Health & Medicine
POLICY RESEARCH GROUP

August 29, 2023

Dear Mayor Brandon Johnson and Chicago City Council Members:

The relative health of the public is the best measure of success—or failure—of government.

As long-term public health leaders in Chicago and partners of CDPH, Health & Medicine Policy Research Group urges you, as Chicago elected officials, to increase funding for CDPH in the City of Chicago's FY2024 budget. Furthermore, we urge you to continue ramping up funding in subsequent years until sufficient funding levels are met.

We are concerned that with COVID relief dollars expiring shortly and CDPH heavily reliant on external grant funding, there will not be sufficient funding in the City of Chicago's FY 2024 budget to sustain the essential public health functions CDPH carries out. Funding should be commensurate with the City's needs for CDPH staff, equipment, labs, office space, and community partners to meet the ongoing public health emergency of Chicago's longstanding and gaping health inequities, including in life expectancy.

Protecting and improving the public's health requires a fully funded public health system. While the exact amount of funding deserves consultation between elected officials and CDPH leadership along with deep engagement with the public, we recommend a scale of tens of millions of dollars in increased funding in FY2024—and hundreds of millions of dollars in subsequent years—in expanded local City of Chicago corporate fund dollars for CDPH and community public health partners. In short, we say to you: *Fund public health!*

Health inequities are systematic differences in health status and outcomes measured 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 data show that thousands of Chicagoans, especially those from communities of color, miss out on health and, for some, lose their lives each year—losses that further harm the well-being of their families and communities. One glaring example is the 10-year gap in life expectancy between Black and White Chicagoans. Check out the data on health inequities in Chicago at https://chicagohealthatlas.org/indicators.

Everything we encounter in life affects our health. This is the basic idea behind the "social determinants of health" concept—that the conditions in our homes, communities, and workplaces shape our chances for health and disease. Inequities in public policies, places, procedures, practices, and systems all structure how opportunities for health are distributed via the social determinants of health. Structured inequities are significantly shaped by systemic oppression—racism, class inequity, gender inequities, ableism, ageism, and heteropatriarchy—among others. Many "special populations," as noted in Mayor Johnson's transition report, require specialized consultation, consideration, and support to remedy the root causes of health inequities. CDPH is an essential but historically

underfunded City department focused on remedying health inequities.

Funding for CDPH must be sufficient and flexible to provide the capacity to work across root causes of health inequities, programming, and diseases. The categorical grant funding for specific diseases that comprises the vast majority of CDPH's budget, while essential and valuable for focus, can lead to silos and inefficiencies, as well as gaps in focus on broader issues and challenges to public health. It also can leave the government flat-footed and limited in its ability to allocate resources to address emergent health problems.

For example, at the onset of COVID-19, CDPH's response was hobbled by decades of inadequate local funding that could and should have been provided for the department to be fully staffed, nimble, and able to address the many ongoing public health challenges while also being ready to respond to new and emerging public health threats and emergencies. Millions of COVID-19 relief dollars enabled CDPH to leverage innovative and community-led approaches to address health inequities. However, these grants—and the structures and progress supported by them—are temporary and will expire soon. Chicago officials must seek to replace and build on the success of the COVID-19 relief dollars committed to public health in recent years.

As stated on page 93 of Mayor Johnson's Chicago for the People transition report:

> *"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. This means approximately 90% of the budget is categorically determined and cannot be flexibly used or redirected to meet Chicagoans' needs because it is grant funding received from the federal government (CDC, HRSA, HUD etc.). Each of these grants also have an expiration date, which means that programs can only exist for as long as competitive grants are won to fund them, which sends a message that public health programming is optional and disposable rather than a central City government priority. Furthermore, over the past decade, funding for CDC had fallen by 2% after adjusting for inflation and further cuts to federal public health funding are now being made, putting CDPH's funding streams in jeopardy. Last, the disappearance of Covid-specific funding by the federal government, which enabled CDPH to remain afloat during the pandemic, now creates a crisis for the department. CDPH is facing a 69% decrease in its budget in the next two years due to the end of federal funding programs upon which it has relied to this point."*

We appreciate and support the recently increased attention and investment paid to mental and behavioral health in Chicago thanks to long-term organizing and advocacy led by communities needing such services. We celebrate the pivot to *treatment not trauma*. These are worthy and critical investments in high priorities for alleviating some of Chicago's health and social inequities. At the same time, public health is much broader and has many core functions that have been eroded over the last few decades and must be rebuilt. So, while behavioral health services gain new priority and funding, building other public health functions will be the scaffolding that will allow behavioral health investments to succeed—and are essential for success in all other areas of public health, which are critical.

To achieve long-standing commitments and responsibilities for public health and health equity and the vision in Mayor Johnson's transition report, we must have fully resourced programs and a skilled workforce in key health roles that reflect Chicago's diversity. The progress that CDPH has made in recent years in building trust and connections to successfully collaborate with community members will disappear if the department were forced to eliminate many of the roles that facilitate this work due to insufficient funding.

Examples of what needs funding
Below are example areas of public health services at risk of compromise or termination without sufficient funding. This is a partial list, and we recommend that the Mayor and City Council members work with CDPH leadership on what needs funding and how much funding is needed, with an approach of growing services to meet the need.

Health workforce: Currently, many Chicago-based organizations are collaborating to develop education, training, and career pathways for high-demand positions. Many of these roles are central to Mayor Johnson's agenda, such as community health workers, behavioral health specialists, and crisis responders. Some fundamental essential public health roles, such as contact tracers, are needed not just for COVID-19 but also for many other infectious diseases. Many of these positions have relatively low barriers to entry. Such roles can serve as a steppingstone to a health career for people often excluded from the healthworkforce, including Black people, Latine people, immigrants, people with criminal records, and young people. When we uplift and invest in these workers and careers—through robust local public funding for public health—we increase local capacity for community co-leadership for health while advancing racial, economic, and health equity. However, employers are already beginning to terminate these roles as COVID relief dollars expire, with community health workers being particularly vulnerable to this reality. Without sufficient, flexible funding allocated to public health, we may be promoting resources to communities and preparing workers for positions that may soon no longer exist.

Health equity in all policies: In recent years, CDPH has become increasingly engaged in a "health equity in all policies" approach as part of a growing trend in the field of public health. This approach helps ensure that policy and planning on areas outside the health department's purview—including transportation, housing, environmental justice, food systems, and others—have public health expertise at the table to advise on advancing health equity in their plans and practice. This requires a significant increase in sustained funding to have staff with the necessary experience and education in various government areas to champion health equity in policy discussions across all of government.

Healthy Chicago Equity Zones: Begun during the COVID-19 pandemic, the Healthy Chicago Equity Zones (Equity Zones) first served as a means of seeking an equitable rollout of COVID-19 vaccines and have since transitioned into a broader public health initiative. Equity Zones grants support organizations across six regions, covering all 77 community areas, to partner CDPH staff with communities to focus on advancing health equity. Staff within CDPH work directly with community organizations and community members on community health assessment and programming to address various issues, including behavioral health, food access and nutrition, reproductive health, community safety, exercise, poverty reduction, stress management, and more. The Equity Zones support communities in creating the conditions for health. Without funding for the Healthy Chicago Equity Zones, CDPH will lose its ability to support and facilitate these partnerships, eroding the trust and progress that government and communities have made together.

Enhanced support for maternal, child, and family health, including nurse home visiting:
Chicago has massive maternal and child health inequities. A 2019 report by CDPH noted, "The severe maternal morbidity rate for non-Hispanic Black women (120.8 per 10,000 deliveries) was over 2.5 times higher than for non-Hispanic White women (46.9 per 10,000 deliveries) and about twice as high as Latinas (60.0 per 10,000 deliveries) or non-Hispanic Asian/Pacific Islander women (63.5 per 10,000 deliveries)." It noted, "Women living in communities with high economic hardship have the highest severe maternal morbidity rates (91.5 per 10,000 deliveries)." Nurse home visiting through the Family Connects Chicago program, is a service that should be expanded in addition to new programming and support for parents, babies, and entire families.

Community health assessment and planning: Community health assessment and community health improvement planning to respond to identified health challenges are critical responsibilities of CDPH. These

are requirements for state certification and national accreditation as a local health department. Furthermore, these are important for CDPH to do its job in finding and helping to address health risks, challenges, and inequities. Both community health assessment and community health improvement planning require careful consultation with communities to assess challenges, discuss community priorities, and implement changes. Responding to health inequities in partnership with communities requires sufficient staff and resources to conduct robust ongoing community health assessment, planning, and implementation.

Healthy housing: Recent community health improvement plans developed by CDPH in partnership with communities have prioritized proactive healthy housing inspections. One benefit of the proposal developed by housing and health advocates (Chicago Healthy Housing Ordinance) is that it provides the funding mechanism for this program through an apartment registration fee paid annually by landlords. Poor housing conditions, such as chipping lead-based paint, and asthma triggers, such as vermin, must be found and fixed before babies, children, and entire families get sick. This ordinance should be advanced, and the funding should go to CDPH to develop the pilot program and, eventually, a full-fledged program.

These examples illustrate some of the roles and resources we need for robust public health funding. We encourage robust discussion between you and CDPH to gain their perspective on current and future funding priorities for reaching sufficient staffing levels. This is essential for addressing the longstanding and growing racial and class-based health inequities that leave many thousands of people suffering and dying early in Chicago annually.

We need you as elected officials to serve as public health protectors. In part, this means providing sufficient funding for the Chicago Department of Public Health. Having a robust public health system is a matter of life and death. We urge you to prioritize and sufficiently fund CDPH to support the health of our city and all its inhabitants and visitors. We welcome the opportunity to meet and discuss these issues with you soon, so please get in touch with us if this interests you.

Sincerely,

Margie Schaps, MPH
Executive Director
mschaps@hmprg.org

Wesley Epplin, MPH
Policy Director
wepplin@hmprg.org

Anna Yankelev, MPH, MBA
Director of Strategic Workforce Initiatives
ayankeleve@hmprg.org

Copied:
Fikirte Wagaw, MPH, Acting Commissioner, Chicago Department of Public Health
Megan Cunningham, Deputy Managing Commissioner, Chicago Department of Public Health
Kate McMahon, MPH, Policy Director, Chicago Department of Public Health

About us:
Health & Medicine Policy Research Group (Health & Medicine) is a Chicago-based nonprofit with a mission to build power and momentum for social justice and health equity in Illinois.

Health & Medicine is a long-term partner organization of the Chicago Department of Public Health (CDPH). For decades, we have supported CDPH, its capacity, and health equity initiatives and sought to hold it accountable for its public health commitments and responsibilities. We have also partnered with CDPH on community health assessment and community health improvement plans, such as Healthy Chicago 2025.