

HEALTH & MEDICINE

POLICY RESEARCH GROUP

Board of Directors

Founding Chairman

Quentin D. Young, MD

President

Steven K. Rothschild, MD*

Immediate Past President

Claudia Fegan, MD*†

Vice President

Suzanne Carlberg-Racich,
PhD, MSPH*

Treasurer

Lon Berkeley*†

Secretary

Jennifer McGowan-Tomke,
MPH*

Board of Directors

Karen Aguirre, MPH*

Misty Drake, MA

Joe Feinglass, PhD

Michael Gelder†

Robyn L. Golden, MA, LCSW

Amy C. Lulich, MHA

Rene David Luna, MA

Ray Mendez, MD, MA

Yadira Montoya, MSPH

Linda Rae Murray, MD, MPH

Olyvia Phillips, MPH, MBA

Elena Quintana, PhD

Rachel Reichlin, MPH, MSN,

CTN-B

Gayle Riedmann, CNM

Melissa Simon, MD, MPH

Kai Tao, ND, MPH, CNM

Mildred Williamson, PhD, MSW*

Tom Wilson*

Joseph Zanoni, PhD, MILR

Executive Director

Margie Schaps, MPH

*Executive Committee Member

†Past President

Sent August 29, 2024

(This version of the letter lists organizations signed on as of November 11, 2024)

To:

Chicago Mayor Brandon Johnson

Chicago City Council Members

Deputy Mayor Jennifer Johnson

Annette Guzman, Budget Director

We urge you to increase funding for the Chicago Department of Public Health (CDPH), which has long been underfunded and faces significant reductions as COVID-related grants expire. [America's public health system is underfunded nationwide](#), especially in Chicago, where our local health department is understaffed and under-resourced. CDPH receives only around 8% of its funding from Chicago's Corporate Fund—an insufficient amount, given the Department's broad responsibilities.

We respectfully request an *increase in the City of Chicago Corporate Fund appropriation for CDPH in the amount of \$25 million starting in FY2025—to a total of about \$101 million in local funding—with plans to increase this further in future budgets.*

Chicago has staggering health inequities, with an [11-year gap in life expectancy](#) between Black and white Chicagoans. Statistics such as this one are not just a singular number. Coupled with racial and class health inequities across virtually every disease, the reality of vast health inequities means both untold suffering and thousands of early deaths annually. This is unacceptable and requires a stronger response.

The problem of health inequities is not insurmountable and indeed, health inequities can be reduced and eliminated. CDPH is the lead agency in Chicago for safeguarding public health and responding to health inequities.

Primarily due to underfunding, when COVID-19 upended our lives, CDPH did not have the necessary capacity to fully respond. Major federal funding eventually helped, but hiring, onboarding, and training new staff during an emergency response is difficult and takes time, and in many cases, CDPH had to contract for services, which often is not ideal. Furthermore, COVID-19 remains a deadly threat, and it is neither the first nor the last pandemic or other public health emergency we will face.

To respond to such deadly emergencies, it is essential to the well-being of all Chicagoans that our health department has sufficient funding and staffing. In the long term, these investments will save lives, reduce suffering from sickness and injury,

and support greater future thriving for all Chicagoans. Notably, a similar request for an increased appropriation is being made of the Cook County Board of Commissioners and President Preckwinkle regarding the Cook County Department of Public Health, which is likewise underfunded and understaffed.

To understand just how much CDPH's capacity has been depleted, consider that in 2001, the Department had 1,861 budgeted positions; however, in 2019, it had only 588 budgeted positions, a 68 percent reduction—and fewer than 500 of these positions were filled. Based on national averages, CDPH should have at least 1100 funded positions. Now, CDPH is facing the reality that the COVID-19 relief dollars will expire in 2026. This will be an approximately 60% budget cut from CDPH's peak in 2022.

We recognize the significant budget challenges the City faces. Still, the need for better public health services is real, and our elected officials must find or develop the revenue to fully fund CDPH.

This additional local funding should also be designed to provide appropriate funding flexibility to CDPH since about 90% of the agency's current budget is from categorical grants; this means such funds can't be flexibly used or redirected to meet emerging health needs of Chicagoans.

Some examples of areas that need expansion are public health data infrastructure, health inspections of food establishments, harm reduction, violence prevention, Healthy Chicago Equity Zones, community health assessment and improvement planning, community health workers, and strengthening the response to maternal and child health inequities. Critically, these are examples, not an exhaustive list. We encourage Mayor Johnson and City Council leaders to work with CDPH to determine the best uses of additional City Corporate Fund dollars for public health, again, while maintaining appropriate flexibility so that CDPH can be nimble and responsive to the dynamic nature of public health threats.

What must come with increased funding for CDPH is faster hiring. The current high vacancy rate and slow pace of hiring at CDPH is mostly a political challenge due to bureaucratic hurdles—with solutions that require action, such as providing all the human resources support CDPH needs and making jobs more competitive with other employers in the public health sector. The City must cut the red tape and get this fixed. Lives depend on it.

In summary, CDPH has been underfunded and understaffed for decades. Chicago has vast health inequities that should prompt a much stronger public health response than we have seen thus far. Virtually all Chicagoans are harmed by the insufficient capacity at CDPH, not solely but especially when a new public health emergency occurs and because health inequities harm us all, albeit differently.

You have critical roles to fulfill as public health protectors. To strengthen Chicago's public health staffing and infrastructure, we again respectfully request that you, Mayor Johnson, and members of City Council appropriate an additional \$25 million from the City Corporate Fund to CDPH in FY2025, totaling about \$101 million in local funding. This investment will benefit all Chicagoans and support people's health and well-being.

Sincerely,

- | | |
|--|----------------------------|
| 1. Health & Medicine Policy Research Group | 4. AIDS Foundation Chicago |
| 2. Access Living | 5. Alternatives Youth |
| 3. AFGE Local 704 | 6. ASI |

7. Black Researchers Collective
8. Black Treatment Advocates Network
9. Brighton Park Neighborhood Council
10. Chicago Center for Health and Environment
11. Chicago Family Doulas, LLC
12. Chicago Housing Justice Coalition
13. Chicago Jobs Council
14. Chicago Survivors
15. Chicago United for Equity
16. Chicago Volunteer Doulas
17. Chicago Women Take Action
18. Chicago Women's AIDS Project
19. Chicago Workers Collaborative
20. Chicagoland Healthcare Workforce Collaborative
21. Children's Best Interest Project
22. Chinese American Service League
23. Collaborative for Community Wellness
24. Collaborative for Health Equity Cook County
25. Community Organizing and Family Issues
26. Complete Communications, Inc.
27. Cornerstone Community Outreach
28. Cook County College Teachers Union
29. Deborah's Place
30. DePaul Master of Public Health Program
31. Employment & Employer Services
32. Equity in Health Advisors Network
33. EverThrive Illinois
34. Every Block a Village Community Stakeholders
35. Greater Auburn Gresham Development Corporation
36. Health in the Arts Program, UIC School of Public Health
37. HRDI Human Resources Development Institute
38. Illinois Chapter, American Academy of Pediatrics
39. Illinois Disability Housing Justice
40. Illinois Psychiatric Society
41. Illinois Public Health Association
42. Illinois Public Health Institute
43. Increase The Peace Chicago
44. Institute of Medicine of Chicago
45. Israel's Gifts of Hope
46. Jewish Council on Urban Affairs
47. Kaizen Health
48. Kindu 4 Humanity
49. Lawrence Hall Youth Services
50. Legal Council for Health Justice
51. Mental Health America of Illinois
52. Metropolitan Asian Family Services
53. Metropolitan Tenants Organization
54. Michael Reese Health Trust
55. Midwest Asian Health Association
56. NAMI Chicago
57. NAMI Illinois
58. NAMI South Suburbs of Chicago
59. National Association of Social Workers -Illinois Chapter
60. Nehemiah Trinity Rising
61. Northside Action for Justice
62. Northwest Center
63. ONE Northside
64. Open Communities
65. Padres Angeles community organización LV
66. People's Response Network
67. Phalanx Family Services
68. PODER
69. POWER-PAC IL
70. scaleLIT
71. Shriver Center on Poverty Law
72. Sinai Urban Health Institute
73. Sokana Collective Birth Justice Doula Agency and Training Academy
74. Southside Together Organizing for Power
75. Southwest Organizing Project
76. Start Early
77. The HAP Foundation
78. The Resurrection Project
79. The Southwest Collective
80. Thresholds
81. Trilogy Inc
82. Ujimaa Medics
83. Universidad Popular
84. University of Chicago Department of Psychiatry
85. University of Illinois Chicago School of Public Health
86. West Suburban Midwife Associates, Ltd