

Health & Medicine’s Testimony to Chicago’s City Council Committee on the Budget and Government Operations

Delivered on: October 19, 2023

Regarding the Chicago Department of Public Health’s proposed fiscal year 2024 budget

Hello, I’m Wesley Eplin. I serve as the Policy Director at Health & Medicine Policy Research Group, a nonprofit that builds power and momentum for health equity and social justice in Illinois

My message to Mayor Johnson and Chicago City Council members is that in order to fully serve the health of Chicagoans, you must massively increase the City’s corporate funding for the Chicago Department of Public Health.

We’re glad to see an increased investment in mental health services. There is a great need for this, and the \$6.5 million increase is a decent start. Still, Chicagoans need more funding for other critical public health services.

Here’s a quote from page 93 Mayor Johnson’s [transition blueprint](#):

“Relative to other big-city health departments the Chicago Department of Public Health is understaffed and underfunded. Before the Covid-19 pandemic, the dollars that the City’s corporate budget allocated to CDPH comprised under 20% of the agency’s budget; today, City funds constitute less than 10% of the total budget.”

That’s true of this budget proposal—local funding is proposed at 8.6%, while CDPH reels from a whopping \$100 million dollar reduction in grant funding. Pandemic response dollars will expire in the next two years.

The flipside of state and local grants is that the funds are categorical and can’t be flexibly used for current and emergent health threats. They’re useful for the issues they focus on, but they leave many issues with insufficient funding. Also, those grant funds aren’t enough and they can go away.

Chicago has some of the most severe health inequities in the US, with a 10-year life expectancy health inequity between Black and White Chicagoans. Structural racism and class inequity are root causes because they unfairly structure risks and resources.

Let’s define health inequities. Health inequities are systematic differences in health status and outcomes across different populations that are unfair, unjust, and remediable. This means that not only can we do something to reduce and eliminate health inequities, we also have justice and human rights imperatives to do so.

The reality of health inequities means people are sick unnecessarily and each year, thousands die younger than they would if health inequities didn’t exist.

While some of us are most harmed by health inequities, the truth is that all of our health is harmed. The worse the health inequities are, the worse the chances are for each of us to have good health. That’s true for every stratum of the population. Funding public health is for our own good.

Here, I want to call you in. We need you as elected officials to serve as public health protectors. We need you to provide sufficient funding for CDPH—the public agency responsible for leading on public health in Chicago.

Health & Medicine Policy Research Group
Budget Testimony
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CDPH needs more funding for:

- supporting health equity in all policies
- community health workers
- nurse home visiting services
- Healthy Chicago Equity Zones
- Supporting the health of migrants
- Community health assessment and planning
- And more! These are just examples.

A critical pandemic lesson is that underfunding governmental public health is foolish and deadly. Public health is not optional. We need sufficient flexible local funding for CDPH such that it has the staff and capacity to fully respond to current and emergent public health problems including longstanding health inequities.

The need is clear. Be a public health protector. Increase corporate fund dollars for CDPH.