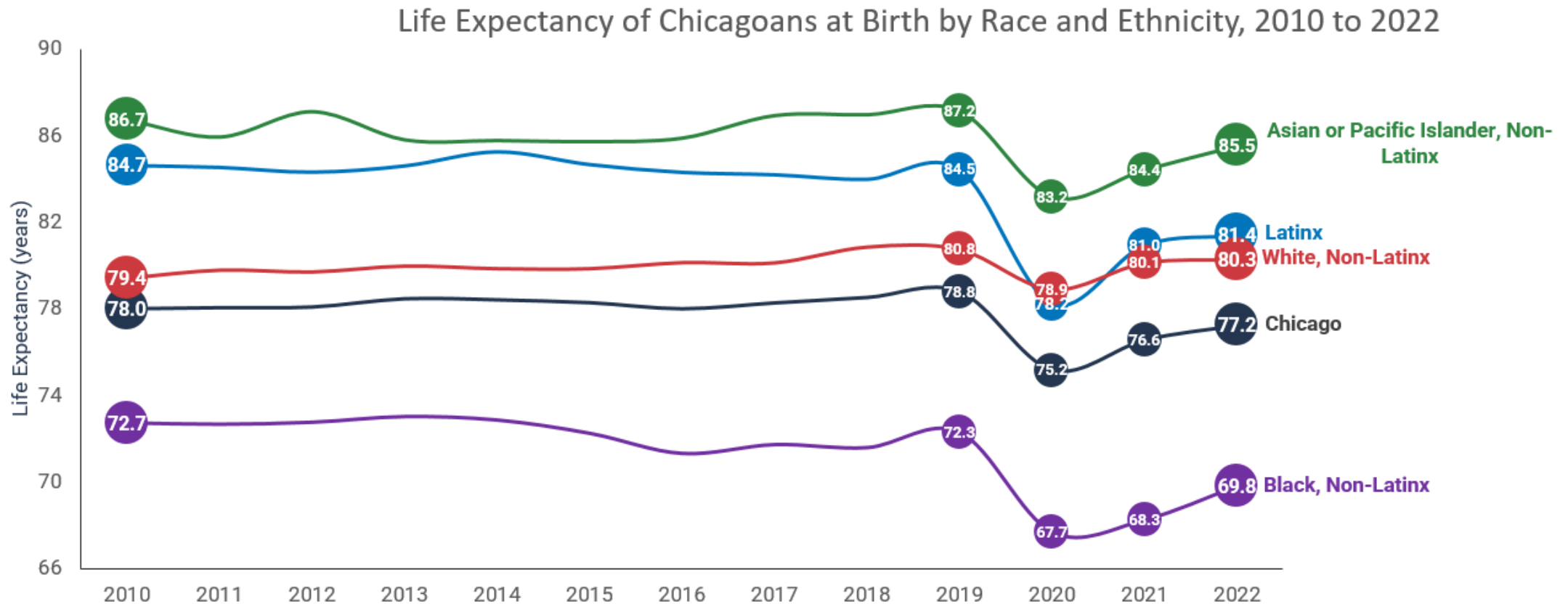
Commissioner Olusimbo (Simbo) Ige, MD, MS, MPH



Background

- CHA/CHIP required for Public Health Accreditation Board every 5 years
- Since 2010, the Chicago Department of Public Health's (CDPH) commitment has been to health equity and closing the racial life expectancy gap
- CDPH conducts annual health surveys and maintains an online health equity dashboard to track this progress
- Current data (2022) reveals that despite CDPH's focus on closing life expectancy gaps, the gap continues to widen among Black Chicagoans, with the current disparity at 11.4 years

Chicago Life Expectancy by Race/Ethnicity

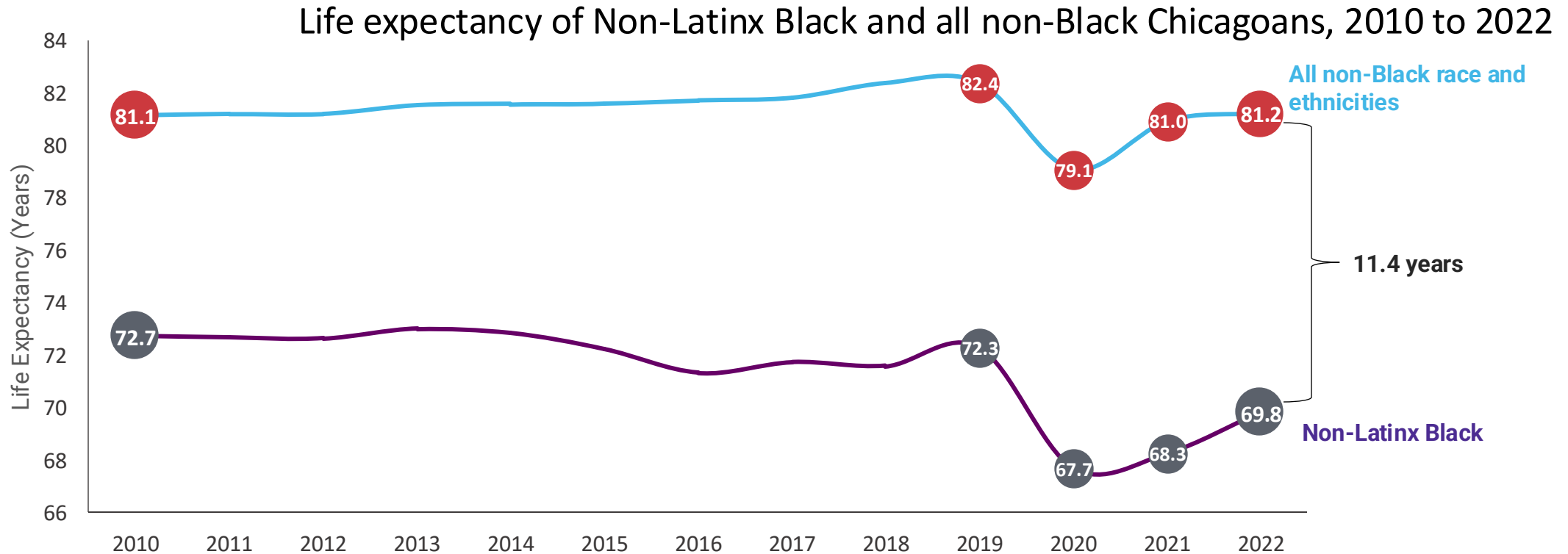


Source: Illinois Department of Public Health (IDPH), Division of Vital Records, Death Certificate Data Files, 2010-2022



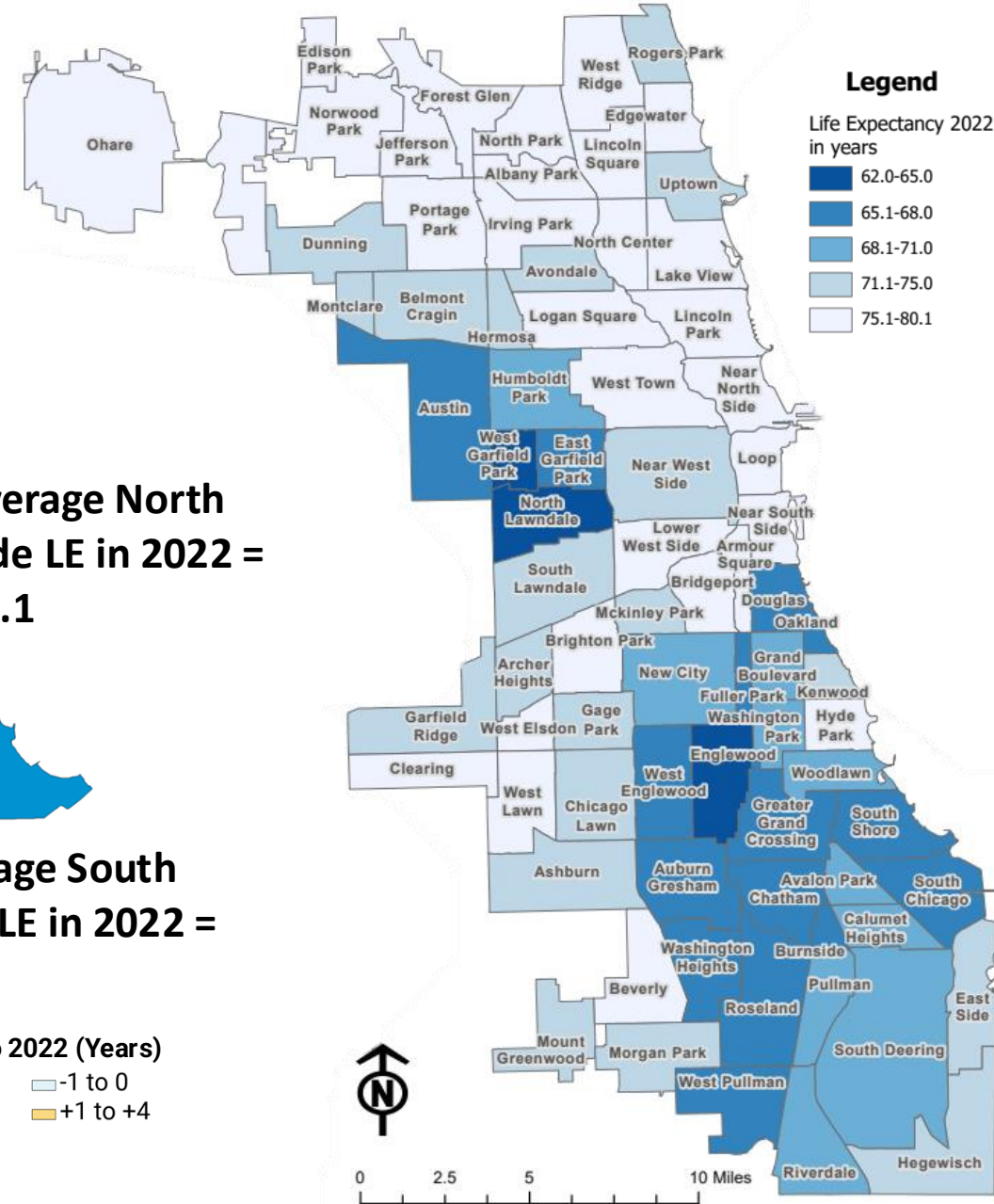
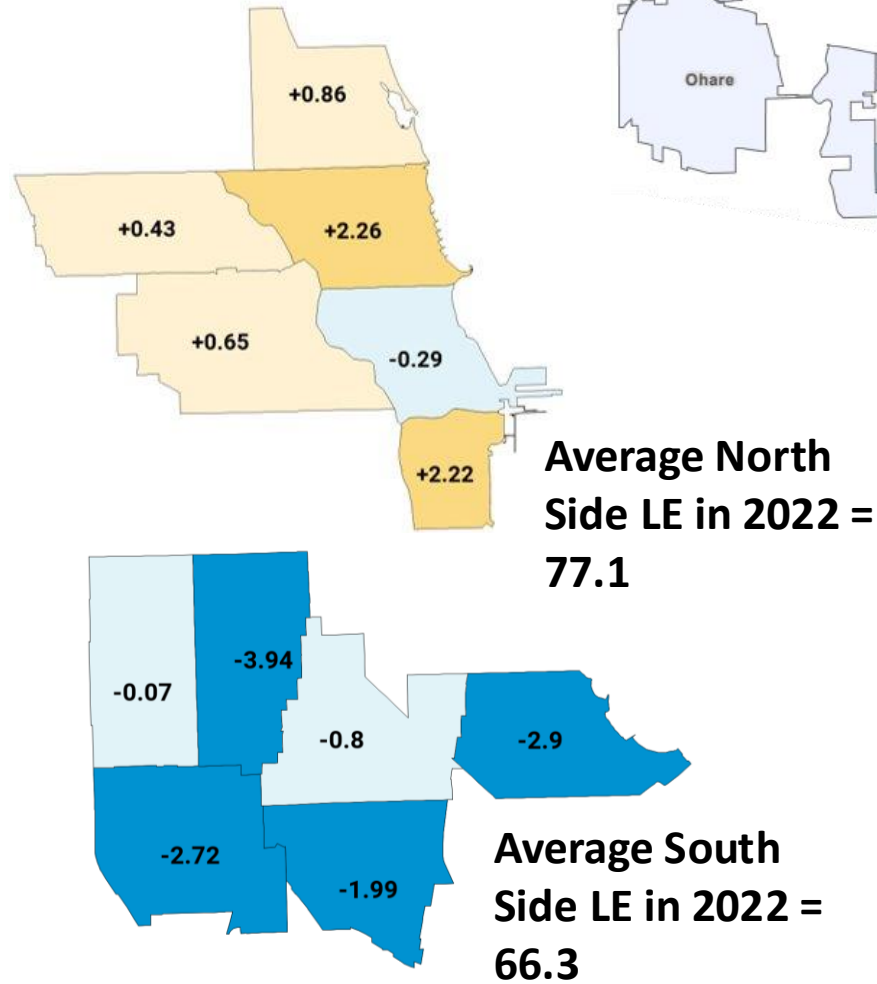
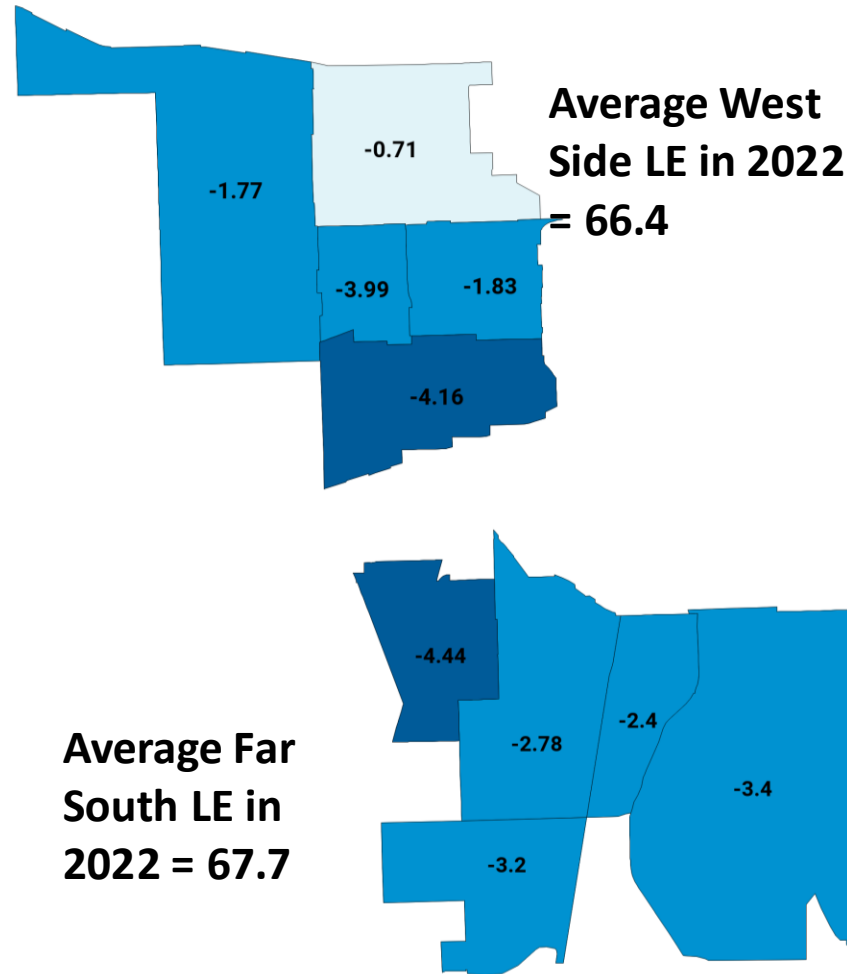
Trends in Life Expectancy Gap 2010 -2022: Black and non-Black Chicagoans

Chicago's Black and non-Black LE Gap has widened from 8.4 years in 2010 to 11.4 years in 2022



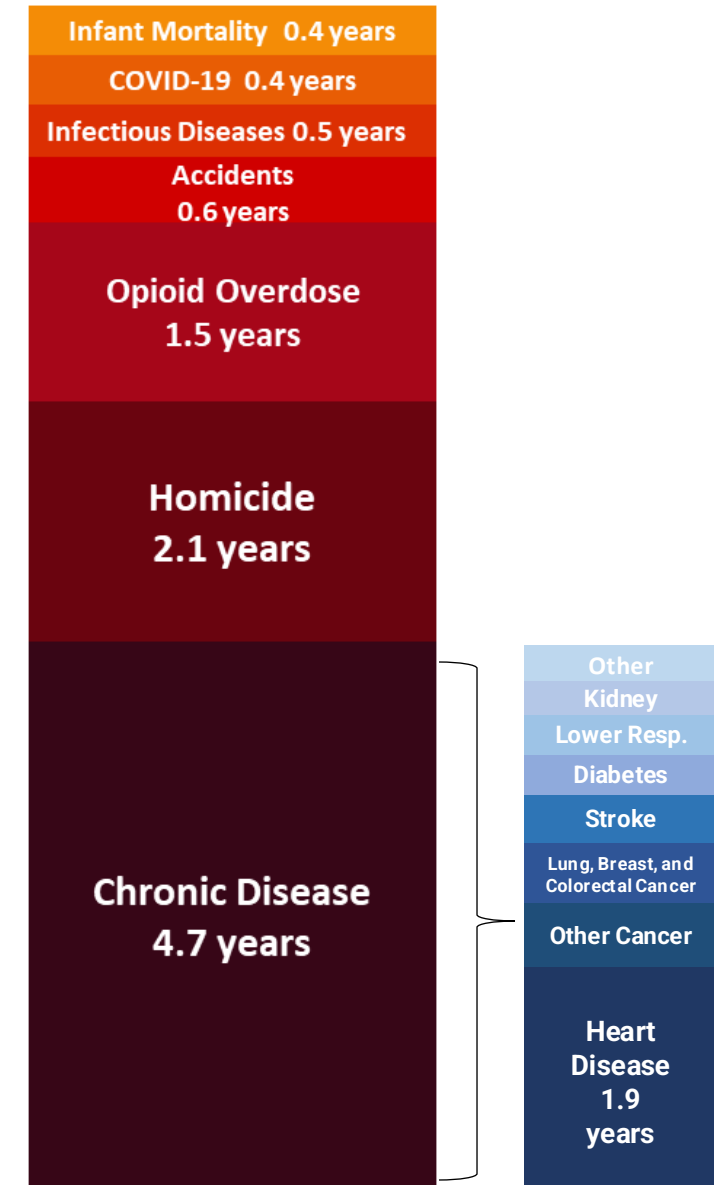
Data sources: IDPH Vital Statistics (Death Certificate 2010- 2022 Annual File); US Census Bureau (2020 Decennial Census)

Life Expectancy Change (2010 to 2022) by Community



★ Drivers of the Life Expectancy Gap

- **Chronic disease (4.7 years):** heart disease, cancer, stroke, diabetes, COPD etc.
- **Homicide (2.1 years):** firearm and other
- **Opioid Overdose (1.5 years):** fentanyl, heroin, pain relievers, etc.
- **Accidents (0.6 years):** motor vehicle accidents, non-opioid drug overdoses, unintentional injuries etc.
- **Infectious diseases (0.5 years):** non-COVID-19 infections such as HIV, influenza, pneumonia, etc.
- **COVID-19 (0.4 years)**
- **Infant mortality (0.4 years):** deaths before 1 year of age
- All other causes of death represent 1.2 years of the gap and are not shown

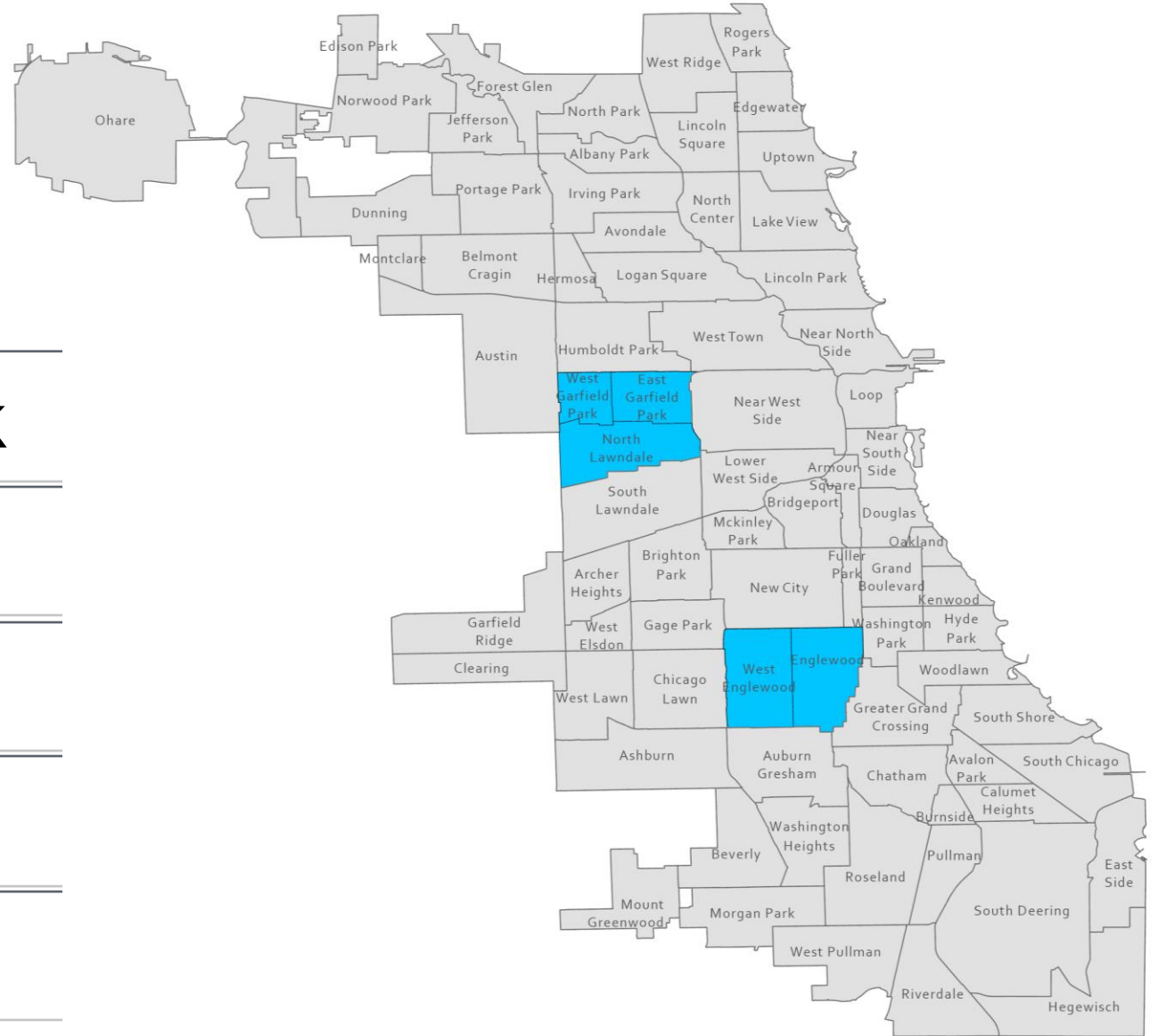




Priority Community Areas: Lowest LE and Largest Declines

62.0	West Garfield Park
67.5	East Garfield Park
63.9	North Lawndale
66.2	West Englewood
64.3	Englewood

Chicago Average: **77.2**



Black Chicagoan Average: **69.8**



Chronic Disease

Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Heart Disease Mortality Rate (per 100k)	178.9	255.7	293.0	264.9	267.2	308.5
Adult Hypertension Rate	29.3%	33.2%	33.7%	41.7%	33.7%	28.0%
Food Insecure	21.3%	35.7%	37.7%	33.8%	36.4%	40.3%
Adult Smoking	11.1%	16.8%	27.9%	22.7%	20.0%	15.2%
Adult Inactivity	28.6%	47.1%	32.4%	48.7%	36.3%	41.4%
Adult Soda Consumption	24.6%	42.9%	34.8%	29.8%	39.8%	40.1%

Infant and Maternal Health



Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Infant Mortality Rate (per 1k live births)	6.4	11.1	7.9	9.4	13.2	18.7
Smoking During Pregnancy Rate	1.1%	8.2%	5.6%	6.6%	5.1%	6.6%
SUID (2016-2022 per 1k births)	1.16	4.78	3.67	2.49	3.22	6.17
Family Connects Reach	39%	30%	48%	37%	39%	42%



Violence

Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Homicide Mortality Rate	20.9	98.9	70.0	81.3	77.0	96.7
Perceived Neighborhood Violence	32.4%	68.8%	52.1%	47.6%	46.1%	59.1%
Gun Violence Victimization Rate (per 10k)	10.9	66.4	51.2	51.8	43.3	49.4
# Vacant Lots	9,966 (total) 9 (median)	374	426	827	929	1,262

Substance Use

Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Opioid-Overdose Mortality Rate	40.1	225.6	147.7	119.9	77.5	115.8
Opioid-Related EMS Calls	47 (median)	646	602	523	443	262

Mental Health

Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Unmet Mental Health Need	72.9%	83.7%	74.3%	83.1%	94.0%	87.5%
Moderate or Serious Psychological Distress	47.5%	48.7%	36.2%	40.3%	48.1%	54.2%

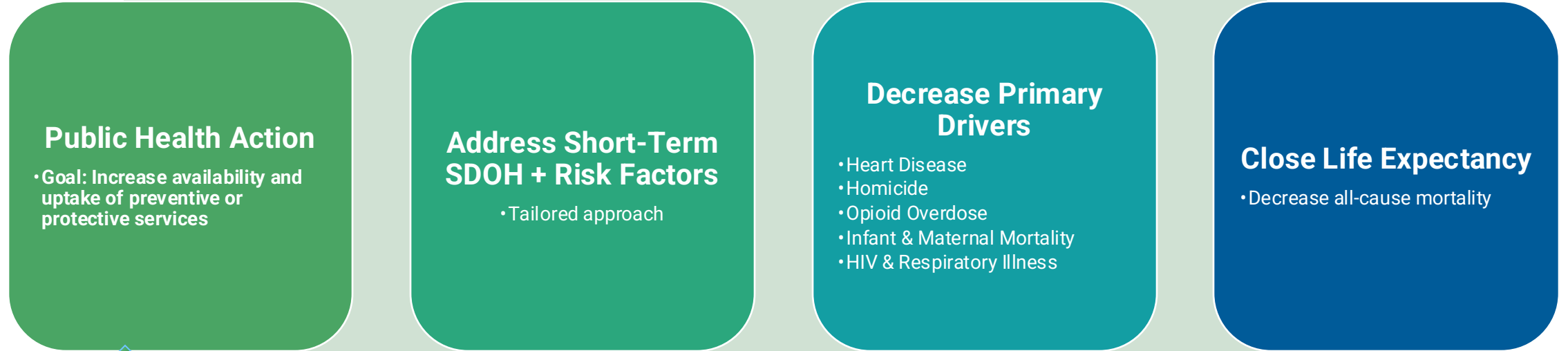


Infectious Disease

Metric	Citywide	West Garfield Park	East Garfield Park	North Lawndale	West Englewood	Englewood
Flu & Pneumonia Mortality Rate (per 100k)	13.3	15.8	15.9	22.8	26.9	21.0
Adult Flu Vaccination	35.0%	31.3	29.9	27.2	29.6	17.8%
HIV Mortality (per 100k)						
PrEP Uptake among most at risk for HIV	New metric: in the works					
HIV Viral Suppression Rate						

★ THEORY OF CHANGE

- Collective Impact Model
 - Layering interventions by neighborhood



- Tailor community engagement efforts to increase uptake of services
- Convene partners to increase synergies and resources to CAs
- Use data to guide partners and city investments
- Refocus current programs



Tracking City Investment in Determinants of Health

\$1.25 Billion

Housing and Economic Development Bond

Economic Development: \$625 million over 5 years



COMMUNITY DEVELOPMENT GRANTS (\$400-500M)

- Small (\$250k or less): \$50-75m
- Medium (\$250k-\$5m): \$225-250m
- Large (over \$5m): \$125-175m



SMALL BUSINESS CAPACITY BUILDING (\$82.5-115M)

- Small and emerging business loan fund: \$75-100m
- Pre-development grants: \$7.5-15m



JOBS AND WEALTH BUILDING (\$57.5-90M)

- Jobs and workforce training grants: \$7.5-15m
- Missing middle housing infill strategy: \$50-75m

Affordable Housing: \$625 million over 5 years



AFFORDABLE RENTAL HOUSING (\$360-390M)

- Build and preserve affordable rental homes: \$230-250m
- Social hsg revolving fund: \$115-135m
- Multifamily retrofit: \$10-15m



HOMEOWNERSHIP (\$210-240M)

- Purchase assistance, home repair, & promoting ownership: \$125-145m
- Rebuilding & preservation: \$65-80m
- Single family retrofit: \$20-25m



HOMELESSNESS (\$20-30M)

- SRO preservation: \$20-30m
- Permanent supportive housing included under Affordable Rental Housing



Tracking City Investment in Determinants of Health

Housing:

- Allocated \$360-390M of the \$1.25B housing & economic development bond towards new affordable housing
- 100 affordable units since May 2023 (700 more under construction)
- \$10M to support homeowners with repairs and modifications

Education:

- One Summer Chicago program, employing ~28,000 youth in 2024,
- Extended Citywide Broadband & Digital Equity Initiative and Chicago Connected Program, serving +40K CPS students

Environmental Justice:

- Released the EJ Action Plan to address the impacts from cumulative exposures on marginalized communities
- On track for 75,000 trees planted

Community Safety:

- Invested +\$100M in strategies to prevent & reduce violence

Workers' Rights & Labor:

- Phased out the sub-minimum wage for 100,000 tipped worker



THANK



YOU

@ChicagoPublicHealth



HealthyChicago@CityOfChicago.org

@ChiPublicHealth



Facebook



LinkedIn



Instagram



YouTube



Nextdoor



TikTok



Threads



Bluesky



X