Good morning, alders, and thank you for the opportunity to testify. I’m Wesley Epplin and I serve as policy director at Health & Medicine Policy Research Group.

I urge you to increase corporate funding for the Chicago Department of Public Health by $25 million in FY2025 (compared to FY2024). This would bring total corporate funding to CDPH to about $102 million. CDPH is understaffed in significant part due to being underfunded. More than 80 organizations signed onto our August letter requesting this increase in corporate fund dollars for CDPH.

Mayor Brandon Johnson has proposed a reduction in Chicago Corporate Funding for CDPH for FY2025 in the amount of $770,000. Yes, Chicago has a difficult budget situation, but it is unacceptable that after decades of underfunding public health, after CDPH was under-staffed and underprepared for COVID-19, and after health inequities have been getting worse in Chicago over the last several years—that after all of that, the City of Chicago would invest less rather than more into public health.

At the same time this is happening, COVID-related grants are expiring, with an overall reduction to CDPH’s budget of about $140 million and 124 fewer FTEs.

In the shadow of the Federal election results this week, we should expect that at the Federal level, there will likely be budget cuts to public health in the years to come—and broader attacks on public health functioning. CDPH is heavily reliant on federal funding, so such cuts will worsen the health of your constituents.

Even if those cuts don’t come to pass, today CDPH is already woefully underfunded and understaffed. The bottom line is this: we need you to increase local funding to safeguard public health in Chicago.

CDPH cannot fulfill its public health mission and lead efforts to eliminate health inequities without additional funding and staff.

Chicago has an approximately 11-year health inequity between Black Chicagoans and other Chicagoans. Health inequities are, by definition, unfair, unjust, and *remediable*. One of the essential remedies for health inequities is a strong, well-funded, well-staffed health department that is equipped to intervene and sustain efforts to protect and promote public health.

Here are a few examples of areas that need more funding: case investigators; emergency preparedness; restaurant inspectors; nurse home visiting; community health workers; harm reduction; and more—I have a chart I will send to you.

There’s a very good reason you should increase public health funding. We are tired of people dying early deaths. We are tired of health inequities.

We are tired of CDPH being underfunded, understaffed, and ill-equipped to reduce and eliminate health inequities. This has got to change.

What happens when our elected officials underfund our health departments? Quite simply, public health problems go unaddressed.

More people get sick than would if we funded public health. Worse, people die early deaths.

Increased funding for CDPH is a true investment in both public health and public safety, because it makes our communities, workplaces, public spaces, and homes safer and healthier places to live and engage with others.

So, I call on you, as Chicago’s elected officials, to increase corporate funding for the Chicago Department of Public Health in the amount of $25 million in FY 2025. Thank you.

*(End of read testimony)*

Note: The chart below details public health issue areas and staffing and programs that are in need of increased funding.

|  |  |
| --- | --- |
| **Public health issue area** | **Staffing and programming in need of increased funding** |
| Communicable diseases | Case investigators, vaccinations, wastewater surveillance, epidemiologists, safer sex education, and condom distribution |
| Maternal and child health inequities | Nurse home visiting and community health workers |
| Chronic diseases (e.g., diabetes, heart disease, and asthma) | Community health workers, nutritionists, community health assessment and planning |
| Food-borne illness & safe food handling | Restaurant inspectors |
| Behavioral health: Opioids and other drug use & mental health | Harm reduction, public health vending, planning staff; investments into mental health services |
| Unhealthy housing, which triggers asthma & causes lead poisoning | Chicago Healthy Housing pilot, including inspectors; community health workers |
| Community health and social determinants of health | Community health assessment and planning; staff; community health workers; Healthy Chicago Equity Zones; epidemiologists to analyze social factors causing health inequities |
| Emergency preparedness and response | Emergency preparedness staff; equipment; PPE |
| Health care insurance and access | Community health workers and health navigators |
| Trauma and violence | Trauma-informed training and technical assistance staff; community health workers |