



CDPH Board of Health Updates – July 2024

July 31, 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

DNC UPDATE



THE DEMOCRATIC
NATIONAL CONVENTION IS

August 19 - 22, 2024

For the ultimate guide and public safety tool for the DNC, download the Chicago OEMC App and sign up for DNC text alerts:

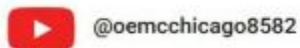


The app is available through the Apple App and Google Play stores or visit Chicago.gov/OEMC

If you **see** something,
say something™
REPORT SUSPICIOUS ACTIVITY
Call 9-1-1



LET'S GET CONNECTED



Frequently Asked Questions

Scan the QR code below for answers to all your DNC related questions:



- Be prepared for traffic impacts & reroutes
- Stay informed
- Download the Chicago OEMC App
- Sign up for DNC Alerts
- Be aware of increased activity
- Call 9-1-1 to report suspicious activity
- Visit OEMC website for more information

For information on your local community policing office scan the QR code:



CDPH 2025 Budget

- Flat 2025 Budget
- Prioritize Core functions

Foundational Areas





Prioritizing CDPH 24-25 COVID-19 Vaccine for Uninsured Adults

Alexander Sloboda, MD, MPH

Medical Director – Immunizations and Emergency Preparedness



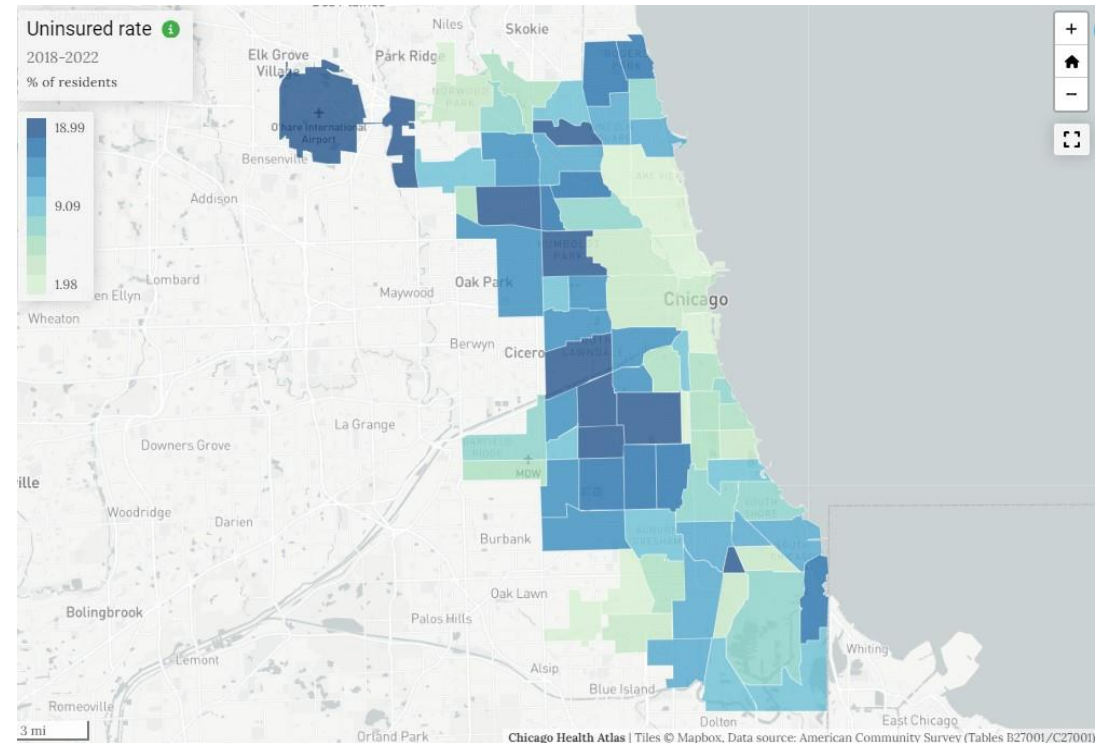
End of Bridge Access Program

- The US federal Government provided free updated COVID-19 vaccine with the **Bridge Access Program** to uninsured and underinsured adults since September 2023 with the privatization of the COVID-19 vaccine in 2023.
- The Bridge Access Program will **end August 2024**.
- Most adults living in the U.S. have access to free updated COVID-19 vaccine through their private health insurance, Medicare, and Medicaid plans when administered by an in-network provider.
 - Some "grandfathered" health plans (purchased before March 2010) or short-term health plans may be exempt from ACA and CARES Act requirements, such as COVID-19 vaccine coverage.



★ Uninsured Chicagoans

- Based on 2018-22 American Community Survey (ACS) census estimate, there are **242,003 uninsured adults** (18+) in the city of Chicago (9.83% of the city's population).
- ACS census, In Illinois:
 - 7.9% of Black residents are uninsured
 - 15.8% of Hispanic/Latino residents are uninsured



★ Bridge Access Doses in Chicago 23-24 Season

Event Type	COVID Doses
Aldermanic	2184
Family Flu	1065
City Locations	1048
First Responders	189
FBOs	169
Senior Centers	732
Walk-In Clinics	779
Misc. Clinics/CareVan	628
At Home	2214
Total	9008

- Total Bridge Access 23-24 COVID-19 doses in the City of Chicago: **30,500**
 - 13,392 doses [Chicago Bridge Providers](#)
 - 8,100 doses [Chicago Pharmacies](#)
 - 9,008 [CDPH Operations](#)



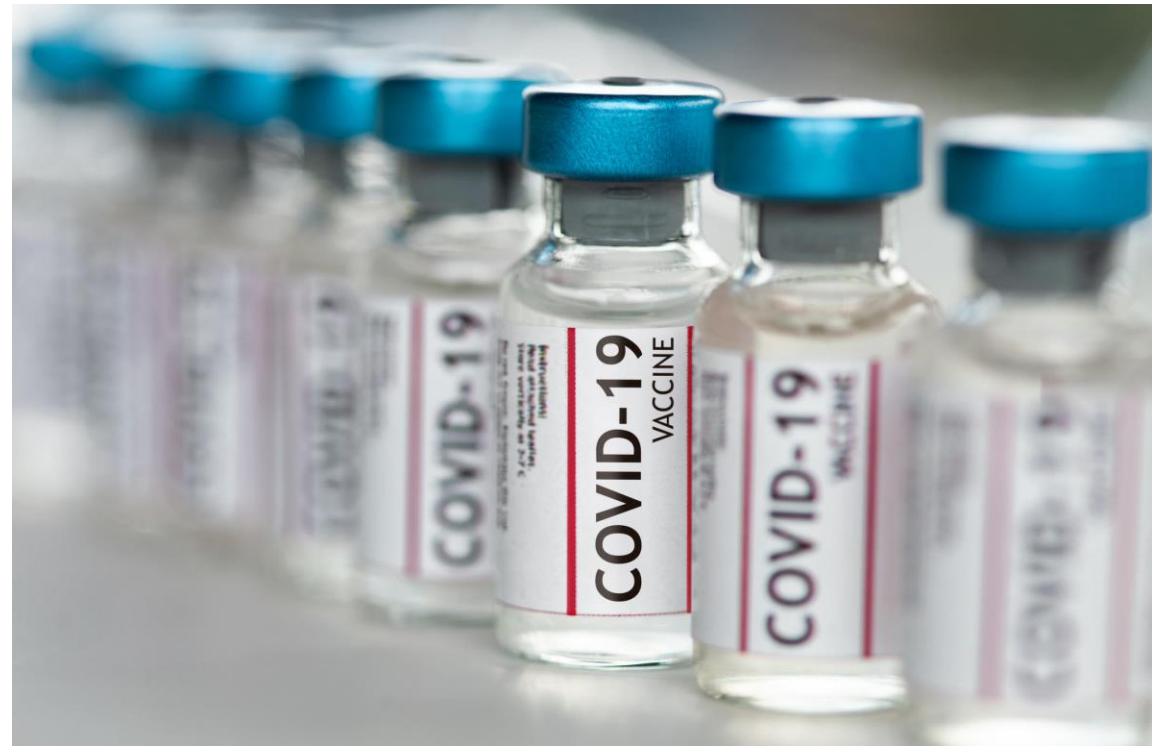
Vaccination Planning Overview for 24-25 COVID Season

- No Bridge Access Program.
- CDPH currently only has funding for **3,000 updated 24-25 COVID-19 vaccine**.
 - This will be the only vaccine supply for uninsured Chicagoans.
- Encouraging Chicagoans with insurance to seek free updated COVID-19 from their in-network providers.
- Vaccine Preventable Disease Program is performing an analysis to identify black and Latinx community areas most impacted by COVID-19/Flu to target outreach efforts.
- CDPH partnering with providers for community events that can bill insured individual's insurance for COVID-19 vaccine:
 - Such as: UIC, Rush, U of Chicago, CORE, Walgreens, Jewel Osco, and others.




Prioritization of COVID-19 Vaccine for Uninsured Adults

- Considerations:
 - Risk for severe outcomes
 - Access to Healthcare or sources of vaccine
 - Risk of living situation
 - Risk for contracting COVID-19
 - Outbreak prevention
 - Size of population





Recommended Prioritization of 24-25 COVID-19 Vaccine for Uninsured Adults

1. Uninsured Staff of Long-Term Care facilities/health care centers
 - a. CDPH provided **200 doses for uninsured LTC staff** last season
 2. Homeless Shelter Congregate Settings
 - a. Complex care facilities for people experiencing homelessness (such as The Boulevard)
 - b. 2023 Chicago Point In Time: **2,973 non-asylum seekers residing in shelters** in over 50 facilities
 - c. New Arrivals: Can be between **4,000 to 12,000 adults** in shelter system
 3. Adult Transitional Centers
 - a. Such as Crossroads and North Lawndale ATCs
 4. Correctional Facilities
 - a. Cook County Jail inmate census usually between **6,000-9,000 individuals**
 5. FQHCs and CDPH Walk-in clinics
 - a. Want to ensure these doses are being used by uninsured individuals
- 



Departmental Updates

CDPH Deputies & Leadership



Media Updates

Andrew Buchanan



Summer Overdose Strategy

CDPH joined the West Side Heroin/Opioid Task Force to launch an intensive 10-week door-knocking campaign to increase awareness and access to resources in West Side communities, garnering media coverage including this piece on [NBC-5](#).

Other notable media:

[Chicago Medicine magazine profile on Dr. Ige](#)

[Chicago Sun-Times on rise in COVID cases, quoting medical director Dr. Brian Borah](#)

[WTTW story on Healing Arts event quoting CDPH Asst. Cmsr. Alisha Warren](#)

[CDPH and partners offer mental health skill-building trainings in impacted communities](#)

[CDPH kicks off PlayStreets week with community events](#)

[Dr. Luna joins event to open Center for Better Aging in Englewood](#)



Public Health Commissioner Relies on 'Village' of Support

Chicago Department of Public Health leader values collaboration in reaching underserved communities **By Della O'Hara**

From her role expanding mental health services to handling a major measles outbreak, Oluosimbo "Simbo" Ige, MD, MPH, has already faced critical public health challenges in the city in her first year on the job as Commissioner of the Chicago Department of Public Health.

OLUSIMBO IGE, MD, MPH, commissioner of the Chicago Department of Public Health (CDPH), began her career as a primary care physician in Oyo, Nigeria, but has moved steadily and intentionally toward public health leadership in the U.S. and now Chicago in particular.

"I started out seeing patients one-on-one, trying to help people feel better and heal. I decided to move up because I was seeing a lot of preventable things at my door," she says.

Mayor Brandon Johnson, who appointed Dr. Ige to her post last December, is committed to re-establishing mental health clinics across the city. That is an important goal for her as well, especially in underserved neighborhoods. With mental health providers in short supply, Dr. Ige hopes federally qualified health centers and telehealth services will help extend these services.

Her other public health priorities for Chicago include addressing chronic disease, violence, opioids and the upstream causes of poor health, like inadequate access to healthy food. "The Black community here is particularly disadvantaged, and disproportionately impacted by all these issues," she says. Dr. Ige believes strongly in collaboration. Only a few months into her tenure here, measles broke out in a shelter where migrants were living, exposing hundreds of people to the virus. Tapping a number of local healthcare partners, CDPH facilitated not only thousands of vaccinations, but also one-on-one conversations with shelter residents about this highly infectious disease.

Within a week, the team had vaccinated 93% of that shelter's residents. The effort continued across 25 migrant shelters and into a focused second-dose project, and stopped the spread. The city's measles outbreak comprised 64 cases, 57 of them associated with the shelter where the first case occurred. The CDPH declared the outbreak officially over on May 20.

"Collaboration is just so essential for the work



we do in public health," she says. "Truly, it takes a village."

Dr. Ige most recently was managing director of programs for the Robert Wood Johnson Foundation, in Princeton, New Jersey. Before that, she was assistant commissioner for the Center for Health Equity and Community Wellness in the Department of Health and Mental Hygiene in New York City where she oversaw the COVID-19 vaccination effort in public housing, which initially lagged the rest of the city. Within six months, 98% of NYC's public housing residents were vaccinated. As in Chicago, NYC's COVID-19 effort partnered with trusted community members to enhance outreach and education. NYC's initiative, the Public Health Corps, was founded in 2021 to promote health equity in communities hardest hit by COVID-19.

"We put the 'public' back in public health," deploying community health workers and collaborating with grassroots organizations, Dr. Ige says. In Chicago, she says, "I want to make sure every population group feels supported, and can reach their health goals." What does she think of Chicago so far? "I love it!" she says. **5**



Legislative Updates

Kate McMahon



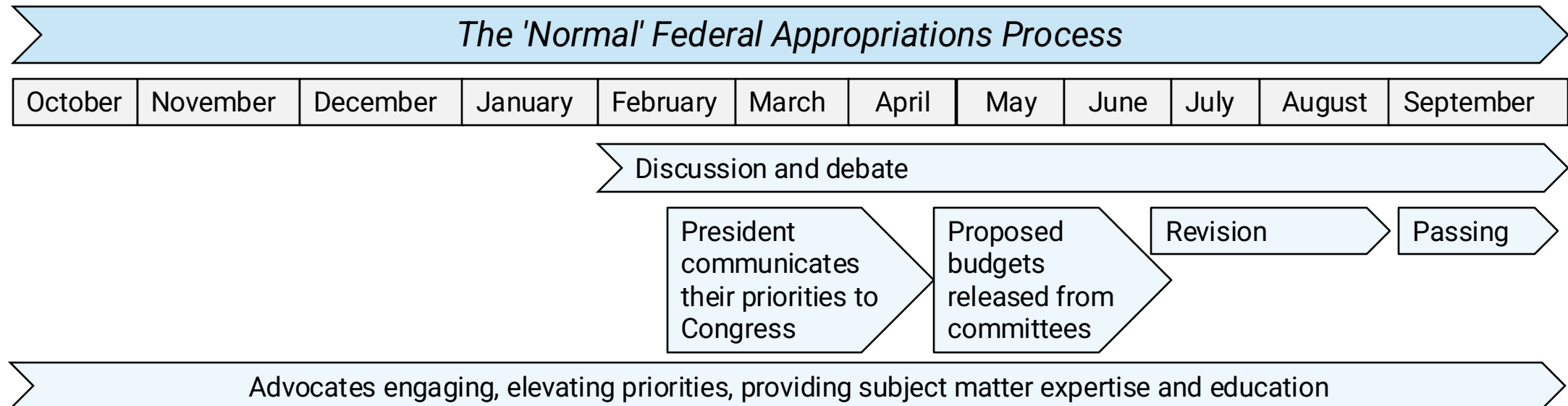
CDPH Required Activities

CDPH program activities are required by a combination of law (local, state and/or federal), regulation, funding requirements, for accreditation or for the effective operation of the department.

- By law and/or regulation: Examples include Disease Control, Food Protection and Environmental Permitting and Inspection
- By funding requirements: Examples include Syndemic Infectious Disease, Lead Poisoning and Prevention and Healthy Homes, Substance Use and Recovery Programs
- For accreditation: Epidemiology and Research, Policy, Legal Services, Continuous Improvement and Performance Management
- For effective operation: Finance and Contracts, Grants, Human Resources

★ Federal Appropriations Process

- The federal government’s fiscal year runs from October to September each year and is identified by the calendar year in which it ends. We are currently in FY2024, which began on October 1, 2023, and will end Sept 30, 2024.
- The federal annual budget is historically [passed during the summer](#) before the next fiscal year, which begins on October 1. The budget for the current fiscal year, FY2024, was not passed on this timeline due to Congressional impasse. From October 1, 2023, to March 23, 2024, the federal government operated on **continuing resolutions (CRs)** which extended FY2023 funding levels until legislators could pass a FY2024 budget. When 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.





Proposed Cuts to Public Health Funding

- The **FY2025 budgetary process** is underway in earnest. On June 26, 2024, the House of Representatives Labor, Health, and Human Services and Education (LHHS) Appropriations Subcommittee released its proposed FY25 LHHS Appropriation Bill. **This proposal included significant cuts to public health funding in many areas**, including:
 - Cuts \$1.8 billion from the Centers for Disease Control and Prevention and **eliminates** key programs at CDC including: CDC's Injury Prevention and Control Center, Firearm Injury and Mortality Prevention Research, Opioid Overdose Prevention and Surveillance, Suicide Prevention program, Tobacco Prevention and Control program, Ending the HIV Epidemic Initiative, and Climate and Health program.
 - Cuts \$647 million from Health Resources and Services Administration and **eliminates** funding for Title X Family Planning, and **significantly decreases** funding for Health Workforce training, Maternal and Child Health programs, and Ryan White HIV/AIDS program.
- The proposed funding levels are **expected to change** as both chambers engage in budget negotiations before the current fiscal year expires on September 30, 2024.
- Due to the current political context, it is expected that a budget will not pass by that deadline and one (or more) continuing resolutions (CR) will be passed instead. This might move budget discussions and debate into 2025.
- **Protecting public health funding in this context will be about the long game, coordinating, and strategically supporting by localizing and personalizing the importance of these funds.**



Grant Status Updates

Mary Emmanuel

Deputy Commissioner (Contracts, Finance and Grants)



New Grants for CDPH (June-July 2024)

New Grant Application Submitted (June-July 2024)

- **Community Based Violence Intervention and Prevention Initiative - (\$2,000,000)** - Implement the Community Violence Intervention Street Outreach (SO) program to address high rates of violence in identified communities by funding violence disruption services for individuals at risk of violence involvement, concentrated in several violent hotspots across the city.
- **Multi-Sectoral Preventive Interventions that Address Social Determinants of Health in Populations that Experience Health Disparities -(\$1,057,537)**: Develop a community-based intervention for children with asthma that allows integration and referrals of social care, school-based education, and clinical care. CDPH's role is to develop the community health worker role for referring patients to social care and back into primary care for ongoing medical management

New Grant Applications in Progress:

- **Community-Based Maternal Behavioral Health Services Program - (\$500,000)**: Collaborate with pregnancy and postpartum healthcare organizations, refer individuals in need of behavioral health care to the appropriate entities, and provide short-term mental health and substance use services to individuals who cannot access care.
- **Influenza Sequencing Center - (\$77,500)**: Perform influenza virus next generation sequencing (NGS) using an Illumina platform on specimens from their jurisdictions and a data assembly, curation and analysis

New Grant Awards:

- **High-Impact HIV Prevention and Surveillance Programs for Health Departments (\$9,094,696)**: Prioritizes acceleration of progress toward achieving the national HIV prevention goal of 50% pre-exposure prophylaxis (PrEP) coverage by the end of 2025
- **Support and Scale Up of HIV Prevention Services in Sexual Health Clinics (\$600,000)**: Strengthen the infrastructure of sexual health clinics and improving service delivery to address the syndemic of HIV and other STIs and fostering strategic partnerships.



New Grants for CDPH (June-July 2024)

Grant Opportunity Research and Partnership Efforts

1. *Subscription to Grant Platforms:* We have subscribed to platforms, such as grants.gov, for daily notification updates on existing and forecasted grant opportunities.
2. *Proactive Research:* Grant Research Specialists allocate a portion of their working hours to research, review, and prepare summaries of potential new grant opportunities.
3. *Information Dissemination:* The CDPH Grants and Development Office shares identified grant funding opportunities with relevant programs. If the programs choose to pursue the grant opportunities, the CDPH Grants and Development Office technical assistance and guidance throughout the application process.

Collaboration with the Office of Budget and Management (OBM)

1. *Opportunity Analysis:* The Grants and Development Office thoroughly analyzes the memo OBM issues biweekly. If the memo contains grant opportunities not yet identified by the CDPH Grants and Development Office, the team conducts an in-depth review of the notice of funding opportunities (NOFOs) for the grant opportunities and prepares notes on the grant opportunity alignment with and scope of CDPH programs.
2. *Biweekly Strategic Meetings:* The Grants and Development Office meets on a biweekly basis with the Senior Recovery Team Program Manager from the Mayor's Office. During these meetings, the CDPH Grants and Development Office share their strategic insights and feedback to refine ongoing and future grant pursuits, as well as provide updates on the status of the active and submitted grant applications



Syndemic Approaches in Reaching Underserved Communities

**Dave Kern, Deputy Commissioner (he/him)
July 19, 2024**

Outline

- Review the definition of a syndemic and rationale for syndemic approaches
- Review current support for syndemic approaches
- Describe a process for identifying a syndemic using local data
- Pathways to addressing a syndemic
- Closing thoughts
- Question to the board

Chicago Overview – Syndemic Infectious Diseases

- In Chicago, syndemic infectious diseases include HIV, STI, mpox, HBV, HCV, and TB.
- In 2022:
 - 27,382 new chlamydia (CT) diagnoses
 - 12,382 new gonorrhea (GC) diagnoses
 - 806 new primary & secondary syphilis (P&S) diagnoses
 - 1,116 new Mpox diagnoses
 - 111 new TB diagnoses
 - 632 new HIV diagnoses
 - 18,797 prevalent HIV cases
 - 956 new HCV diagnoses
 - 20,747 prevalent HCV cases

Defining a Syndemic

- Synergistically interacting epidemics/population-level clustering of social and health problems
 - 2 or more **diseases** or **health conditions** cluster within a population
 - **Contextual** and **social factors** create conditions for clustering.
 - Results in adverse disease/health condition interactions – biological, social, or behavioral – increasing **health burden** of the affected **population**

Rationale for Syndemic Response

- Similar behaviors/conditions lead to vulnerability for SID.
- Diseases have reciprocal and interdependent factors:
 - HIV, STI, Mpox, HBV, and HCV share common risks/modes of transmission.
 - STI increase HIV infectiousness/susceptibility.
 - HIV is a risk factor to TB progression.
 - Advanced HIV disease increases risk for severe Mpox.
 - TB is an HIV opportunistic infection.
 - TB accelerates HIV disease progression.
 - HBV/HCV co-infection makes HIV management more challenging.
- Common vulnerabilities suggest common solutions.
- Disease conditions are often managed by the same institutions.
- **Health equity!**

Current Support for Syndemic Response

- Getting to Zero Illinois
- Health Chicago 2025



Identifying a Syndemic – SID Data (2022)

- In Chicago in 2022, cisgender males who engage in male-to-male sexual contact accounted for a plurality of:
 - New HIV diagnoses (60.7%)
 - Prevalent HIV cases (60.7%)
 - P&S cases (24.6%)
 - Mpox cases (75%)

Identifying a Syndemic – SID Data (2022)

Syndemic ID	# of Cases	# Co-I with HIV	% Co-I with HIV	% Co-I with HIV who are cis male	% Co-I with HIV who are cis MSM
TB	111	20	18.0%	90.0%	55.0%
HCV (new)	956	59	6.2%	89.9%	70.0%
HCV (prevalent)	20,747	945	4.6%	78.3%	50.3%
Chlamydia	27,596	1,562	5.7%	93.2%	78.7%
Gonorrhea	12,382	1,550	12.5%	97.3%	82.3%
P&S Syphilis	806	203	25.2%	96.6%	85.7%
Mpox	1,116	488	43.7%	91.8%	88.1%

HIV/HBV co-infection data are not available. Research suggests 5-10% of PLWH are co-infected with HBV.

<https://www.ncbi.nlm.nih.gov/pubmed/20158604>

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Identifying a Syndemic – Other Conditions & Contexts



Identifying a Syndemic – People

- Populations
 - Cis gay, bi, and other same gender loving men of all races/ethnicities (with an emphasis on Black and Latino/é men given HIV epidemic burden)
 - Black and Latina/é women of transgender experience
 - Persons who inject drugs
 - Older persons with HIV

Pathways to Addressing Syndemic Priorities

- Data
 - Integrated Office of SID Surveillance
 - Integrated SID data reports (coming soon!)
- Partnerships
 - Relationships across sectors, including community, healthcare, researcher, and business
- Programs and services
 - Most SID-funded programs require services be provided for 2+ SID and/or associated health conditions (through RFP and contracts)
- Communication
 - Leverage regular opportunities for bi-directional and action-oriented conversations
 - Weekly LGBTQ+ Health Forum (since 2022)
 - Focused engagement around population-specific syndemic issues, like Chicago Methamphetamine Task Force

Closing Thoughts

- Remember: a syndemic includes more than just SID. Consider other associated conditions and underlying factors that impact the lives of specific populations.
- Syndemic approaches support health equity.
- There's so much more to do...and syndemic approaches can help

Question

- What are other opportunities to use a syndemic approach in public health response (beyond HIV, STI, Mpox, hepatitis, and TB)?

Thank You!



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Threads



Bluesky



X