



HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH



TRANSFORMING THE HEALTH OF OUR CITY CHICAGO ANSWERS THE CALL



IT MATTERS.

Our Public Health system has a direct impact on the quality of life of this vibrant city.

A healthy city is a city that

Offers healthier food options.
Provides places to be physically active.
Is prepared to respond to public health threats.
Creates healthy and safe environments.
Ensures access to care for all its residents.
Works to eliminate health disparities for all communities.

We have seen dramatic improvements in many of these areas – *but it's only the beginning.*

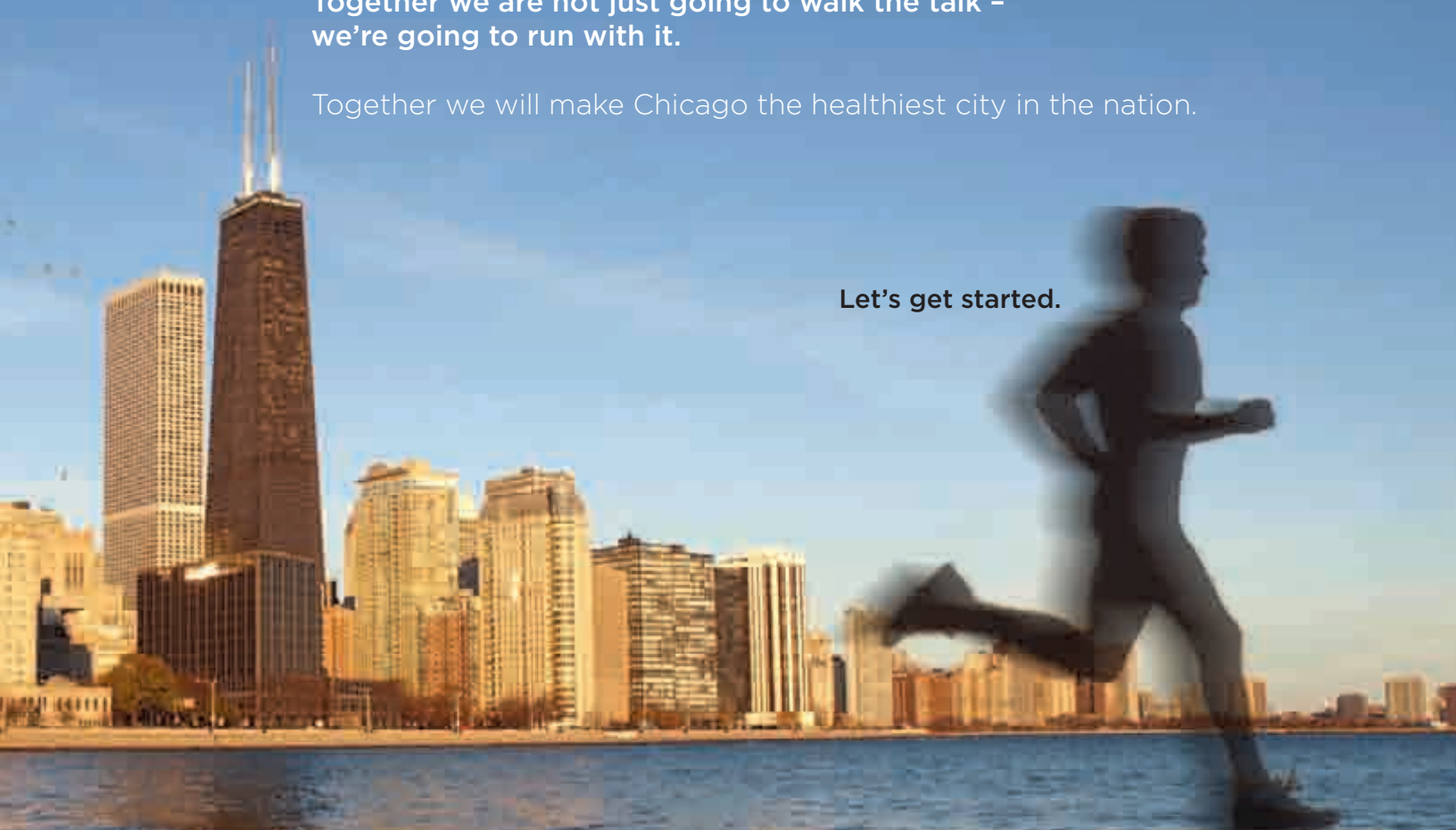
The Chicago Department of Public Health has created a new public health agenda with an ambitious sense of purpose for Chicago – an agenda that engages our city with bold action and goal-driven results.

Together we are going to transform the health of our city.

**Together we are not just going to walk the talk –
we're going to run with it.**

Together we will make Chicago the healthiest city in the nation.

Let's get started.



» MESSAGE FROM THE MAYOR



OFFICE OF THE MAYOR
CITY OF CHICAGO

Dear Fellow Chicagoans,

As Mayor I pledged to make Chicago the best place in America to start a business, create good jobs, and to raise a family. A key step in making that vision a reality is for Chicago to become a healthier city.

In your hands, you hold *Healthy Chicago*, a public health agenda for Chicago that points the way to a healthier city for all.

Healthy Chicago is more than just plan. It's a call to action for all Chicagoans — educational and philanthropic institutions, faith communities, business community, neighborhoods, families and individuals — to join the Chicago Department of Public Health, in implementing our vision for a healthier, safer Chicago.

Development of this plan was led by the Chicago Department of Public Health but its success will come from how well we engage Chicagoans in the health of our city. I commend Commissioner Bechara Choucair and his team for their work in developing *Healthy Chicago*, and I am confident that they will do an excellent job in mobilizing our city in implementing the many innovative proposals within.

I encourage you to read and use this document to help make Chicago the healthiest city in the world.



A handwritten signature in black ink that reads "Rahm Emanuel".

Rahm Emanuel
Mayor

131 NORTH LASALLE STREET, ROOM 508, CHICAGO, ILLINOIS 60602

» MESSAGE FROM THE COMMISSIONER



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Dear Friends,

Chicago's Board of Health was founded in 1835 in response to the outbreak of cholera that impacted our city. Since then, the Chicago Department of Public Health continues to address health challenges facing our residents. Today, 175 years later, I am proud to share with you *Healthy Chicago: A Public Health Agenda for a Healthy City, Healthy Neighborhoods, Healthy People and Healthy Homes*.

Healthy Chicago lays out the priorities of the Chicago Department of Public Health for the next five years. Through this plan, we are stepping up efforts around existing policies and programs, and developing new strategies to make Chicago a healthier city for residents in every neighborhood.

Healthy Chicago is a blueprint for action. CDPH has already begun implementing many of these items and we will work with our community partners in the coming months to engage others in this critical effort.

I invite you to join us in making our city a Healthy Chicago.



Bechara Choucair, M.D.
Commissioner of Health

333 SOUTH STATE STREET, SUITE 200, CHICAGO, ILLINOIS 60604



Healthy Chicago

A Public Health Agenda for a Healthy City, Healthy Neighborhoods, Healthy People, & Healthy Homes

OVERVIEW

Healthy Chicago is a blueprint for action intended to serve as a framework for a focused, yet comprehensive, approach to how the CDPH will lead and work with partners to improve the health and well-being of Chicagoans.

HEALTHY CHICAGO:

- > identifies priorities to guide the work of CDPH over the next five years;
- > sets measurable targets, achievable by 2020, to improve the health and well-being of Chicagoans;
- > sets policy, programmatic and educational & public awareness strategies that can be measured and monitored; and
- > serves as a vehicle to engage communities, partners, and other public health stakeholders in health improvement efforts.

GUIDING PRINCIPLES

The identification of both the priorities and strategies contained in this public health agenda were guided by the following set of principles:

As CDPH is part of a broader local public health system, *Healthy Chicago* reflects and engages our diversity of partners, from all communities and disciplines, in the implementation of Agenda priorities. Inter-agency collaboration is critical to achieving identified goals.

Healthy Chicago focuses on areas that are aligned with CDPH's mission and core public health functions.

Healthy Chicago recognizes that the improvement of the public's health in Chicago requires a commitment to healthy equity and the elimination of racial and ethnic disparities.

Healthy Chicago recognizes that a healthy city begins with healthy neighborhoods, and healthy neighborhoods require a strong social fabric and sense of community. Thus, CDPH will work to engage communities, local organizations, and families when addressing the Agenda's identified priorities.

Recognizing that good health is based on multiple, complex, inter-related factors, including social and environmental influences, implementation of *Healthy Chicago* is a multi-disciplinary effort, with all relevant systems sharing the role of assuring population health.

Healthy Chicago focuses on public health issues and strategies which have measurable outcomes.

Strategies will be informed by evidenced-based and promising practices.

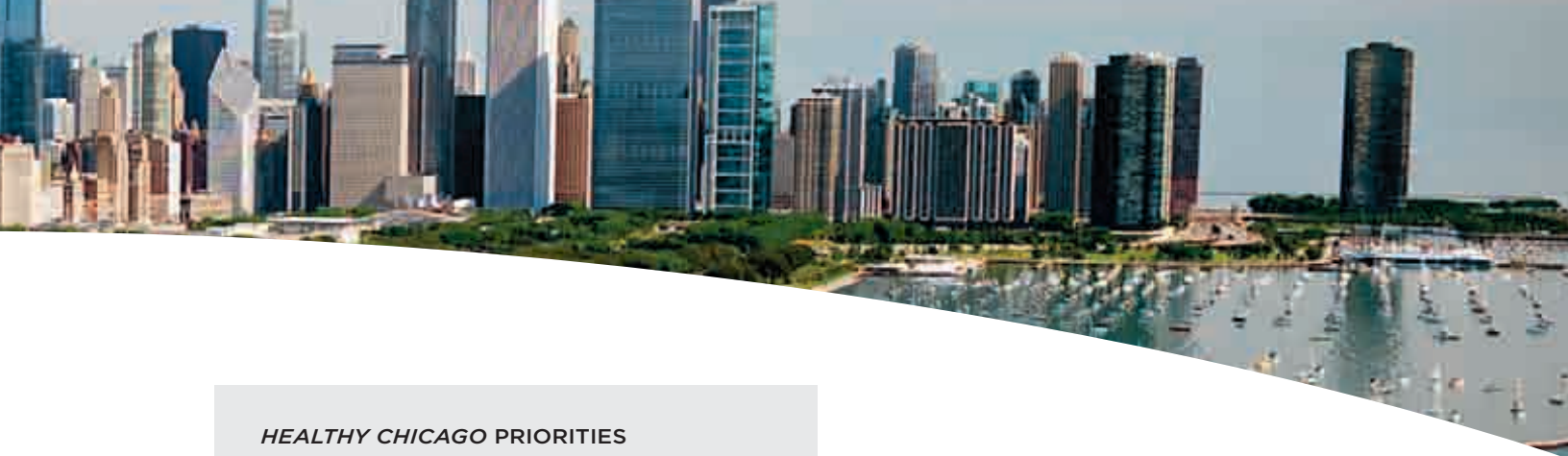
FOCUS AND ORGANIZATION OF THE AGENDA

The priorities presented in *Healthy Chicago* were identified through an assessment of public health data and resources, as well as current or potential stakeholder relationships. For each priority area below, *Healthy Chicago* presents strategies organized into three sections:

Policies, including regulatory changes and laws, that will be pursued to improve the public's health;

Programs and services that will be delivered; and

Education and public awareness efforts to reinforce proposed policies and programs.



HEALTHY CHICAGO PRIORITIES
Tobacco Use
Obesity Prevention
HIV Prevention
Adolescent Health
Cancer Disparities
Heart Disease & Stroke
Access to Health Care
Healthy Mothers & Babies
Communicable Disease Control & Prevention
Healthy Homes
Violence Prevention
Public Health Infrastructure

While *Healthy Chicago* identifies 12 discrete priority areas for action, it is important to note the interconnectedness across these areas. For example, it is recognized that a strategy to prevent tobacco use will also contribute to the goals of reducing heart disease and low birthweight births, and will also advance efforts to create healthy homes. Similarly, the attainment of the access to care goals will significantly facilitate the achievement of targets in several other priority areas.

TRACKING PROGRESS

Progress towards the *Healthy Chicago* goals and targets will be reported annually. For each priority area, 2020 targets were identified through a review of both historical and the most recently available data, and in consultation with the objectives of the national Healthy People 2020 plan for health improvement. It is recognized, however, that some recommended actions, such as increased screenings, may initially increase prevalence rates as more disease will be identified.

Implementation strategies are identified for a five-year period. Reporting on implementation of identified strategies will be incorporated into CDPH's existing

performance management process, described in the final section, Public Health Infrastructure.

Healthy Chicago identified targets address:

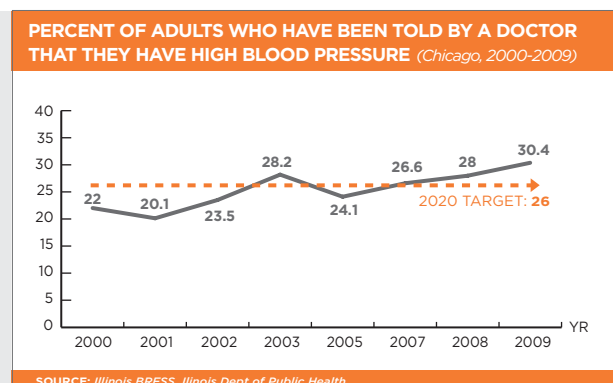
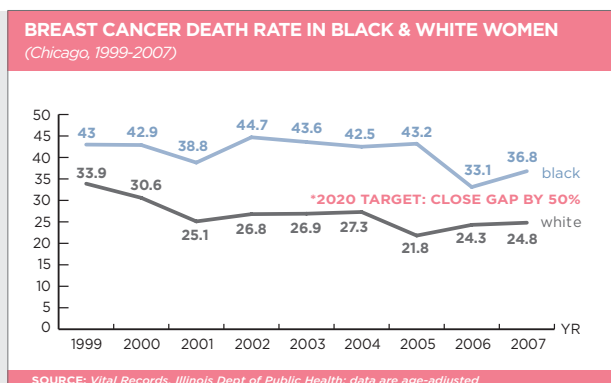
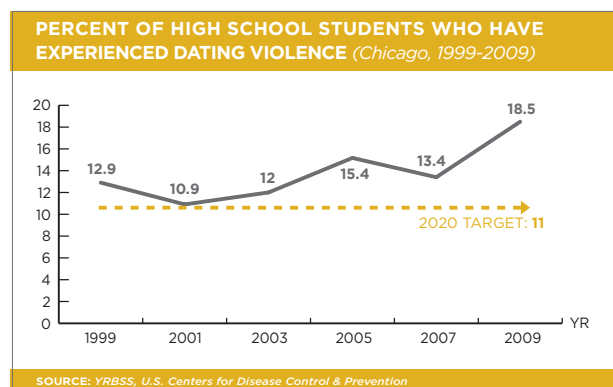
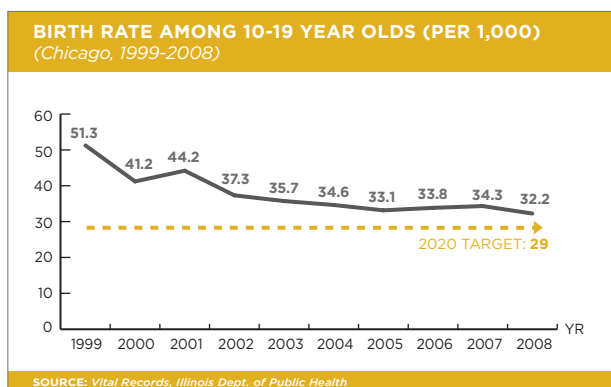
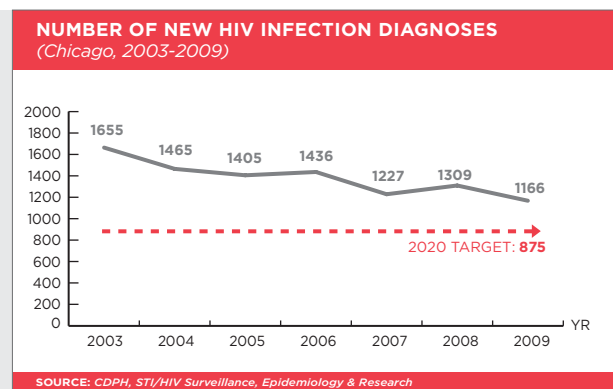
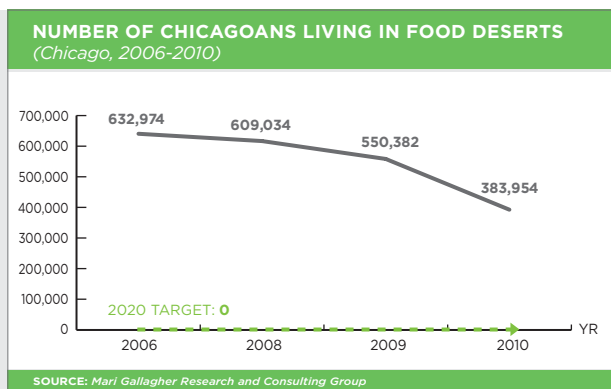
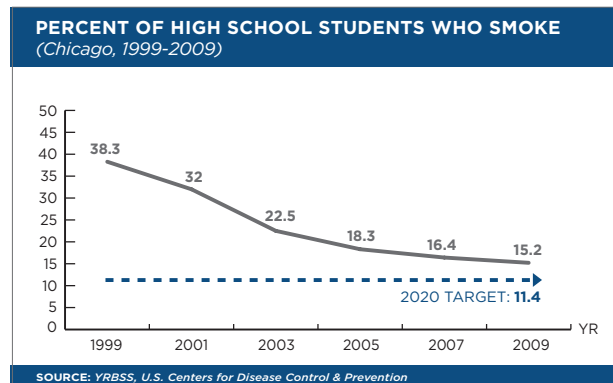
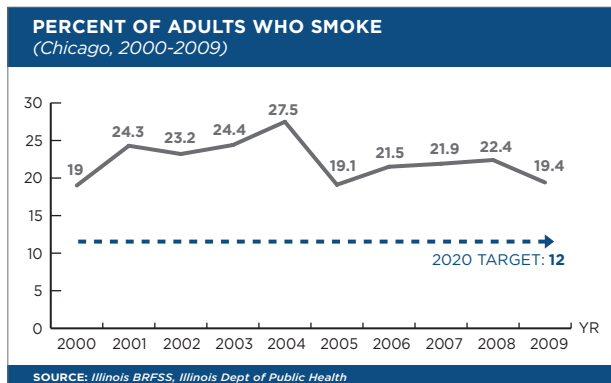
- » Adult and childhood obesity
- » Adult and youth produce consumption
- » Food deserts
- » Adult and youth tobacco use
- » HIV infections
- » Teenage births
- » Teenage chlamydia cases
- » Teen dating violence
- » HPV vaccinations
- » Breast cancer disparities
- » Adult hypertension
- » Patients served by Federally Qualified Health Centers
- » Low birthweight births
- » Infant mortality
- » Childhood vaccinations
- » Tuberculosis
- » Meningococcal infections
- » Childhood lead poisoning
- » Asthma hospitalizations
- » Childhood exposure to violence
- » School bullying

ROLE FOR PUBLIC HEALTH PARTNERS

Healthy Chicago strategies call primarily for action on the part of CDPH, often in partnership with other identified public health stakeholders. This was done solely to demonstrate CDPH's commitment to address these priority issues. In the coming weeks, CDPH will develop and issue addenda that speak to the current and potential roles that the faith, education, and business communities; community-based organizations; health care providers; and other public health partners can play in creating a healthy Chicago.

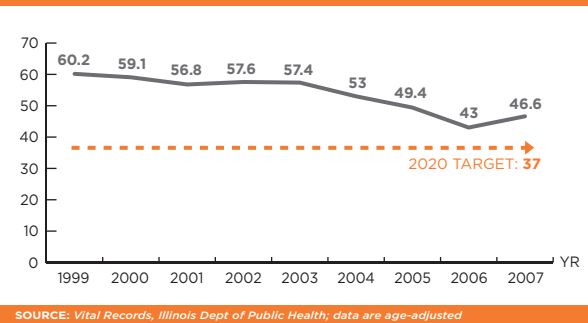
Moving toward a Healthy Chicago

This graphic snapshot shows the current state of the city's health and our targets for a healthier Chicago by 2020.



STROKE DEATH RATE (PER 100,000)

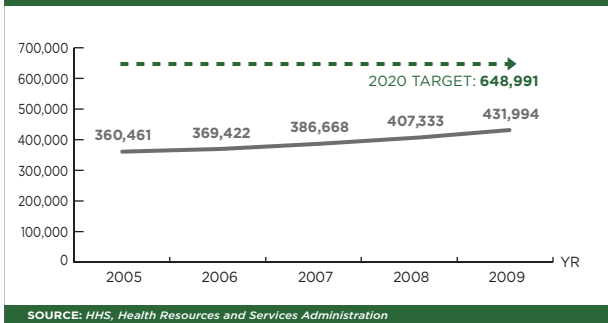
(Chicago, 1999-2007)



SOURCE: Vital Records, Illinois Dept of Public Health; data are age-adjusted

NUMBER OF FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PATIENTS

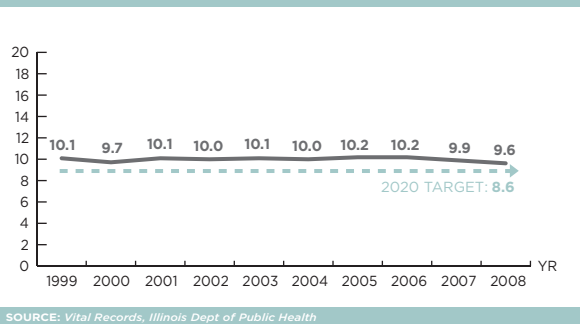
(Chicago, 2005-2009)



SOURCE: HHS, Health Resources and Services Administration

PERCENT LOW BIRTH WEIGHT BIRTHS

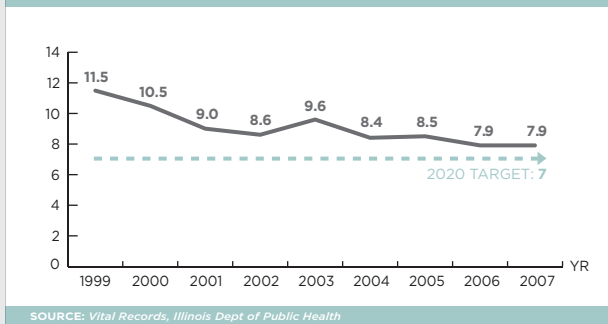
(Chicago, 1999-2008)



SOURCE: Vital Records, Illinois Dept of Public Health

INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)

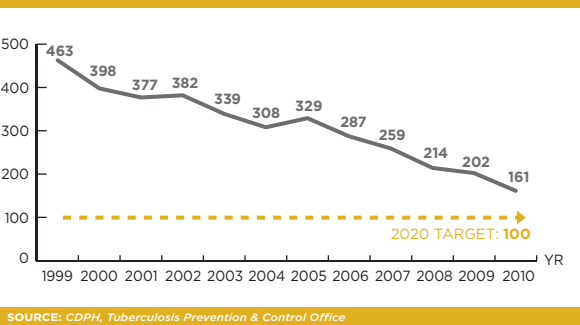
(Chicago, 1999-2007)



SOURCE: Vital Records, Illinois Dept of Public Health

NUMBER OF TUBERCULOSIS CASES

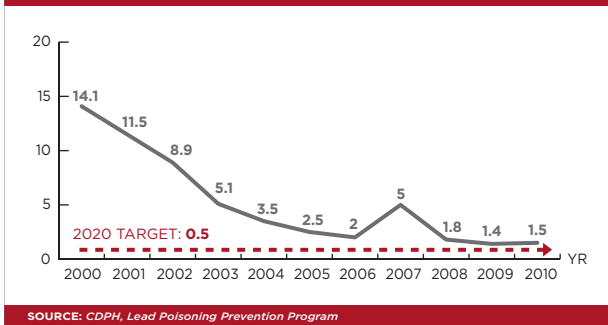
(Chicago, 1999-2010)



SOURCE: CDPH, Tuberculosis Prevention & Control Office

PERCENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

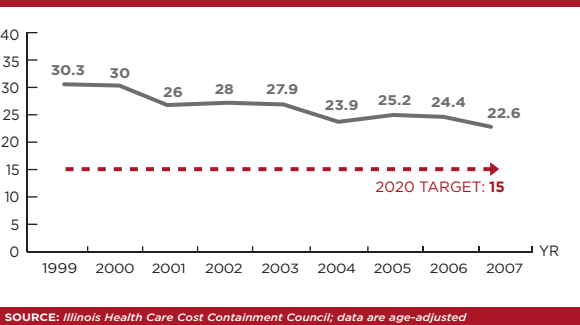
(Chicago, 2000-2010)



SOURCE: CDPH, Lead Poisoning Prevention Program

ASTHMA HOSPITALIZATION RATE (PER 10,000 RESIDENTS AGED 5-64 YEARS)

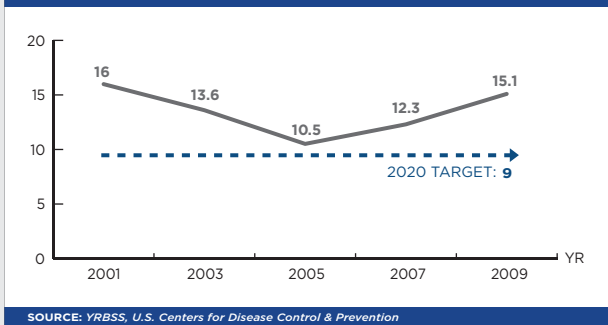
(Chicago, 1999-2007)



SOURCE: Illinois Health Care Cost Containment Council; data are age-adjusted

PERCENT OF HIGH SCHOOL STUDENTS MISSING SCHOOL DUE TO SAFETY CONCERNS

(Chicago, 2001-2009)



SOURCE: YRBSS, U.S. Centers for Disease Control & Prevention



Tobacco Use

GOAL

Reduce morbidity and mortality related to tobacco use and exposure to secondhand smoke.

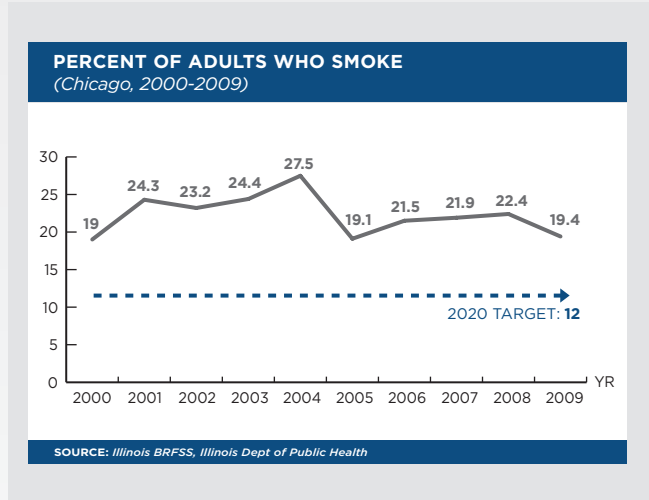
OVERVIEW

Tobacco use is the single most preventable cause of death and disease in Chicago and the United States.¹ For each tobacco-related death, another 20 people struggle with one or more serious tobacco-related illnesses, including lung, oral and pharyngeal cancer, heart disease and lung diseases such as emphysema and bronchitis.² In addition to death and illness caused directly by tobacco use, secondhand smoke causes many health problems, including heart disease, lung cancer and chronic obstructive pulmonary disease in adults, and severe asthma attacks, respiratory infections, and sudden infant death syndrome among infants and children.³

TOBACCO USE IN CHICAGO

Recent declines in tobacco use are attributable to a number of factors, including the prevention and cessation resources made available through the Master Tobacco Settlement Agreement and the Chicago Indoor Clean Air Ordinance, and increases to State and Municipal cigarette taxes (now combined at \$3.66 per pack).

In the past decade, tobacco use among adults in Chicago has declined from 23.9% in 1998 to 19.4% in 2009, a near 19% reduction. Among Chicago high school students, tobacco use declined by 60% overall from 38.3% in 1999 to 15.2% in 2009.



In 2010, CDPH worked in partnership with the Respiratory Health Association of Metropolitan Chicago (RHAMC) to secure \$11.5 million in federal stimulus funding to reduce tobacco use in Chicago. These resources are a significant supplement to existing efforts by CDPH, RHAMC and numerous other public health stakeholders in their ongoing work to reduce smoking.

TARGETS

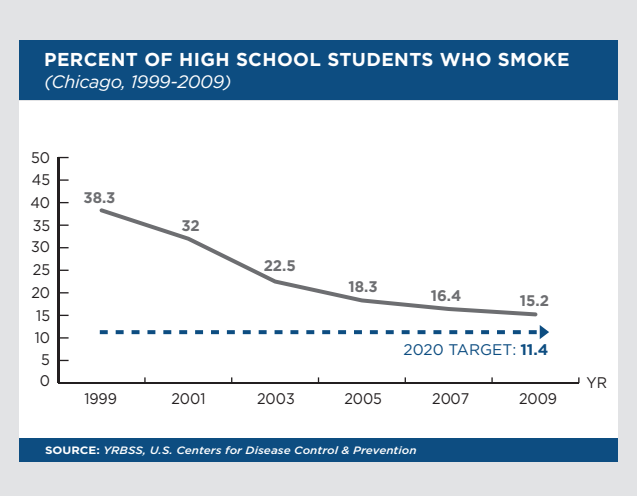
- » Reduce smoking prevalence among adults to 12%.
- » Reduce smoking prevalence among youth to 11.4%.

POLICIES

Pilot smoke-free housing policies in four Chicago Housing Authority complexes and ten privately owned/managed apartment and/or condominium buildings with at least 100 units.

Work with five hospital campuses and two mental health/substance abuse facilities to adopt new tobacco-free campus policies.

Work with higher education institutions, including community colleges, to adopt smoke-free campus policies.



Work with Chicago worksites with greater than 100 employees to adopt smoke-free workplace policies, with smoking cessation classes being offered on site.

Advocate for passage of a City ordinance to prohibit tobacco vending machines.

The Chicago Public Schools (CPS) and five private schools will approve wellness policies that include 100% tobacco-free campuses.

A Chicago Park District smoke-free parks policy will be adopted in the City of Chicago creating 570 smoke-free parks.

Support a State cigarette tax increase of \$1.00 per pack.

Support legislation to expand home rule authority for municipalities to impose taxes on tobacco products in addition to cigarettes.

PROGRAMS

Work with health center and physician practices to integrate systems to consistently utilize the Ask, Advise, Refer method for cessation services.

Work with community based organizations to provide nicotine replacement therapy to over 15,000 smokers in Chicago, with an emphasis on vulnerable populations and female clients receiving services at community health centers and WIC sites.

Support 750 undercover stings of tobacco vendors to prevent tobacco sales to minors.

In partnership with the RHAMC and Howard Brown Health Center, provide 6, six-week smoking cessation clinics and up to 15 smoke-free community events for the lesbian, gay, bisexual and transgendered communities.

Partner with the Chicago Department of Housing and Economic Development to analyze tobacco retail data and use this information to target interventions.

EDUCATION AND PUBLIC AWARENESS

Implement a citywide media campaign integrating paid print, television, radio and web-based advertising, along with earned media, to increase calls to the Illinois Tobacco Quitline.

Educate Chicago tobacco retailers about recently enacted Food and Drug Administration regulations and related penalties that took effect in June, 2011.

Implement a citywide counter advertising campaign utilizing field-tested messages.

Place signage at all 31 beaches and all playlots in Chicago to educate users about current smoke-free beach and playground policy.



1 Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995-1999, MMWR 2002;51(14):300-3.

2 US Department of Health and Human Services, Public Health Services, Office of the Surgeon General. The health consequences of smoking: A report of the Surgeon General, Rockville, MD: HHS; 2004.

3 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. Atlanta: CDC; 2006.



Obesity Prevention

GOAL

Prevent and control overweight, obesity and related chronic disease.

OVERVIEW

Obesity is one of the top underlying preventable causes of death in the U.S., increasing risks for the three leading causes of death – heart disease, cancer and stroke. Obesity also increases the likelihood of other conditions, including Type 2 diabetes, hypertension, and osteoarthritis. The impact of obesity on children is staggering as children are now being diagnosed with high blood pressure and Type 2 diabetes, which were most commonly seen in adults. Obesity researchers anticipate this could be the first generation that will have a lower life expectancy than their parents.

Obesity causes a serious economic burden. In 2008, the medical costs of obesity were estimated at \$147 billion, with nearly half of these costs covered by Medicare and Medicaid.¹

OVERWEIGHT AND OBESITY IN CHICAGO

Over the past decade, the prevalence of overweight adults has increased by nearly 10% to 37.4%. From 2005-2009, adult obesity increased by 9% to 29.7%. This translates into 67% of Chicago adults being either overweight or obese.

Among Chicago children, available data reveal that 3-7 year-olds have more than twice the obesity rate (22%) than that of young children in the U.S. as a whole (10%). Among older children, disparities also exist between Chicago (28%) and the U.S. (19.6%).²

Other local data reveal that 71% of high school students and 29% of adults do not get adequate physical activity, and over 70% of students and

PERCENT OF HIGH SCHOOL STUDENTS CONSUMING 5 SERVINGS OF PRODUCE DAILY (Chicago, 2005-2009)



SOURCE: YRBSS, U.S. Centers for Disease Control & Prevention

adults do not eat the recommended number of servings of produce. In 2010, an estimated 380,000 Chicagoans lived in food deserts.

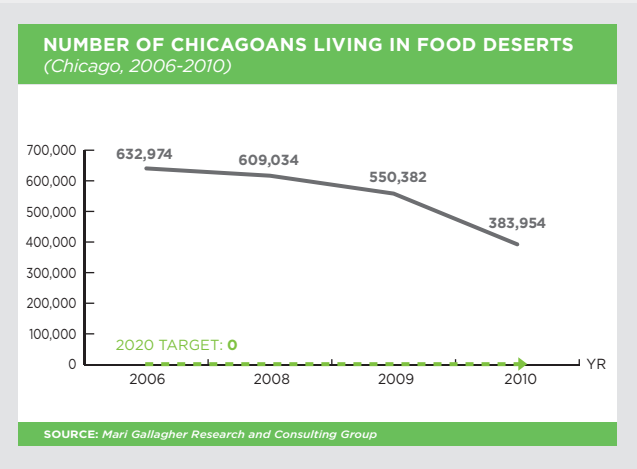
In 2010, nearly \$6 million in Patient Protection and Affordable Care Act funding to address obesity was secured by the City in partnership with the Consortium to Lower Obesity in Chicago Children. These resources will supplement the efforts of the City's Interdepartmental Task Force on Childhood Obesity and of other partners to combat obesity in both adults and children.

TARGETS

- » Reduce adult and childhood obesity by 10%.
- » Decrease the proportion of youth and adults consuming less than five servings of fruits and vegetables per day by 10%.
- » Reduce the number of Chicagoans living in food deserts to 200,000 by 2015 and to zero by 2020.

POLICIES

Craft and implement a long-term healthy vending machine policy for all City of Chicago public buildings to sell only products that meet American Heart Association vending guidelines.



Participate in efforts to revise the City’s current policies and regulations to ensure the availability of healthy and affordable produce in low access communities through a mobile cart program.

Participate with other City agencies to conduct an integrated food access assessment with the goal of increasing availability of healthy foods in low access communities.

Enact and implement new day care center standards to improve nutritional standards, increase daily physical activity and decrease screen time.

Continue to serve on the Mayor’s Pedestrian Advisory Council and support the future adoption of Safe Park Access and Complete Streets.

Advocate for the establishment of new U.S. Centers for Disease Control and Prevention Cooperative Agreements to provide direct funding for chronic disease prevention activities to large urban health departments.

Create a City of Chicago procurement policy that supports healthy eating at all City-sponsored events.

Work to reduce consumption of sugar-sweetened beverages.

PROGRAMS

Partner with community health centers to develop a Prescription for Health program whereby overweight and obese patients receive vouchers to purchase produce from farmer’s markets and wellness prescriptions for Chicago Park District exercise facilities.

Continue to convene the City’s Interdepartmental Task Force on Childhood Obesity and expand healthy eating and physical activity opportunities through Chicago Wellness Campuses and other venues.

Continue to work with the Chicago Department of Housing and Economic Development and other City agencies to expand urban agriculture opportunities for both commercial entities and residential community groups.

Conduct 19 fitness sessions weekly to over 5,000 Chicagoans annually.

Develop a toolkit for faith-based organizations and other community groups to promote healthy food choices and physical activity.

Work with Chicago Public Schools to access and analyze health records data to determine prevalence of childhood obesity among kindergartners, and sixth and ninth graders.

Work with health care providers to increase access to data that will better inform an understanding of obesity in Chicago.

EDUCATION AND PUBLIC AWARENESS

Create and launch an obesity prevention mass media campaign and a campaign focused on students such as Drop the Pop or 5-4-3-2-1 Go!

Develop a public awareness campaign to highlight healthy food options available at City-sponsored events, such as the Taste of Chicago.

Participate in efforts to develop and implement training to support day care centers in adopting new standards.

Develop a childhood obesity education campaign for health care providers to ensure routine assessment of body mass index during annual physicals and to promote communication with parents regarding maintenance of a healthy weight.

1 Annual Medical Spending Attributable to Obesity: Payer- And Service-Specific Estimates. Health Affairs, September 2009. Vol 28 no5 w822-w831.

2 Ogden, C.L., Carroll, M.D., et al. (2010). Prevalence of high body mass index in US children and adolescents, 2007-2008. JAMA, 295(13), 1549-1555.



HIV Prevention

GOAL

Prevent human immunodeficiency virus (HIV) infection and its related illness and death.

OVERVIEW

Thirty years ago, in 1981, the first case of AIDS was reported in Chicago. Today, HIV is a preventable disease, and numerous evidence-based behavioral and group interventions exist to increase protective behaviors. For those already living with the disease, there are effective new drug therapies to keep them healthy longer and dramatically reduce the death rate.

It is estimated that 21% of persons with HIV are unaware of their status.¹ As more than half of all new HIV infections occur as a result of people who have HIV but do not know it, effective counseling and testing are essential components to a comprehensive HIV prevention strategy.

HIV IN CHICAGO

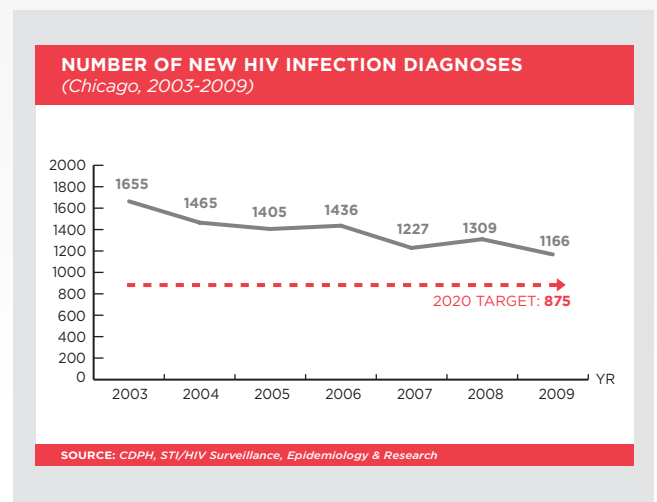
Since the beginning of the epidemic, 36,376 cases of HIV and AIDS have been reported in Chicago. AIDS diagnoses have declined considerably since the peak in the mid-1990s. The number of diagnosed AIDS cases increased slightly between 1998 and 2002 before steadily declining through 2008. In 2010, 63% of living HIV and AIDS cases in Illinois were reported in Chicago.²

There are currently 21,882 persons known to be living with HIV or AIDS in Chicago, and an estimated 5,817

persons who have HIV but are unaware of their status. Over half of the persons known to be living with HIV/AIDS (11,621) are Black with a prevalence rate (1,354 per 100,000) more than twice that of Whites (634) and nearly three times that of Hispanics (473).

In 2009, provisional data show 1,116 new HIV infection diagnoses were reported in Chicago. The 951 cases reported among Blacks represented a 29% decrease from 2003, while White cases and Hispanic cases declined by 35% and 26% respectively.

The proportion of HIV infections attributed to injection drug use has declined in recent years, and the majority of cases, 60%, are due to men having sex with men. Heterosexual behavior contributes to slightly less than 25% of reported annual infections.

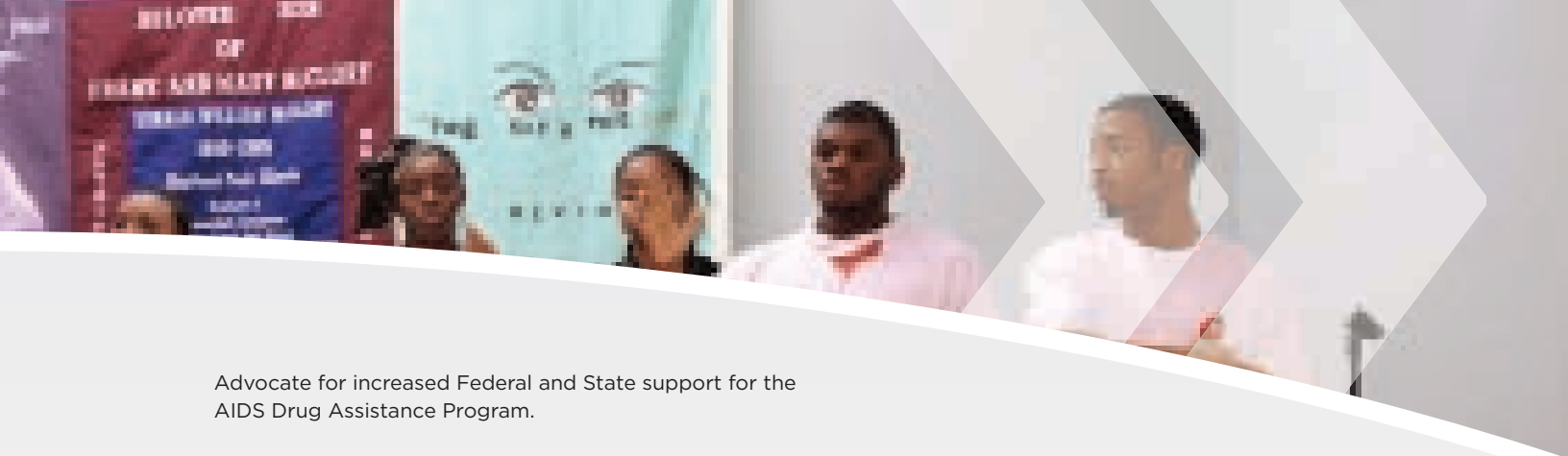


TARGETS

» Reduce the annual number of HIV infections by 25% from 1,166 to 875.

POLICIES

Advocate for increased coordination and funding from federal agencies to implement structural interventions which address the social determinants of health.



Advocate for increased Federal and State support for the AIDS Drug Assistance Program.

Advocate with the State to explore the merits of new federal options allowing early access to Medicaid coverage for low-income people living with HIV.

Support efforts to increase the investment, research and development of microbicides and pre-exposure prophylaxis and post-exposure prophylaxis.

PROGRAMS

Implement the National HIV/AIDS Strategy in Chicago to enhance a coordinated response to the HIV epidemic.

Ensure that providers who are required to report HIV cases to CDPH are complying.

Conduct behavioral surveillance activities with at-risk populations to document the full spectrum of HIV risk behaviors.

Work to reduce HIV transmission rates and health disparities among men who have sex with men, particularly Blacks and Hispanics.

Support HIV testing for at least 58,000 high-risk individuals annually.

Work with partners to distribute 10 million condoms annually to high-risk individuals.

Work with traditional and new partners to ensure that all sexually active Chicagoans are aware of their HIV status.

Lead efforts and partnerships to expand linkage to care for HIV-positive individuals currently not in care.

Work to expand the availability of primary and secondary prevention services for persons living with HIV/AIDS.

Pilot combination prevention strategies in communities with the highest incidence and prevalence of HIV.

Work with the Mayor's Council of Technology Advisors, Health Information Technology Committee to explore and implement on-line services to facilitate the identification of partners of newly diagnosed HIV cases.

Work with hospitals, medical schools and physician residency programs to encourage the integration of opt-out testing in protocols and curricula.

Link 80% of the individuals who were previously HIV-positive and newly diagnosed with syphilis to care within 90 days of diagnosis.

Support partner agencies in the distribution of over three million syringes, in conjunction with prevention education information, to injecting drug users.

Promote integration of hepatitis, tuberculosis, and STI testing for HIV infected persons.

EDUCATION AND PUBLIC AWARENESS

Implement the Get Real, Get Care campaign to promote linkage to care for persons newly diagnosed with HIV.

Implement public education campaigns that deliver targeted prevention messages to vulnerable populations.

Deliver a menu of basic and advanced HIV prevention trainings to over 900 providers annually.

Implement state-of-the-art HIV prevention interventions via technology, including social networks.

¹ Marks G, Crepaz N, Janssen RS, et al. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 2006; 20(10):1447-50.

² All data in this section are provided by the STI/HIV Surveillance, Epidemiology and Research Section, Chicago Department of Public Health.



Adolescent Health

GOAL

Improve the health, safety, and well-being of adolescents.

OVERVIEW

In Chicago, adolescents ages 10 to 19 years comprise nearly 13% of the total population. It is during this transition from childhood to adulthood that behavioral patterns are established that will determine both their current and future health status.¹ Some adolescent behaviors and lifestyle choices may have more immediate health effects, such as pregnancy; sexually transmitted infections, including human papillomavirus (HPV); and dating violence. Other behaviors, such as tobacco use, physical inactivity and poor nutritional choices may increase the risk for developing chronic diseases later in life.

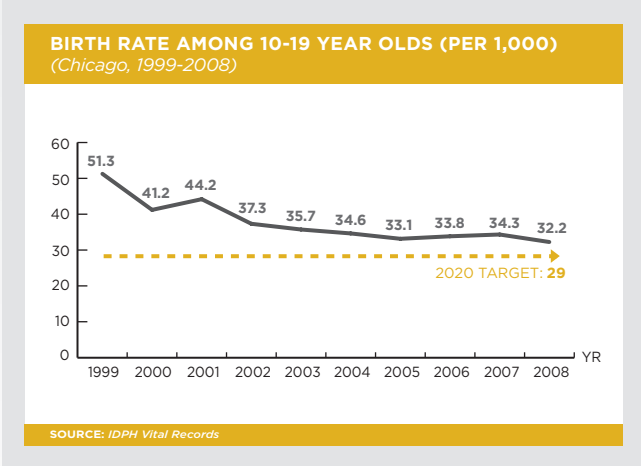
Family, peer groups, schools and neighborhoods can play an important role in supporting adolescents' well-being. Positive development can reduce risk behaviors and foster the adoption of healthy behaviors that can last a lifetime.

ADOLESCENT HEALTH IN CHICAGO

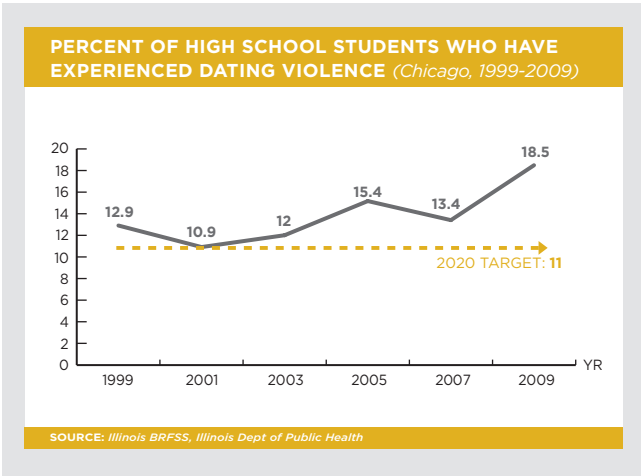
According to the 2009 Youth Risk Behavior Survey, 39% of Chicago high school students reported being sexually active. Just over one-third, 35%, reported they had not used a condom at the time of last intercourse. These behaviors contribute to Chicago's teen birth rate and sexually transmitted infections.

In 2008, about 32 out of every 1,000 girls aged 10-19 years in Chicago gave birth.² The overall teen birth rate in the city has declined by 37% in the past decade; however, the decreases have been significantly greater among Whites (70%) than among Blacks (38%) and Hispanics (23%).

Sexually transmitted infections (STIs) among adolescents, most notably chlamydia, are of increasing concern. In 2009, 8,630 cases of chlamydia were reported among teens aged 10 to 19, a nearly 68% increase over the number 10 years earlier. The vast majority of cases were reported among Black teens (76%) and females (78%).



For some young girls, sexual risk taking behavior that leads to pregnancy and sexually transmitted infections may be associated with teen dating violence.³ The 2009 Youth Risk Behavior Survey found that 18.5% of Chicago high school students surveyed had been the victim of dating violence within the previous year. This figure is nearly twice the rate of students nationwide.





In Chicago, there are currently 32 school-based health centers. Importantly, these centers facilitate student access to quality health care services.

TARGETS

- » Reduce the teen birth rate by 10% to 29 per 1,000.
 - » Reduce the rate of chlamydia among youth by 10%.
 - » Reduce the percent of youth experiencing teen dating violence by 10% to 11%.
 - » Increase the percent of adolescents ages 13-15 receiving 3 doses of HPV vaccination from 15.6% to 60%.
-

POLICIES

Develop and implement a policy requiring all health department staff who interact with youth to receive annual teen dating violence professional development.

Extend the Intergovernmental Agreement between CDPH and the Chicago Public Schools to allow for continued STI and immunization services.

Seek funding to expand a school-based vaccination program and develop and evaluate a self-sustaining model where community vaccinators can bill public and private insurance companies for the administration of adolescent vaccines.

PROGRAMS

Establish an Office of Adolescent and School Health to better coordinate services to children and youth.

Increase the number of school-based health centers.

Promote medically accurate sex education in public schools.

Deliver the evidenced-based Teen Outreach Program to 9,500 ninth graders annually at 23 high schools in communities with high teen birth and STI rates.

Annually provide targeted chlamydia and gonorrhea education and screening to students in at least 16 high schools in communities with high STI prevalence.

Provide HPV vaccine to 56 adolescent healthcare providers annually, including school-based health centers and Planned Parenthood.

EDUCATION AND PUBLIC AWARENESS

Coordinate with the Illinois Chapter of the American Academy of Pediatrics to provide at least 20 immunization educational sessions annually at high-volume adolescent healthcare provider offices.

Develop a Teen Health website and Teen Health hotline.

Launch an adolescent health social media campaign.

Provide dating violence, pregnancy prevention and immunization information to adolescent clients of City-operated Sexually Transmitted Infections clinics.

Promote webinar and other electronic training opportunities for teen dating violence prevention.



¹ National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention and Healthy Development. Adolescent health services: Missing opportunities. Lawrence, RS, et al., editors. Washington: National Academies Press, 2009.

² Chicago Department of Public Health, Office of Epidemiology, 2011.

³ Silverman, J.G., et al. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality, *Journal of the American Medical Association*, 286(5), 572-579.



Cancer Disparities

GOAL

Eliminate racial and ethnic disparities in breast cancer.

OVERVIEW

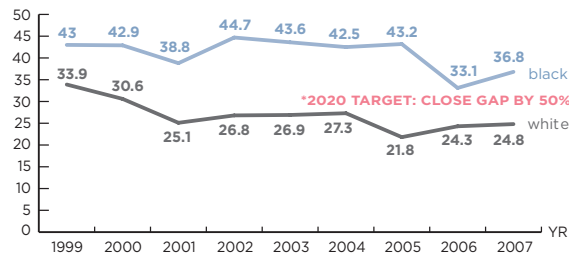
While advances in cancer research, detection and treatment have contributed to a decrease in disease and mortality, cancer remains the second leading cause of death in Chicago and the U.S. And while the overall death rate for all cancers combined in Chicago has declined, that decrease has been uneven across racial and ethnic groups. Some of the greatest disparities have been observed in breast cancer death rates where Blacks are significantly more likely to die than Whites.

The causes of disparities in health status are complex and likely include poverty, lower levels of education, poorer environmental conditions, a lack of access to health care and individual risk behaviors. Possible explanations for the disparities in breast cancer outcomes in Chicago include differential access to mammograms, differential quality of mammograms, and differential access to quality treatment.¹

BREAST CANCER DISPARITIES IN CHICAGO

In 2007, 379 women died of breast cancer in Chicago – more than half of them were Black. That year, the overall breast cancer mortality rate was 27 deaths per 100,000, a near 20% reduction from the rate in 2000. However, during this same eight-year period, the rate among Blacks declined by only 14.7%, while the White breast cancer mortality rate dropped by

BREAST CANCER DEATH RATE IN BLACK & WHITE WOMEN
(Chicago, 1999-2007)



SOURCE: Vital Records, Illinois Dept of Public Health; data are age-adjusted

26%. In 2007, the Black breast cancer mortality rate (36.8) was 48% higher than the rate among Whites (24.8).

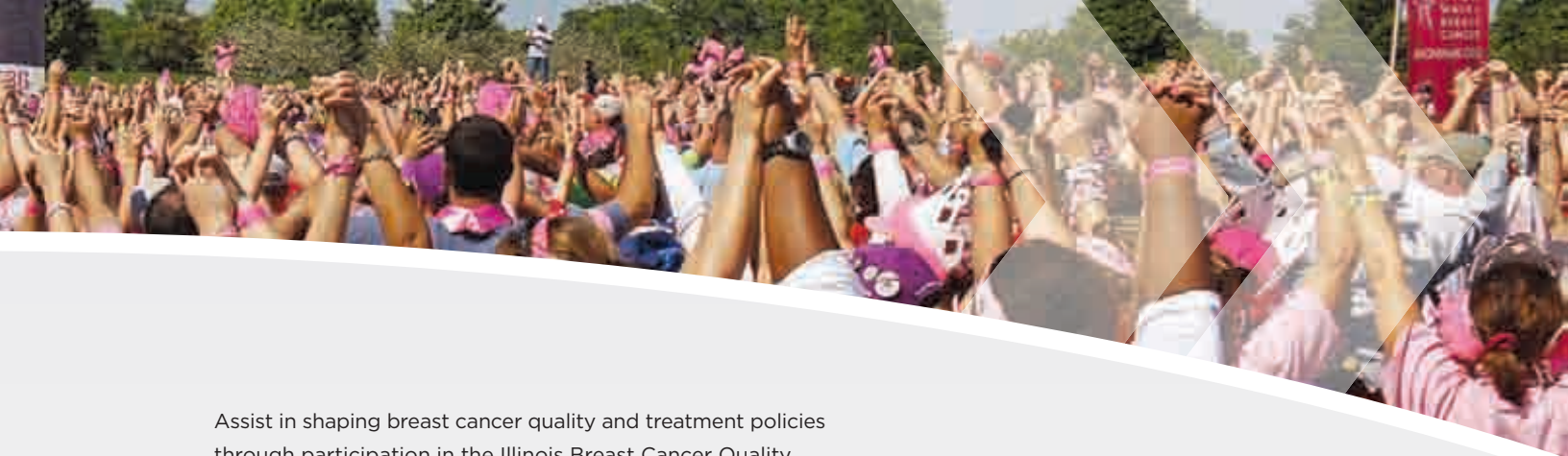
Through the Beyond Pink Chicago initiative, CDPH seeks to improve access to quality breast cancer screening and treatment, promote education and awareness among the public and health care providers, empower communities to take charge of their health, and conduct breast cancer surveillance in order to track breast cancer incidence and mortality and better understand the causes of breast cancer disparities.

TARGETS

- » Reduce breast cancer mortality disparities between Black and White females by 50%.

POLICIES

Work with partners to advocate the State for: (1) the maintenance of funding for the Illinois Breast and Cervical Cancer program, (2) the implementation and funding of the Breast Cancer Disparities Act, and (3) the improvement of Medicaid reimbursement policies to eliminate obstacles to accessing breast cancer screening and treatment.



Assist in shaping breast cancer quality and treatment policies through participation in the Illinois Breast Cancer Quality Screening and Treatment Initiative's Advisory Board.

Support efforts, such as Title VII, Public Health Services Act, Health Professions, to promote greater ethnic, cultural, and gender diversity and minority representation among health care professionals.

Support resource investments that enrich cultural competency education and services for health care workers.

PROGRAMS

Work with partners to: (1) monitor safety net capacity for breast cancer screening and (2) monitor hospital quality issues related to breast cancer screening and treatment.

Conduct outreach and provide 4,500 screening mammograms annually to underserved women.

Link CDPH clients with abnormal mammogram results to follow-up services through the Illinois Department of Healthcare and Family Services or, for those not eligible for State assistance, to other sources of care.

Organize and convene, on a quarterly basis, a breast cancer community advisory group, to include breast cancer survivors, affected family members, breast cancer service providers, academic researchers, and media.

In collaboration with the Illinois Department of Healthcare and Family Services, conduct a mammogram reminder pilot for Medicaid recipients living in the Austin and Roseland communities who are due for a mammogram. The results of the pilot will be used to guide the development of additional reminder interventions to other African American communities.

Secure resources to improve breast cancer surveillance to increase the understanding of breast cancer in Chicago, including high-risk populations and communities.

Marshall CDPH's epidemiology capacity, in partnership with others, to help frame the future direction for eliminating health disparities.

EDUCATION AND PUBLIC AWARENESS

Develop an inventory of Chicago breast cancer outreach and awareness activities.

Promote breast cancer community education and awareness with the advice of a community advisory group and in partnership with public health stakeholders.

With enhanced surveillance capacity, develop descriptive and analytical reports on Chicago breast cancer disparities, and communicate results and recommendations to providers, policymakers, and the public.



¹ Whitman, S., Ansell, D., Orsi, J. and Francois, T. The racial disparity in breast cancer mortality. *Journal of Community Health*, published online: Dec 29, 2010.



Heart Disease and Stroke

GOAL

Improve cardiovascular health through prevention, detection, and reduction of risk factors for heart disease and stroke.

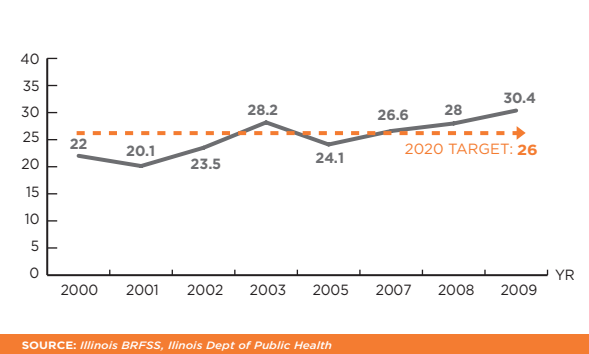
OVERVIEW

Heart disease and stroke, the first and third leading causes of death in the United States, are major health threats. Persons who live with heart disease or survive a stroke often suffer significant disability and reduced quality of life. In 2010, these cardiovascular diseases accounted for more than \$500 billion in health care expenditures and lost productivity due to death and disability.

While mortality rates due to heart disease and stroke have been declining overall in the last several decades, these declines are now flattening or reversing, and other trends are troubling. Obesity, a risk factor for cardiovascular disease, is increasing. Recent studies have shown that while stroke is most common among older persons, stroke incidence is rising dramatically among young and middle-aged adults. In addition, racial, ethnic, and socio-economic disparities persist in both mortality rates and risk factors for cardiovascular disease.

Lifestyle changes can greatly reduce the risk of heart disease and stroke. High blood pressure; high cholesterol; cigarette smoking; diabetes; poor diet, including high sodium intake; physical inactivity; and overweight and obesity are the most important modifiable risk factors. It is crucial to address these early in order to prevent illness.

PERCENT OF ADULTS WHO HAVE BEEN TOLD BY A DOCTOR THAT THEY HAVE HIGH BLOOD PRESSURE (Chicago, 2000-2009)

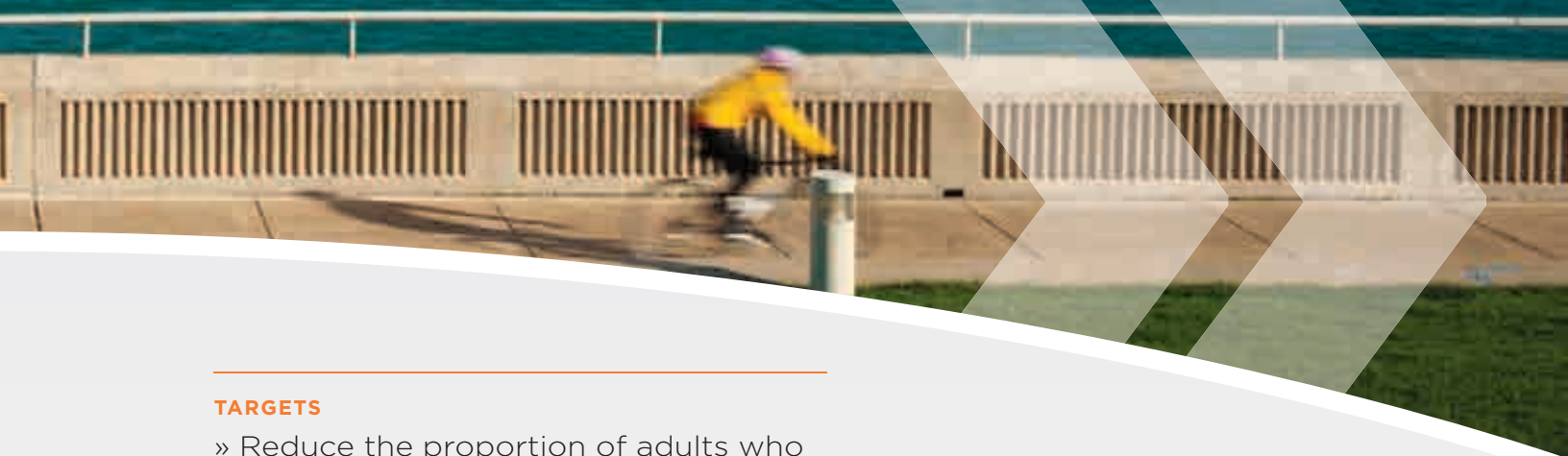


Ideal cardiovascular health, as defined by the American Heart Association’s Strategic Planning Task Force, includes abstinence from smoking within the past year; ideal body mass index; physical activity at goal levels; a diet that promotes cardiovascular health; healthy, untreated cholesterol levels and blood pressure; and the absence of diabetes.

CARDIOVASCULAR DISEASE AND STROKE IN CHICAGO

As in the U.S., in 2007, heart disease was also the number one cause of death in Chicago, and stroke was the third leading cause of death. Combined, they accounted for one-third of all deaths. Heart disease mortality in Chicago declined from 1996 to 2006, but these improvements were not distributed evenly. From 1996-2006, some populations (Whites, Asians, and Black females) saw reductions in heart disease mortality rates, but others (Hispanics and Black males) saw no improvement or worsening of heart disease mortality.

Substantial proportions of Chicagoans report modifiable risk factors for heart disease and stroke. In 2009, 67% of adults were either overweight or obese. In addition, according to the 2009 Behavioral Risk Factor Surveillance System, 30% of Chicago adults had been told by a doctor that they have high blood pressure, 37% had been told that they have high cholesterol, 19% were smokers, and 63% did not meet the standard for regular, sustained physical activity.



TARGETS

- » Reduce the proportion of adults who have high blood pressure by 15% to 26%.
 - » Decrease the stroke mortality rate by 20% to 37 per 100,000.
-

POLICIES

Work with Chicago area companies to reduce the amount of salt in packaged and restaurant foods, achieving National Salt Reduction Initiative targets.

Take the lead in promoting healthy vending in the workplace by adopting healthy vending policies for all public buildings that are overseen by the City of Chicago.

Help establish a citywide plan that incorporates planning and zoning standards for urban agriculture and healthy food retail venues, especially in neighborhoods with low access to fresh, healthy foods.

Explore options for local menu labeling policies in order to promote healthier eating.

Explore and maximize opportunities to extend indoor smoking bans.

PROGRAMS

Work with governmental and community partners to increase the number of corner stores with healthy food and beverage options through both community-level and city-wide initiatives.

Engage Chicago CTSIs (Clinical Translational Science Institutes) in developing recommendations to address common issues in the identification and care of persons with hypertension and hyperlipidemia.

Work with the Department of Transportation and other City agencies to make all modes of transportation easier, more accessible, and safer for walking, biking and using public transportation.

Implement standardized protocols and clinical practice guidelines for the management and treatment of CDPH adult patients diagnosed with hypertension.

Participate in the implementation of the F.I.T. (Fresh, Innovative, and Tasty) project, which will engage local restaurants and chefs in providing consumers with menu options that are balanced, nutrient-rich, lower calorie, and low in fat and sodium.

EDUCATION AND PUBLIC AWARENESS

Through the Racial and Ethnic Approaches to Community Health (REACH) program, recruit and train community-based organizations to provide cardiovascular disease risk awareness and prevention education in a minimum of three predominantly Black and/or Hispanic community areas.

In collaboration with the American Heart Association, implement a community-wide campaign focused on blood pressure control and stroke prevention during National High Blood Pressure Education Month and National Stroke Awareness Month.

In collaboration with the Chicago Fire Department and the American Heart Association, coordinate the display of the Hands-Only CPR poster in Chicago Public Schools, and conduct a community-wide outreach and education campaign pertaining to Hands-Only CPR.

In collaboration with the Public Health Committee of the Chicago Medical Society, develop a series of webinars to educate and inform physicians about the National Heart, Lung, and Blood Institute's release of new guidelines for the management of cholesterol and hypertension.

Work with partners to provide training to community health workers in the prevention and control of hypertension with a focus on medication compliance/adherence and linking community members to the health care system.



Access to Care

GOAL

Increase access to primary care and mental health services among the uninsured.

OVERVIEW

Fifty million Americans under the age of 65 years were uninsured in 2009, an increase from 45 million in 2007.

Uninsured persons are less likely to receive preventive care, and more likely to postpone seeking care, be hospitalized for untreated chronic conditions, and be diagnosed with illnesses at later stages.

The Patient Protection and Affordable Care Act (PPACA) will greatly increase health coverage for Americans. In 2014, Medicaid will be expanded to 133% of the federal poverty level for all individuals under age 65. Those with incomes above that but below 400% of the federal poverty level will be eligible for premium and cost-sharing subsidies. One PPACA provision already implemented is the extension of coverage for dependent children through age 26 on their parents' insurance coverage.

In addition, \$9.5 billion over five years has been made available through the PPACA for the expansion of Federally Qualified Health Centers (FQHCs), which are funded to provide care to those who need it, regardless of their ability to pay.

ACCESS TO CARE IN CHICAGO

About one-half million non-elderly Chicagoans are uninsured, a figure that has been steadily increasing. Children have much lower rates of uninsurance than adults due to the Illinois All Kids program.

With an increasing federal investment, the number and capacity of FQHCs in Chicago has increased tremendously over the past decade, and more significant growth is expected under PPACA. Between 2005 and 2009, the number of patients seen by FQHCs in Chicago increased by nearly 20% from 360,461 to 431,994.

Previous CDPH studies have shown certain geographic areas of the city have been underserved by community health centers. PPACA funding provides an opportunity for all regions of Chicago to be served by accessible providers, regardless of ability to pay.

At the same time public funding for mental health services has decreased significantly. Illinois has restricted eligibility for some mental health services to those who are Medicaid-eligible, making a significant portion of clients now ineligible for publicly-supported services. Media reports have indicated that staff are being cut and fewer services are now available, in the face of growing demand.

TARGETS

- » Increase the number of Chicagoans receiving Medicaid by 15% so that 65% of the population under 133% of the poverty level is covered.
 - » Increase the number of FQHC patients served by 50% to 648,991.
 - » Improve mental health provider collaborations to increase service capacity by 15%.
-

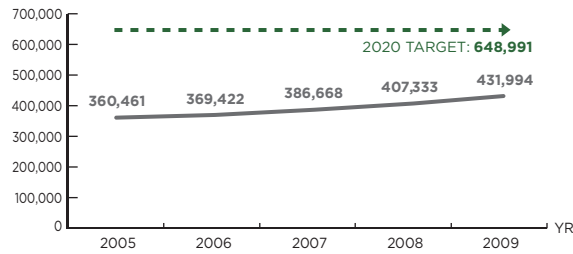
POLICIES

Advocate for maintenance and full funding of the PPACA to ensure expansion of Medicaid and establishment of Health Insurance Exchanges so that more Chicagoans have insurance coverage.

Advocate with other mental health stakeholders and providers to increase funding for and access to mental health services for the uninsured and underinsured.



NUMBER OF FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PATIENTS *(Chicago, 2005-2009)*



SOURCE: HHS, Health Resources and Services Administration

EDUCATION AND PUBLIC AWARENESS

Work with the City of Chicago's 311 call center to make information available on health care providers.

Aggressively provide information on how to apply for public insurance coverage and offer problem-solving assistance.

Advocate for the long-term sustainability of FQHC funding and the integration of behavioral health and primary care services.

Work to assure that the City of Chicago receives PPACA funding to educate the public on insurance coverage opportunities made available through PPACA.

PROGRAMS

Collaborate with other providers to collect and analyze data reflective of health care system changes.

Provide data to and collaborate with FQHCs and the Federal Health Resources and Services Administration to identify and advocate for the placement of new sites in areas of greatest need.

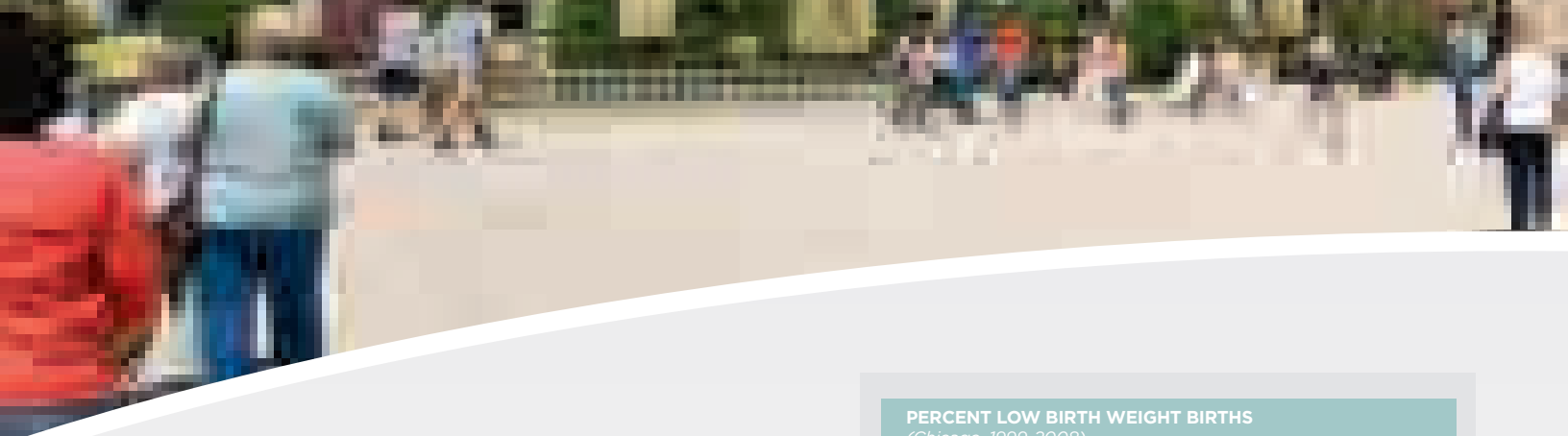
Collaborate with the Chicago Health Information Technology Regional Extension Center to identify ways to document increased access to care.

Convene and work with mental health providers to determine ways for all State-funded mental health providers to more effectively provide services to Chicagoans.

Track changes in the availability of publicly-funded mental health services for the uninsured and underinsured.

Provide oral health services, including screenings and dental exams, to over 90,000 Chicago Public Schools students annually.





Healthy Mothers and Babies

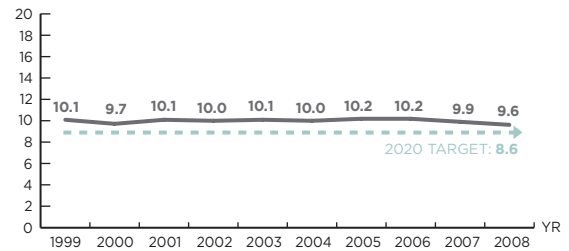
GOAL

Improve the health and well-being of mothers and infants.

OVERVIEW

One of the most important predictors for healthy birth outcomes is the health of the mother before she becomes pregnant. Many pregnancies are unplanned, and critical development of the fetus occurs before a woman realizes she is pregnant. The U.S. Centers for Disease Control and Prevention has called care for women who have never been pregnant and for those who are between pregnancies a public health concern. Because of the limited focus on preconception/interconceptional care, the women most likely to have poor birth outcomes enter pregnancy with pre-existing health conditions such as asthma, diabetes, hypertension and obesity; health behaviors such as smoking and substance abuse; chronic stressors associated with discrimination and racism; poverty and lack of education; and uncoordinated health and social systems that adversely affect their ability to address their needs. Low and very low birthweight and premature infants are those most likely to die during their first 12 months of life. Normal pre-pregnancy weight, adequate weight gain in pregnancy, the intake of multivitamins including folic acid, and breastfeeding of infants are modifiable factors that have long-term influence on maternal and infant health.

PERCENT LOW BIRTH WEIGHT BIRTHS
(Chicago, 1999-2008)



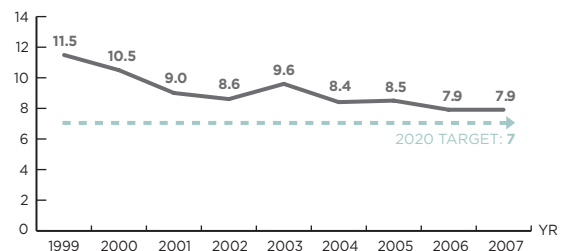
SOURCE: Vital Records, Illinois Dept of Public Health

MATERNAL AND INFANT HEALTH IN CHICAGO

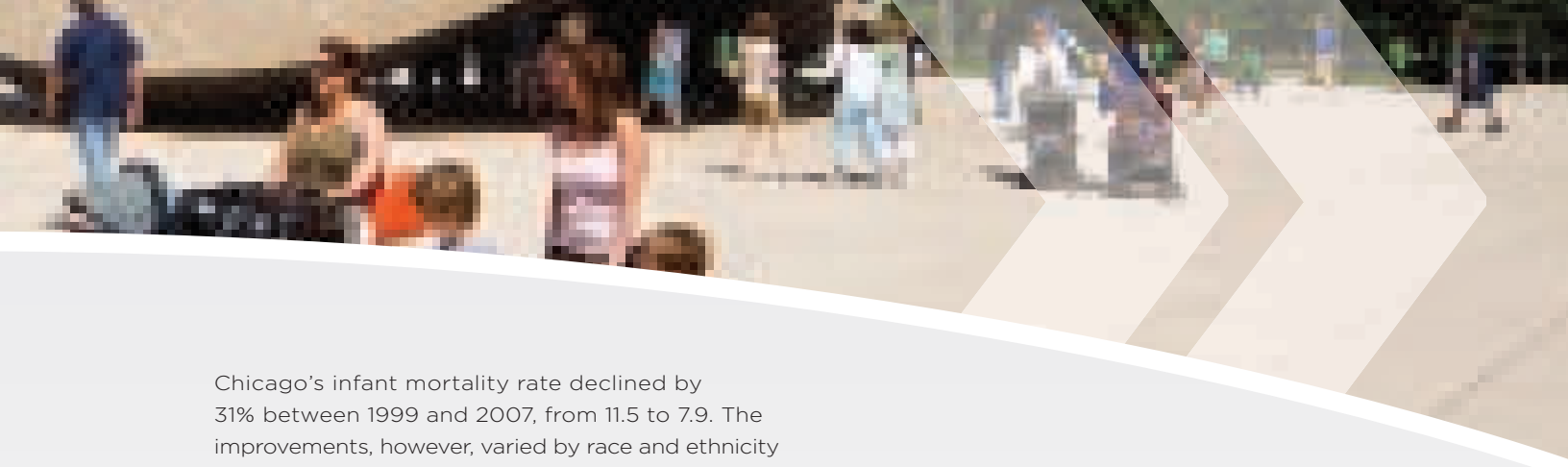
In Chicago, the percent of women receiving prenatal care in their first trimester improved by 14% between 1998 and 2008 (from 74.2% to 84.6%). The greatest increase (19.7%) was among Hispanic women, 88.6% of whom received first trimester care in 2008. And while the smallest increase was among White women (just 7%), the 92% receiving early care was nearly 19% higher than Black women (77.5%).

The low birthweight birth rate of 9.6 in 2008 represents a 4.5% reduction from the 10% reported ten years earlier. Despite this decline, the 2008 rate for Blacks (14.5) is still more than twice the rate that same year for Hispanics (6.9) and Whites (7).

INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)
(Chicago, 1999-2007)



SOURCE: Vital Records, Illinois Dept of Public Health



Chicago's infant mortality rate declined by 31% between 1999 and 2007, from 11.5 to 7.9. The improvements, however, varied by race and ethnicity and the death rate among Black infants was nearly three times the rate among White infants.

TARGETS

- » Reduce the infant mortality rate by 10% to 7 per 1,000 live births; reduce the rate among Black infants by 10% to 10.9 per 1,000 live births.
- » Reduce the percent of low birthweight births by 10% to 8.6%.
- » Increase the percentage of WIC infants who are still breast fed at 6 months from 32% to 50%.

POLICIES

Encourage the passage of a City ordinance that prohibits discrimination against breastfeeding in public places.

Work with insurance agencies to implement policy changes to support preconception/interconceptional care and education and breastfeeding practices for mothers.

PROGRAMS

Implement preconception/interconceptional programs in healthcare settings serving women of childbearing age.

Work with hospitals, primary care providers and community resources to implement evidence-based breastfeeding practices, including but not limited to, encouraging hospitals to implement Baby Friendly criteria.

Collaborate with local chapters of professional associations to train staff to implement curricula aimed at improving women's health.

Provide 16,000 home visits annually to pregnant women and new mothers.

Establish preconception and interconceptional care standards for healthcare visits provided by CDPH nurses and case managers.

Offer all CDPH prenatal patients Centering Pregnancy, an evidence-based prenatal care program that encourages women to remain in prenatal care and results in improved birth outcomes.

Increase the number of peer educators in CDPH WIC programs who provide breastfeeding support for pregnant and post-partum women.

Develop linkage agreements with agencies capable of providing training and job opportunities for women and their partners.

EDUCATION AND PUBLIC AWARENESS

Implement a citywide campaign on nutrition emphasizing the importance of adequate nutrient and caloric intake for women and the benefits of taking daily multivitamins, including folic acid, regardless of pregnancy status.

Implement a citywide campaign on the benefits of breast milk for all infants for at least six months.

Promote the continued training and access to community health workers.

Educate high-risk women, families, communities of faith, and health care providers about the factors that positively affect maternal health and pregnancy outcomes such as refraining from substance use and the need to seek assistance to prevent or manage chronic and other conditions.



Communicable Disease Control & Prevention

GOAL

Reduce morbidity and mortality related to communicable diseases.

OVERVIEW

Twentieth century increases in life expectancy and associated reductions in infectious disease mortality have been attributed largely to childhood immunizations.¹ Yet, with an increasing number of routinely recommended vaccines for children, adolescents and adults, achieving high immunization coverage rates is a continuing challenge. Additionally, globalization of society has made it easier for disease to spread through states, over borders and across continents – and to do serious harm to vulnerable populations. Emerging bacteria and viruses also present new challenges for public health to address. For example, healthcare associated infections, which include a number of highly-resistant bacteria (e.g., carbapenem-resistant enterobacteriaceae - CRE) cause significant morbidity and mortality.²

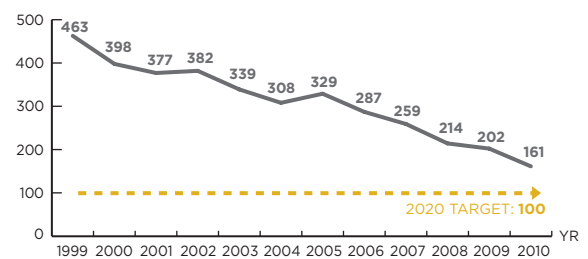
In some cases where disease rates have declined, there may be the temptation to redirect resources to other prevention opportunities. However, disease control efforts must be sustained or previously contained diseases can re-emerge. This is particularly true for infections that typically have a long latent period, such as tuberculosis and viral hepatitis. Similarly, it is imperative that food safety be recognized as a core public health activity, given the integration of these activities with disease control efforts.

COMMUNICABLE DISEASES IN CHICAGO

Although the percentage of pre-school age children who were up-to-date on all routinely recommended vaccinations increased from 61% in 2008 to just over 70% in 2009, approximately 350 infections that could have been prevented with vaccines are still reported annually.

In 2010, there were 161 reported cases of tuberculosis (TB) in Chicago, the lowest number ever. These cases translated into a rate of 6.0 per 100,000 population, a 50% decrease since 2005. However, the decline has not been evenly distributed across populations and significant disparities exist among US-born and foreign-born cases. Between 2005 and 2010, the TB case rate among US-born persons declined by 67%, yet only decreased by 32% among Chicagoans born in other countries. In 2010, the rate of tuberculosis among foreign-born persons was more than five times greater than the rate of US-born persons.

NUMBER OF TUBERCULOSIS CASES
(Chicago, 1999-2010)



SOURCE: CDPH, Tuberculosis Prevention & Control Office

Disease surveillance systems and existing vaccine delivery systems were critical components of the CDPH response to the H1N1 influenza pandemic. By April 2010, CDPH had identified 955 hospitalized patients with H1N1 infections and distributed over 1.1 million doses of H1N1 influenza vaccine to nearly 1,000 healthcare facilities throughout Chicago. These core public health systems continue to serve as the foundation for CDPH's response to routine and novel influenza epidemics.



Public health interventions (e.g., vaccination, case investigation, preventive antibiotics for close contacts of cases) have contributed to the decrease in laboratory confirmed meningococcal infections reported in Chicago from 1.06 per 100,000 (2008) to 0.26 per 100,000 (2010). However, Chicago's average annual rate for 2004-2010 (0.64 per 100,000) remains above the Healthy People 2020 target of 0.30 per 100,000.

TARGETS

- » Increase vaccination coverage levels of 19-35 month old children for 4DTaP:3 Polio: 1MMR: 3Hib: 3Hepatitis B:1varicella and 4pneumococcal conjugate vaccines to 75%.
- » Reduce the number of tuberculosis cases by 37% to 100.
- » Reduce the average annual rate of laboratory confirmed meningococcal infections to 0.58 per 100,000.

POLICIES

Seek funding to assist healthcare systems with establishing interfaces between electronic health record systems and the Illinois immunization registry.

Support legislation to require infection control training for staff working in long-term care facilities.

Promote policies to increase Illinois' Medicaid reimbursement rate for vaccine administration to the maximum allowable.

PROGRAMS

Distribute over one million doses of childhood vaccine annually to more than 650 private and public healthcare facilities enrolled in the Chicago Vaccines for Children Program.

Support over 4,000 tuberculosis clinic visits annually, and investigate all contacts of active TB patients.

Conduct disease surveillance for influenza in Chicago clinics, hospitals and laboratories.

Deliver approximately 50,000 doses of influenza vaccine to underserved populations in Chicago.

Distribute 44,000 doses of meningococcal vaccine to healthcare facilities providing services to persons at high risk for infections, including school-based health centers, academic institutions, adolescent healthcare facilities, and primary care physician offices.

Work with the State and other local health departments to develop an online CRE prevention 'toolkit' for healthcare facilities.

Work to prevent food-borne illness outbreaks by inspecting over 15,000 food establishments annually.

Conduct disease surveillance for hepatitis A, B and C in healthcare facilities throughout Chicago.

EDUCATION AND PUBLIC AWARENESS

Coordinate childhood, adolescent and adult immunization education for healthcare providers and the public.

Coordinate tuberculosis prevention and treatment education for healthcare providers and the public.

Coordinate infection control education of healthcare providers in long term care facilities.

Coordinate hepatitis prevention education and vaccination services for agencies providing services to individuals at high risk for hepatitis C infections.

1 Centers for Disease Control and Prevention. Achievements in public health, 1900-1999: Control of infectious diseases. MMWR. 1999 Jul 30;48(29):621-9.

2 Mouloudi, et. Al., Infect Control Hosp Epidemiol 2010; 31(12):1250-6.



Healthy Homes

GOAL

Improve the health and well-being of all Chicagoans by creating safer and healthier homes.

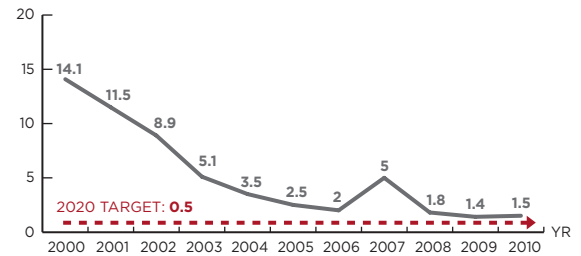
OVERVIEW

A number of hazards can be found in homes that can cause adverse health impacts on its occupants. Among these hazards: lead, carbon monoxide, chemicals, mold, tobacco smoke, pests, radon, and structural problems. If not detected and addressed, these hazards can lead to: poisoning (lead, carbon monoxide, chemicals); asthma and allergies (mold, tobacco smoke and pests); cancer (radon); and injuries (structural problems). Although anyone can be affected by the hazards, the risk falls disproportionately on children and the elderly and those with limited means to maintain their homes. The majority of challenges to environmentally healthy homes are found in poor, minority communities because of the age of the housing stock and the fewer resources for property maintenance. Fortunately, a number of evidence-based interventions are available that can remediate these hazards and eliminate or reduce the risk of illness or injury.

HEALTHY HOMES IN CHICAGO

Over 50% of Chicago homes were built prior to 1950. In the 1990's, after recognizing the dangers of lead to children, especially from lead-based paint, federal, state and local governments, along with private sector partners, developed programs to combat childhood lead poisoning. These programs have contributed to

PERCENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS
(Chicago, 2000-2010)



SOURCE: CDPH, Lead Poisoning Prevention Program

dramatic reductions in the rates of childhood lead poisoning. Indeed, in Chicago, the rates of lead poisoning have declined approximately 90% since the late 1990's, and in 2010 less than 2% of children tested had elevated blood lead levels. While Chicago has been a leader in lowering lead levels, recent federal budget cuts have put the City's direct funding for this work in jeopardy.

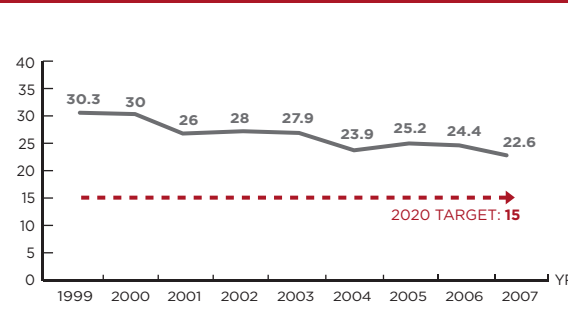
Of increasing concern are childhood asthma rates. In 2005, over 21% of high school students reported they had been told by a doctor that they had asthma. By 2009 that figure had risen by 15% to nearly 25% of students surveyed. Studies have shown that Black children are almost twice as likely as other children to have a diagnosis of asthma.

In 2007, among Chicagoans ages 5-64 years, the rate of hospitalizations due to asthma was 21.8 per 10,000. This was an 18.3% decrease over the 2002 rate of 26.7.

Recognizing the need for and value of a more holistic approach to address health hazards, programs that once focused solely on lead are now building capacity to address other home-based health hazards. These new programs are incorporating the same core activities used by the lead poisoning prevention programs: surveillance, case management, environmental assessment and interventions, enforcement and policy development.



ASTHMA HOSPITALIZATION RATE (PER 10,000 RESIDENTS AGED 5-64 YEARS) (Chicago, 1999-2007)



SOURCE: Illinois Health Care Cost Containment Council; data are age-adjusted

TARGETS

- » Reduce the rate of lead poisoning among children less than 6 years of age by 50% to less than 1%.
- » Reduce the hospitalization rate for asthma to 15 per 10,000.

POLICIES

Engage other local governmental agencies and private sector partners in the development and implementation of a Healthy Homes strategic plan.

Transition the CDPH Lead Poisoning Prevention Program into a Healthy Homes Program, incorporating both lead and other home-based health hazards into its mission.

Advocate for continued direct federal funding for childhood lead poisoning prevention efforts.

Aggressively pursue grant funding to support the transition to and sustainability of the Healthy Homes Program.

Support advocacy efforts to change the Torrens Indemnity Fund to access up to \$8 million in lead-based paint abatement funding for Chicago and Cook County by 2014.

PROGRAMS

Partner with other City agencies on primary prevention efforts and Chicago building code enforcement efforts.

Develop new tools for assessing home environments, as well as the health of their occupants.

Develop new tools for environmental health data collection and analyses.

Remediate 1,000 homes with lead-based paint hazards annually.

Install working smoke and carbon monoxide detectors in 1,000 homes annually.

Remediate triggers of asthma and allergies in 1,000 homes annually.

Provide over 1,000 public health visits annually to the homes of lead poisoned children to conduct health, nutritional and behavioral assessments; determine potential sources of lead exposure; provide referrals to other health and social service agencies; and educate parents about home-based health hazards.

Conduct radon testing in 1,000 homes annually.

Remediate structural problems that can lead to injuries in 1,000 homes annually.

EDUCATION AND PUBLIC AWARENESS

Train and educate staff to ensure sufficient capacities are developed for a successful Healthy Homes Program.

Continue to participate in and provide support to the Stop the Falls Campaign to reduce the number of children who are injured or die from window falls.

Create an online database so residents are informed about properties identified with lead hazards.



Violence Prevention

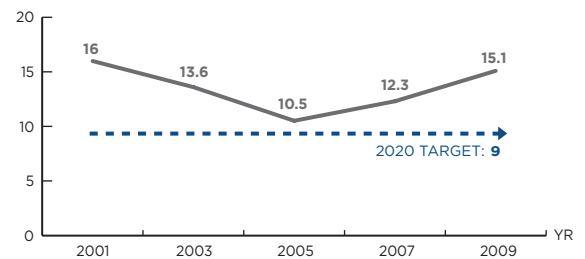
GOAL

Increase the quality and years of healthy living by reducing and preventing exposure to violence in the home and community, and addressing bullying among adolescents.

OVERVIEW

The reality of a healthy and safe neighborhood is jeopardized by the chronic presence of violence. As Fredrick Douglass suggested “It is easier to build strong children than to repair broken men.” The impacts of violence in its many forms can change the life trajectory of a child forever. It is estimated that 60% of our children and youth are exposed to violence.¹ International and national studies indicate that between 9% and 15% of any student population is a victim of bullying.² A U.S. study indicated that 10.6% of 6th-10th graders were victims of bullying.³ It has been well documented that alcohol and substance abuse are major contributing factors to both youth and domestic violence. Given the scope of these challenges, it is incumbent upon public health to build on individual and community resiliencies, participate in collaborative strategies and address the challenges from an asset based perspective.

PERCENT OF HIGH SCHOOL STUDENTS MISSING SCHOOL DUE TO SAFETY CONCERNS (Chicago, 2001-2009)



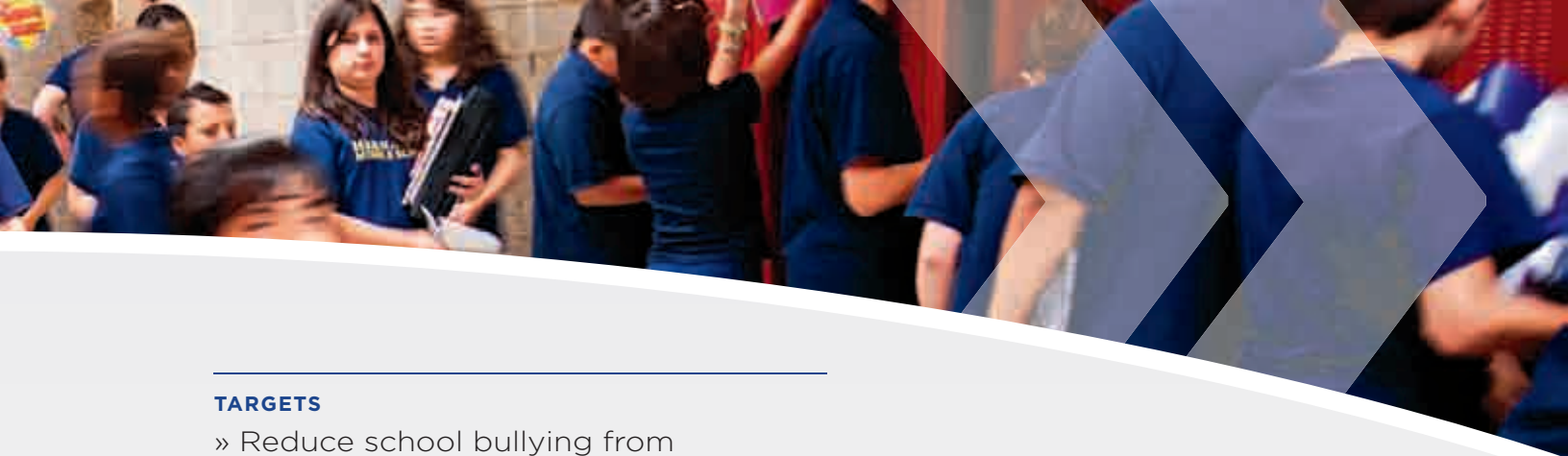
SOURCE: YRBSS, U.S. Centers for Disease Control & Prevention

VIOLENCE IN CHICAGO

In 2010, violence claimed the lives of 435 people in Chicago. The University of Chicago Crime Lab estimates that the annual cost of gun violence alone is \$2.5 billion, approximately \$2500 per household. The imbalance of power in relationships is at the core of domestic violence and bullying. If left unaddressed in elementary school, this learned bullying dynamic may accompany a young person into high school and present as sexual harassment and teen dating violence. There is much work to be done in Chicago on the issue of relational violence, specifically bullying.

Exposure to violence, either by victimization or witnessing, is affecting the educational opportunities of some Chicago children. Despite decreases in the first half of the last decade, in the past five years the percent of high school students who report they have missed school because they felt unsafe either at school or traveling to and from school has increased by 44% (from 10.5% in 2005 to 15.1% in 2009).

Addressing the causes and impact of Childhood Exposure to Violence (CEV) has been one of the City of Chicago’s highest priorities. Studies of childhood victimization show that children and young adults, particularly those living in economically distressed and socially isolated communities, are more likely to be exposed to and victimized by violence than adults. In 2009, there were 2,527 calls to the City’s Domestic Violence Helpline from homes where children were present.



TARGETS

- » Reduce school bullying from 11.1% to 9%.
 - » Decrease the percent of students missing school due to safety concerns from 15.1% to 9%.
-

POLICIES

Create a Violence Impact Assessment Tool for use by policy makers and other stakeholders to incorporate into the decision-making process to assist their assessment of the impact of pending decisions on levels of violence.

Partner with the Chicago Police Department to develop a comprehensive data collection plan regarding childhood exposure to violence, gun usage and other crimes.

Contractually require that City-funded substance abuse treatment programs ensure that domestic violence and other appropriate topics are integrated into their treatment plans.

Continue to serve and provide leadership within the Illinois Childhood Trauma Coalition in the development of a plan for becoming a trauma-informed Illinois.

PROGRAMS

Promote and provide CEV ambassador education and support to parents and residents in 12 high need community areas.

Work with partners to provide CEV education sessions for consumers and residents.

Promote bullying prevention training and technical assistance to staff and faculty at elementary schools in communities at high risk for violent crime, inclusive of specific impacts on lesbian, gay, bisexual and transgendered youth.

Promote bullying prevention education sessions for parents and caregivers to increase knowledge and likelihood of behavior change.

Promote CEV education to early intervention and child care professionals in 12 community areas.

Seek grant funding to support the development and implementation of a public health focused youth violence prevention plan.

Support the delivery of outpatient and residential drug treatment to up to 2,000 persons annually.

EDUCATION AND PUBLIC AWARENESS

Promote the Every Person Every Day public education campaign signage in all public libraries and CDPH facilities.

Conduct eight media events (radio, television, news articles, etc.) addressing CEV and/or bullying prevention.

Provide violence prevention training to City-funded youth substance abuse treatment providers.



¹ Finkelhor, D. (2008) *Childhood Victimization: Violence, Crime and Abuse in the Lives of Young People*. New York: Oxford University Press.

² Olweus, D (1993). *Bullying at school: What we know and what we can do*. Cambridge, MA: Blackwell ED.

³ Nansel et al. (2001) Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA*, 285, 2094-2100.



Public Health Infrastructure

GOAL

Ensure that Chicago has the necessary infrastructure to effectively provide essential public health services.

OVERVIEW

While local public health systems are comprised of numerous organizations and entities, the role of governmental public health – the local public health department – is critical. A capable workforce, up-to-date data and information systems, and a capacity to assess and respond to existing public health needs are essential components of a strong public health infrastructure.¹ As the foundation for planning, providing and evaluating public health services, a strong infrastructure enables local public health agencies to prepare for and respond to both emergency and ongoing threats to health.²

Between 2008 and 2010, 29,000 jobs were lost among local public health departments across the nation.³ Among 92 Illinois health departments surveyed, 64% had had their budget reduced in the prior year (excluding one-time funding), and 47% made cuts to at least one program.⁴ As the economy slowly recovers, the shoring up of the public health infrastructure has never been more important.

CHICAGO'S PUBLIC HEALTH INFRASTRUCTURE

Chicago, like other large urban areas, must be prepared to respond to many threats with the potential for large-scale health consequences, including disease

outbreaks, natural disasters, and terrorist attacks. CDPH's response capabilities were most recently tested with the 2009 H1N1 influenza outbreak.

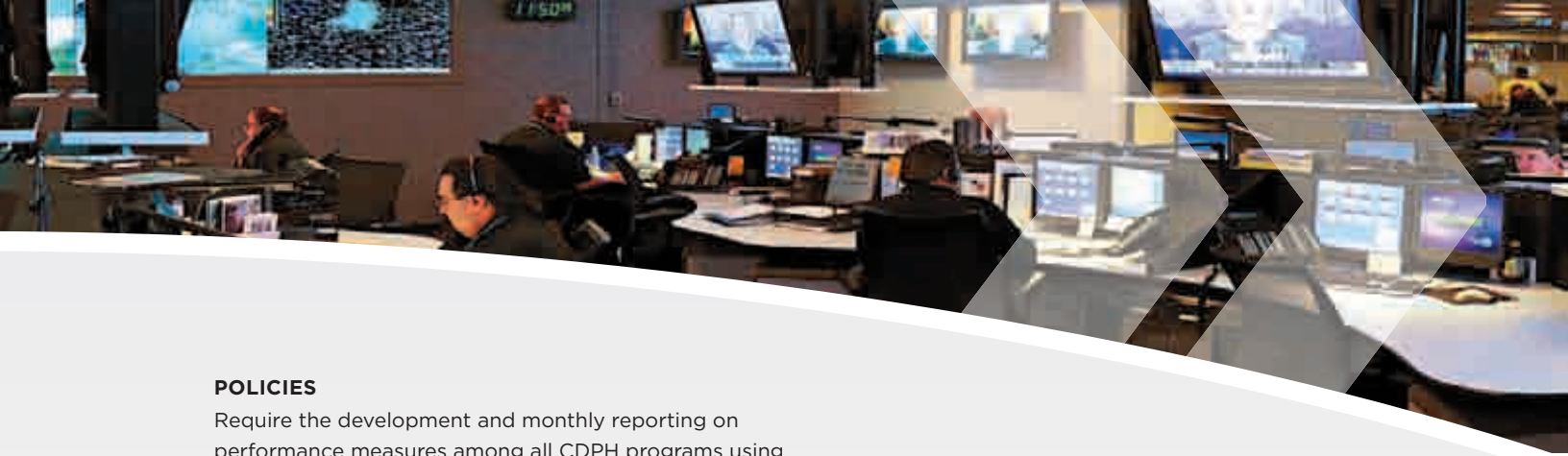
Outbreaks of other communicable diseases and other events, such as the local response to Hurricane Katrina in 2005 and the heat wave a decade earlier have also tested the City's preparedness efforts.

Information technology, through the Health Alert Network, has played an important role in communicating to Chicago's health care providers during emergency situations. However, recent federal investments have provided an opportunity to further leverage the use of technology for public health improvement efforts. Over \$41 million has been awarded within the City and State to help accelerate the advancement of healthcare and public health efforts. These efforts provide CDPH an important opportunity to leverage clinical data for broader public health improvement efforts.

It is imperative that the opportunities afforded to CDPH in the delivery of existing services and the development of new and innovative programming made possible under the Patient Protection and Affordable Care Act, be maximized. Recent funding from the U.S. Centers for Disease Control has allowed CDPH to intensify its focus on performance management and improvement.

TARGETS

- » Prepare residents and health care providers to respond to public health emergencies.
- » Use technology for disease tracking, information dissemination and implementation of interventions to improve health outcomes in Chicago.
- » Improve program effectiveness and efficiency through performance management and quality improvement initiatives.



POLICIES

Require the development and monthly reporting on performance measures among all CDPH programs using a balanced scorecard approach.

Develop and implement a strategy to address the needs of vulnerable populations, including older adults, children, and persons with mental illness and disabilities, in all preparedness plans.

Continue to serve on the Health Information Technology Committee of the Mayor’s Council of Technology Advisors.

Serve on the Illinois Health Information Exchange (HIE) Authority and the MetroChicago HIE Advisory Council to help lead efforts to build a statewide HIE.

Establish an Office of Epidemiology and Public Health Informatics to leverage local Health Information Technology (HIT) opportunities and inform policy development and service activities.

PROGRAMS

Provide targeted trainings to 250 Chicago healthcare providers annually to enhance emergency preparedness readiness.

Expand the number of health professionals enrolled in the Chicago Health Alert Network by recruiting medical providers through national professional membership organizations.

Establish a web-based performance management system to facilitate monthly performance reporting by CDPH program managers.

Establish a web-based platform for CDPH-funded agencies to report on performance.

Partner with the City’s Innovation and Technology staff to implement public health and health information strategies outlined in the Healthy + Smart Chicago action agenda for HIT and the Healthy Chicago agenda.

Expand epidemiology capacity through an increase in staff and the development of strategic partnerships with other entities who use or collect public health related data.

Continue to promote the use of electronic data systems for collection and dissemination of health data, including electronic laboratory reporting of reportable diseases.

Actively partner with the healthcare community in their efforts to meet Federal requirements for the Meaningful Use of Electronic Medical Records.

Ensure that population health needs are met in the local and statewide efforts to build a functioning Health Information Exchange.

EDUCATION AND PUBLIC AWARENESS

Deliver a minimum of 24 Health Alert Network messages to Chicago healthcare providers annually to communicate public health and emergency preparedness notices and activities.

Increase public education on pandemic influenza preparedness by collaborating with healthcare partners to provide community-based education, screening, and vaccinations.

Conduct performance management and quality improvement training for the CDPH workforce.

Increase the availability of public health data available through the City of Chicago website.



1 Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion: Healthypeople.gov/2020.

2 Ibid.

3 National Association of County & City Health Officials. Local health department job losses and program cuts: 2008-2010. March, 2011.

4 National Association of County & City Health Officials. Local health department job losses and program cuts: State-level tables from the 2010 National Profile Study. April 2011.

Acknowledgments

HEALTHY CHICAGO


CDPH LEAD DEVELOPMENT TEAM

Bechara Choucair, M.D.	Cort Lohff, M.D.
Antonio Beltran	Agatha Lowe
Christopher Brown	Julie Morita, M.D.
Jaime Dirksen	Jose M. Muñoz
Joy Getzenberg	Anne Parry
Joe Harrington	Janis Sayer
Jennifer Herd	Erica Salem
Eric Jones	Will Wong, M.D.
Linda Lesondak	

EXTERNAL CONTRIBUTORS

Joel Africk, *Respiratory Health Association of Metropolitan Chicago*
James N. Alexander, *Otho S.A. Sprague Memorial Institute*
Scott Allen, *Illinois Chapter, American Academy of Pediatrics*
Roseanna Ander, *University of Chicago Crime Lab*
Adam Becker, *Consortium to Lower Obesity in Chicago Children*
Elena Callafell, *Illinois Center for Violence Prevention*
Caswell Evans, DDS, *University of Illinois at Chicago, College of Dentistry*
Anne Evens, *Center for Neighborhood Technology*
James M. Galloway, M.D., *Health and Human Services, Region V Office*
Janine H. Lewis, *Illinois Maternal and Child Health Coalition*
Stacy Lindau, M.D., *University of Chicago Medical Center*
Donald Lloyd-Jones, M.D., *Northwestern Memorial Hospital*
Kimberly Mann, *Illinois Department of Children and Family Services*
Virginia Montgomery, *Chicago Public Schools*
David Ernesto Munar, *AIDS Foundation of Chicago*
Anne Marie Murphy, *Metropolitan Chicago Breast Cancer Task Force*
Steven Rothschild, M.D., *Rush University Medical Center*
Richard Sewell, *University of Illinois at Chicago, School of Public Health*
Margie Schaps, *Health and Medicine Policy Research Group*
Paul Schewe, *University of Illinois Violence Prevention Center*
Shireen Schrock, *Planned Parenthood of Illinois*
Anita Weinberg, *Illinois Lead Safe Housing Task Force*
Rebecca Wurtz, M.D., *Northwestern Memorial Hospital*

Special thanks to the
Otho S.A. Sprague Memorial Institute
for their generous support.



PROJECT CONTACTS

Erica Salem, MPH
*Deputy Commissioner,
Policy and Planning*

Jose M. Muñoz
*Deputy Commissioner,
Community Affairs*

Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Phone
312-745-CARE (2273)

Email
healthychicago@cityofchicago.org

Website
www.cityofchicago.org/health

Facebook
www.facebook.com/ChicagoPublicHealth

CONCEPT/DESIGN

Turner+Cunniff
www.turnercunniff.com



Chicago Department of Public Health
333 S. State Street, Suite 200, Chicago, Illinois 60604