

Hello, I'm Wesley Epplin and I am the Director of Health Equity at Health & Medicine Policy Research Group in Chicago.

The Mayor's budget proposal for FY2017 includes almost \$32 million for the Chicago Department of Public Health. Public Health also will receive approximately \$120 million in grants from external sources to improve health in our city.

That's about \$150 million going into public health—prevention and other health efforts; however, it is clear that we are not spending enough on public health, given that we have extreme health inequities, the unjust and remediable differences in health status and outcomes that harm disadvantaged groups of people.

I have a book of maps and charts with me, which I would be happy to share with each of you, prepared by the Chicago Department of Public Health that shows extreme health inequities, including heart disease, diabetes, violence, cancer, healthcare access, longevity, and in the social determinants of health.

One of the most striking inequities is the approximately 16-year gap in life expectancy between the Near North Side community area where the life expectancy of 85.2 years and West Garfield Park where the life expectancy is 68.8 years.

The root causes of health inequities include unfair differences in access to resources that allow people to live healthy lives, and the unfair treatment that privileges some of us and disadvantages others. These are reflections of valuing some lives over others: class inequities, gender inequities, and structural racism are reflected in public policy and practice.

The pattern is clear: areas of the city where there has been disinvestment tend to have lower health status. Those people with more resources that support health tend to live longer, healthier lives than those with fewer resources, who tend to live less healthy and shorter lives. The maldistribution of money, power, and resources cause inequities in health.

This gradient in health is a well-known pattern in public health and we have a collective responsibility to redress health inequities. I'm asking you as elected officials for your help.

As others have said tonight, we need funding for high quality, equitable public education, economic development, transportation, healthcare, and affordable housing, for starters, all of which support people's health and could help us reduce unfair and unjust health inequities.

The best collective measure of the success—or failure—of government, is the health of its people. The work you're doing to move investments into under-resourced communities is a great start, but we need more money for public health. If we have new money for more police—in a city in which we already have one of the highest ratios of police per capita in the nation, which is not working—we had better have money for investing in people's health and wellbeing.

I have two asks of you:

Chicago should match with new funds all Federal and other external grant funding that we receive to address lead poisoning and lead paint hazard remediation. Lead poisoning has lifelong negative health impacts on people's health and 4.5% of Chicago's babies aged 1-5 years had elevated lead levels according to CDPH's analysis—disproportionately concentrated on West and South side communities.



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Cook County FY 2017 Preliminary Budget Hearing
Testimony on behalf of Health & Medicine Policy Research Group
Wesley Epplin, MPH, Director of Health Equity

Second, I'm asking that you find additional, new funds—as much as you can—for the implementation of Healthy Chicago 2.0, the city's plan to improve public health. Thank you for your time and attention.