DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Cardenas for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Cardenas asked for information on CDPH's "Healthy Chicago, Healthy Hearts" plan.

Please find attached a copy of CDPH's "Healthy Chicago, Healthy Hearts" plan.
Additionally, the plan can be found online
here: http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/CDPH_CardiovascularHealthBrochure_v4.pdf.

As always, please let me know if you have any further questions.

HEALTHY CHICAGO

HEALTHY CHICAGO, HEALTHY HEARTS:

A LOCAL RESPONSE TO THE NATIONAL FORUM UPDATED PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

City of Chicago
Mayor Rahm Emanuel

Bechara Choucair, M.D.
Commissioner

September 29, 2014

LETTER FROM THE COMMISSIONER

Dear Friends,

All of our lives are touched by heart disease, stroke and other cardiovascular diseases. About 2,150 Americans die each day from these diseases — one every 40 seconds. That's about one of every three deaths in America. In Chicago, heart disease remains the leading cause of death with 5,500 Chicagoans killed each year because of cardiovascular disease.

Cardiovascular disease is not a health problem that only afflicts the elderly. People of all ages can acquire heart disease. It robs us of precious moments with our children and siblings, our parents, grandparents, and other loved ones.

Renewed efforts are underway across the country to combat this ongoing health problem.

In 2003, several government agencies and organizations developed *A Public Health Action Plan to Prevent Heart Disease and Stroke.* After the National Forum for Heart Disease & Stroke Prevention released a *Ten-Year Update* this year, we sat down with partners from across Chicago to identify ways we could apply those priorities here. *Healthy Chicago, Healthy Hearts: A Local Response* is the result, providing concrete steps we will take to reduce cardiovascular disease.

Healthy Chicago, Healthy Hearts is part of a broader effort already underway. In 2011, shortly after taking office, Mayor Rahm Emanuel released *Healthy Chicago*, which provided 200 actionable strategies for businesses, community organizations, faith groups and others to complete as part of our collaborative effort to improve health. And it's working. Today, childhood obesity rates have fallen to 19.1% while teen smoking is down to 10.7%. Adult smoking is down to 17.7%, while life expectancy has climbed to at least 77.8 years. All of these improvements have a direct impact on cardiovascular health of our City, but there is still more to be done.

Healthy Chicago, Healthy Hearts is the next step in our effort to move the needle towards a healthier Chicago. We look forward to continuing to foster multidisciplinary partnerships and innovations across sectors to achieve healthy hearts. Together, we can make Chicago the healthiest city in America.

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Bechara Choucair, M.D.
Commissioner, Chicago Department of Public Health

INTRODUCTION

Heart disease is the leading cause of death in both the United States (US) and locally in Chicago. Stroke is the fourth and third leading cause of death in the US and Chicago, respectively.[1,2] Heart disease and stroke accounted for more than $500 billion in health care expenditures and related expenses in 2010 combined, and are among the most widespread and costly health problems facing our country and city.[3] To tackle these problems head on, the Centers for Disease Control and Prevention (CDC), American Heart Association (AHA), Association of State and Territorial Health Officials and numerous other organizations partnered to develop *A Public Health Action Plan to Prevent Heart Disease and Stroke* in 2003.[4] With overarching goals of public engagement and systems transformation, the plan identified 22 action steps and continues to serve as a vision for prevention and a blueprint for action on the national level. In 2014, the National Forum for Heart Disease & Stroke Prevention released a *Ten-Year Update* which includes new research, knowledge and opportunities, while remaining true to its core mission of collaboration and sustainable impact.[5] The *Ten-Year Update* creates a new sense of urgency and focus by identifying seven action priorities.

Mayor Emanuel and the Chicago Department of Public Health (CDPH) released Healthy Chicago in 2011.[6] As the first comprehensive City public health agenda, Healthy Chicago serves as a blueprint to improve population health in Chicago. This innovative and ambitious approach calls on public, private and community-based organizations to collaborate around twelve priority areas. In addition to the priority area of Heart Disease & Stroke, two other priorities directly address risk factors for cardiovascular disease, Tobacco Use and Obesity Prevention. Highlights of accomplishments to date regarding these priority areas can be found in the appendix.

To respond to the *Ten-Year Update* call to action, CDPH is releasing *Healthy Chicago, Healthy Hearts*. This plan complements Healthy Chicago and serves as a vision for local cardiovascular health promotion and disease prevention. *Healthy Chicago, Healthy Hearts* was developed through discussions with key partners and stakeholder roundtables.

SEVEN ACTION PRIORITIES

from the *Ten-Year Update of A Public Health Action Plan to Prevent Heart Disease and Stroke*

1. Effective communication to support the prevention and public health provisions of the Affordable Care Act;
2. Strategic leadership, partnerships and organization to integrate public health and health care systems;
3. Taking action to put present knowledge to work with a health equity lens;
4. Building capacity by training the prevention workforce;
5. Evaluating impact by monitoring cardiovascular health towards achieving established targets;
6. Advancing policy by using research and epidemiologic intelligence to advance policy; and
7. Engaging in regional and global collaboration to link cardiovascular disease and non- communicable disease prevention with regional and global partners.

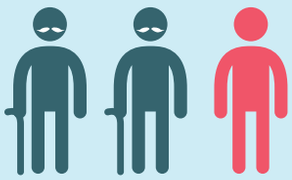
CHICAGO

MAKE A HEALTHY HEART YOUR GOAL!

PREVENTING HEART DISEASE AND STROKE IN CHICAGO

Over 5,500 deaths in Chicago each year [1]

That's enough to fill Chicago Theater 1.5 times



1 out of 3 of these deaths are among people younger than 65 [1]

HALF

OF THESE DEATHS ARE PREVENTABLE [2]

WAYS TO KEEP A HEALTHY HEART

- Quit smoking. Call 1-866-QUIT-YES to get help

- Sit less, stand often, exercise 30 minutes daily

- Monitor your blood pressure to keep under control

- Eat more fruits & vegetables – and cut back on salt and soda.

EFFORTS BY HEALTHY CHICAGO

- Limit access to tobacco and support smoke-free environments

- Provide safe outdoor spaces for people to be more active

- Screen and educate people on heart disease and stroke risk

- Improve access to healthy, affordable food

KEEPING A HEALTHY HEART IS SOMETHING ALL CHICAGOANS CAN DO

1. Mortality due to ICD-10 codes: I00-I09, I11, I13, I20-I52, I60-I69. Death certificate data for Chicago residents provided by Illinois Department of Public Health
2. Ford E.S. et al. Explaining the Decrease in US Deaths from Coronary Disease, 1980-2000. NEJM 2007; 356: 2388-98

Produced in collaboration with Benson, designer of Imaginary Zebra

ACTION PLAN

Healthy Chicago, Healthy Hearts is a vision to improve cardiovascular health and reduce morbidity and mortality associated with cardiovascular disease in Chicago.

1. **Effective communication (of Affordable Care Act prevention provisions)**
    - Advocate for continued legislative support and recognition of the Affordable Care Act (ACA) Prevention and Public Health Fund's role in cardiovascular health promotion and disease prevention.
    - Encourage ACA advocacy efforts of public health stakeholders by engaging partners through *Healthy Chicago* and its related plans.
    - Promote value of prevention provisions of the ACA to the public.
2. **Strategic leadership, partnerships, and organization (public health—health care integration)**
    - Create an Office of Health Systems Integration at CDPH to serve as a focal point for supporting health care and public health collaboration to advance chronic disease prevention and management, including cardiovascular disease.
    - Engage health system stakeholders in redesigning community benefit dollar investments towards chronic disease prevention and management, including cardiovascular disease.
    - Convene public health and healthcare partners to identify and implement evidence-based strategies to advance health equity in cardiovascular health.
3. **Taking action (put present knowledge to work with a health equity lens)**
    - Utilize racial-ethnic, geospatial and socioeconomic data to identify at-risk populations for cardiovascular disease to inform prevention and management strategies.
    - Use a policy, systems and environmental change framework to develop public health interventions to advance health equity, including support for the Million Hearts® initiative.
4. **Building capacity (train prevention workforce)**
    - Facilitate collaboration across academic and community-based healthcare systems to enhance public health education and training and service.
    - Encourage use of a "Health-in-All Policies" framework in all City departments and sister agencies.
    - Advocate for the development of statewide certification for community health workers (CHWs), and support training of Chicago CHWs.
5. **Evaluating impact (monitor cardiovascular health)**
    - Improve chronic disease surveillance through collaboration with academic partners and public health informatics systems (i.e., local health information exchanges).
    - Utilize *Healthy Chicago Survey* data to better understand the effect of new laws related to health insurance and tobacco use, and validate developmental metrics of cardiovascular disease management.

6. **Advancing policy (use research to advance policy)**
    - Evaluate cardiovascular disease-related policies to determine their impact on risk behaviors and cardiovascular disease morbidity and mortality.
    - Develop and support evidence-based policies and legislation to promote healthy behaviors and reduction of cardiovascular risk behaviors, conditions and disease in Chicago.
7. **Engaging in regional and global collaboration (of cardiovascular disease and non-communicable disease)**
    - Coordinate and Collaborate with other public health entities to advance cardiovascular disease and other chronic disease prevention, learning from each other's local efforts.
    - Foster interagency collaboration of City departments and sister agencies to address cardiovascular disease and other chronic disease in Chicago.

CARDIOVASCULAR HEALTH INDICATORS

Primary prevention:
Reduce prevalence of unhealthy behaviors

- Current smoking among adults and adolescents
- Adults and adolescents not meeting exercise recommendations
- Adults and adolescents eating fewer than five fruits and vegetables daily

Secondary prevention:
Reduce cardiovascular disease risk factors

- Childhood overweight and obesity
- Adult obesity
- Adult hypertension and diabetes

Tertiary prevention:
Reduce cardiovascular disease mortality

- Heart disease deaths
- Stroke deaths
- Diabetes-related deaths


DIY

MEASURING CARDIOVASCULAR HEALTH FOR IMPROVEMENT

In 2010, the AHA set a goal for 2020 to improve cardiovascular health and reduce mortality from cardiovascular disease by 20% in the United States. *Healthy Chicago, Healthy Hearts* is a local vision to strive for improved cardiovascular health in Chicago. With guidance from the AHA's Goals and Metrics Committee from the Strategic Planning Task Force and Healthy People 2020, CDPH has identified health indicators to address primary, secondary and tertiary prevention efforts of cardiovascular disease.

Estimates of current health behaviors, risk factors and burden of cardiovascular disease in Chicago are shown below. These data are from the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), CPS student physical exam records and Illinois Department of Public Health (IDPH) death certificate files. Future data resources to monitor cardiovascular health may include the Healthy Chicago Survey, Chicago Area Patient Centered Outcomes Research Network and health information exchanges. Additionally, developmental health indicators, such as clinically diagnosed hypertension and diabetes and their control, will be explored.

NEXT STEPS

1. Incorporate the vision of *Healthy Chicago, Healthy Hearts* into long-term CDPH strategic planning.
2. Create a working group to develop operational strategies to transform *Healthy Chicago, Healthy Hearts* into action, and set aggressive targets for cardiovascular health and disease indicators.
3. Advance *Healthy Chicago, Healthy Hearts* through community engagement with partners and the public.

CHICAGO CARDIOVASCULAR RISK FACTORS AND DISEASE ESTIMATES

- In 2013, prevalence of adult smoking was 17.7% (BRFSS), and 10.7% for adolescents (YRBSS).
- The percentage of adults not meeting physical activity recommendations was 76% in 2011 (BRFSS), and 80% among adolescents in 2013 (YRBSS).
- The percentage of adults eating fewer than five fruits and vegetables daily was 80% in 2011 (BRFSS), and 82% among adolescents in 2013 (YRBSS).
- For the 2012-2013 school year, the prevalence of childhood overweight or obesity among CPS students was 35.6% in kindergarteners, 48.3% in 6th graders and 44.5% in 9th graders (CPS).
- In 2012, the prevalence of obesity among adults was 26.6% (BRFSS).
- Among adults, 8.1% reported being diabetic and 27% were hypertensive in 2012 (BRFSS).
- The average, age-adjusted mortality rate per 100,000 for 2006-2010 due to heart disease was 145.5, 42.6 for stroke, and 26.5 for diabetes-related causes (IDPH).

APPENDIX: ACCOMPLISHMENTS TO DATE

Chicago's accomplishments related to Heart Disease & Stroke, Tobacco Use and Obesity Prevention to date have been ground breaking and are detailed in the Healthy Chicago 2012 and 2013 Annual Reports.[7,8] Highlights from the past 3 years are summarized in the table to the right.

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Date	Health Chicago Priority Area	Accomplishment
2014	Tobacco Use	The Chicago Park District's Board of Directors voted unanimously to ban smoking from all city parks and beaches.
2014	Tobacco Use	The Chicago City Council voted to regulate e-cigarettes and protect Chicago's youth by (1) requiring e-cigarettes to be placed behind sales counters, out of the reach of children; (2) prohibiting their sale to minors and applying penalties for violations; (3) requiring e-cigarette retailers to obtain a tobacco license; and (4) restricting use through the inclusion of electronic smoking devices under Chicago's Clean Indoor Air ordinance.
2013	Tobacco Use	Chicago City Council increased cigarette tax by 50 cents, from $0.68 to $1.18 per pack. With this action, local, state and federal taxes now combine to make Chicago home of the largest cigarette tax the nation - $7.17 per pack.
2013	Tobacco Use	The Chicago City Council adopted an ordinance prohibiting the sale of flavored tobacco products, including menthol products, within 500 feet of a school.
2013	Tobacco Use	The Illinois Tobacco Quitline counseled over 8,700 Chicagoans on how to successfully quit smoking. Over 24,000 calls were received from Chicagoans- approximately 3,000 more callers and 10,000 more calls than in 2012.
2011	Tobacco Use	Smoke-free campus policies have been adopted by five institutions of higher education and seven hospitals in Chicago.
2011	Tobacco Use	Six Chicago Housing Authority complexes (with 610 housing units) and over 3,200 units of multi-unit housing became smoke-free.
2013	Obesity Prevention	Healthy vending machines were installed in all City-owned and occupied buildings, following similar efforts by CPS and the Chicago Park District.
2013	Obesity Prevention	Following its 2011 conversion to healthy snack vending machines, the Chicago Park District converted its beverage vending machines to offer only low or no-calorie options.
2013	Obesity Prevention	The Chicago Planning Commission adopted a formal plan to make neighborhoods healthier places to live by improving access to healthier foods. A Recipe for Healthy Places presents six community-based planning strategies to support healthy eating and now serves as an official roadmap for city planning and policy making.
2013	Obesity Prevention	With an initial 700 bicycles and 65 docking stations, Chicago launched its bike share system, Divvy, in June 2013. By December 2013, the system had expanded to a fleet of 2,035 bikes and 300 docking stations, with another 100 stations planned for 2014. Since the DIVVY launch, 763,790 trips have been taken, and over 1.7 million miles traveled.
2012	Obesity Prevention	In 2012, CDPH promoted ordinance changes to support the launch of the NeighborCarts initiative—an entrepreneurial effort to bring produce to low food access communities and job opportunities to the unemployed. At the end of 2013, the program had 15 carts in operation, with another 15 anticipated for 2014.
2012	Obesity Prevention	Launched PlayStreets, which brings together CDPH and community partners to provide children and adults safe, supervised outdoor spaces for structured and unstructured play and physical activity. In 2013, the 61 PlayStreets events reached more than twice as many participants (13,173) than in the prior year.
2014	Heart Disease & Stroke	Keep Your Heart Healthy expanded into 8 neighborhoods, providing 50,000 screenings by 2017.
2013	Heart Disease & Stroke	The Keep Your Heart Healthy (KYHH) pilot project funded by the GE Foundation was launched in early 2013, and is an innovative public (CDPH) private partnership designed to identify Chicago residents most at risk for developing heart disease and work with those individuals to empower them to make life changes, reducing their risk moving forward.
2013	Heart Disease & Stroke	CDPH and AT&T teamed up to launch a new citywide heart disease prevention campaign promoting heart health through the use of wireless technology, social media and viral marketing. The focal point for the campaign was "Heart Health Mobile," the winning mobile app of the Million Hearts® Risk Check Challenge.

HEALTHY CHICAGO, HEALTHY HEARTS

CDPH DEVELOPMENT TEAM

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Kirsti Bocskay, PhD, MPhil, MPH
Bechara Choucair, MD
Arlene Hankinson, MD, MS
Joseph Hollendoner, MSW
Emily Laflamme, MPH
Julie Morita, MD
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Mark Peysakhovich, *American Heart Association*
Brian Shields, *American Heart Association*
Ronald Ackerman, MD, MPH, *Northwestern University Feinberg School of Medicine*
Mark Huffman, MD, MPH, *Northwestern University Feinberg School of Medicine*
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HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

Special thanks to the Northwestern University Department of Preventive Medicine and the National Forum for their partnership in the development of this plan.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

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From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Dowell for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Dowell asked for information on the pilot of the Mental Health Crisis Intervention Project, which CDPH is undertaking with CPD. Specifically, Alderman Dowell wanted to know:

1. Selection methodology for the three police districts in which the program is being piloted
2. Performance measures
3. Information on the program's linkages to mental health services
4. The CDPH program administrator

We have enclosed the program overview, which was part of the Community Development Block Grant (CDBG) request for proposals (RFP). This overview covers the first three questions above.

Regarding the CDPH administrator, Marlita White, Director of Administration, will direct this initiative.

As always, please let me know if you have any further questions.

DPH Program: Crisis Intervention Pilot Project

PROGRAM DESCRIPTION:

The Crisis Intervention Pilot Project is a collaboration between the Chicago Department of Public Health (DPH) and the Chicago Police Department (CPD). The Project is designed to encourage the development and implementation of a service delivery model that supports CPD's Crisis Intervention Teams (CITs) as they respond to mental health-related service calls. The overall goal of this pilot project is to improve mental health service linkage and service coordination for residents in mental health crisis who are interfacing with CPD. Additionally, the Project works to strengthen collaboration among CPD, DPH, mental health providers, and social service providers in an effort to improve access to care.

More than 1,800 patrol officers have completed the 40-hour CPD CIT program, enabling them to better understand and respond to mental health crises. CIT-trained officers often successfully resolve crises on the spot, but some individuals experiencing mental health issues (some with co-occurring substance abuse) require linkage to treatment and ongoing services. In these cases, officers transport them to one of ten hospitals designated as emergency care drop-off sites for psychiatric evaluation and immediate care or link them to a local mental health provider for services. However, CPD officers report that despite linkages to area hospitals some individuals are still not receiving adequate mental health care and that mental health-related calls often involve individuals with repeat crises. Also, many calls are not specifically designated as mental health-related and are thus not routed to a CIT officer.

In response to this gap, this Project will support a community-based mental health provider to conduct triage services in three CPD districts (2, 3, and 7) that record relatively high numbers of mental health-related service calls and police transports to emergency care. Additionally, these districts share a CPD-designated drop-off site. The mental health provider agency will staff a licensed clinician to work with police to respond to all mental health-related service calls in the three districts to provide triage services for the subjects of those calls to ensure they are linked to mental health treatment and ongoing services. The clinician will also facilitate regular collaboration between the police and local service provider networks.

PROGRAM REQUIREMENTS:

All program specific questions, requirements, forms, or templates that applicants must answer or complete will be available on the CyberGrants application for this program.

PERFORMANCE MEASURES:

- Number of service calls responded to with assessment of service needs*
- Number of unduplicated individuals by race, ethnicity, and income level who receive triage and linkage to care services*
- Number of referrals made to mental health treatment and ongoing services*
- Development of replicable service delivery model for crisis intervention partnerships between local CPD districts and community-based mental health and social services providers
- Development of a model for private/public insurance reimbursement for crisis management/linkage to care for uninsured individuals
- Published process evaluation completed by evaluation partner

** Applicants must indicate the projected numbers for these performance measures and explain the basis for the projected number. For each measure, applicant must describe their strategies for achieving this*

level of performance, any potential barriers in achieving the outcome, and specific strategies for overcoming the barriers.

SELECTION CRITERIA:

- Experience providing mental health treatment and ongoing services to individuals experiencing mental health crises, some of whom may also be experiencing homelessness, co-occurring substance abuse, and/or other challenges.
- Experience providing culturally competent services to clients in the target service area, understanding of the needs of those specific communities, and familiarity with the current landscape of service providers in the target area (CPD Districts 2, 3, and 7).
- Capacity to provide 24-hour service coverage.
- Established referral network of other mental health and social services providers.
- The crisis intervention service delivery system has the potential to be replicated in other districts and has the potential to facilitate greater collaboration between police districts and community-based mental health and social services providers throughout Chicago.

PRIOR YEAR STATITISICS:

Not Applicable – first year of program.
Funding available: $200,000

PROGRAM CONTACTS:

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DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

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Re: Request from Ald. Pope for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014 to discuss the proposed 2015 budget.

Alderman Pope asked for information on the locations, number of clients, and services provided by the Federally Qualified Health Centers (FQHCs) that now operate within CDPH's neighborhood health centers.

Our 2014 report on our primary care services can be found here: http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/08.18.14primarycareFINAL.pdf. We have also enclosed a copy. This report has information on how the reforms we undertook in 2012 have expanded access to quality health care, increased service options, improved the quality of services provided, and saved taxpayer dollars.

The data below provides more detail on the performance of our FQHC partners by site:

Neighborhood Health Center	Federally Qualified Health Center Partner	2013 - Unique Patients	2013 - Total Encounters
Uptown	Heartland Health Centers	6,805	14,660
West Town	Erie Family Health Center	8,132	17,790
Englewood	Mile Square Health Center	4,053	7,724
Roseland	Aunt Martha's	1,486	4,081
South Lawndale	Esperanza Health Center	7,298	17,024
Lower West	Mercy Diagnostic and Treatment Center	2,098	8,682
South Chicago	Chicago Family Health Center	1,107	1,902
	TOTAL	**30,979**	**71,863**

Previously, none of these locations had offered mental health services. Today, six of them do: Uptown, West Town, Lower West, South Lawndale, Englewood, and South Chicago.

As always, please let me know if you have any further questions.

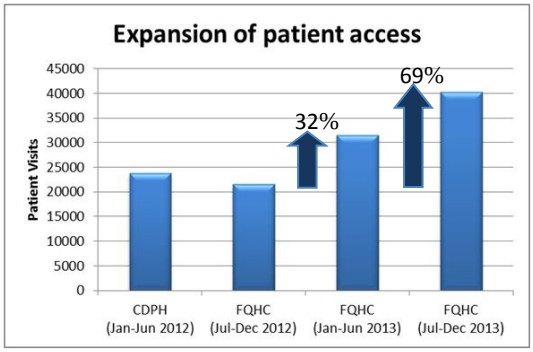
Primary Care Services
2014 Report

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

REFORMS WORKING: MORE PEOPLE SERVED, NEW SERVICE OPTIONS INCLUDING MENTAL HEALTH, IMPROVED QUALITY & MONEY SAVED

With input from residents, health care providers and community leaders, the Chicago Department of Public Health (CDPH) developed a comprehensive improvement plan to provide enhanced primary care services to more residents by transitioning our seven clinics to community-based Federally Qualified Health Center (FQHC) partners, beginning in July 2012.

As this report shows, the transition to FQHC partners has resulted in **expanded access to care**, **new service options** and an **improved patient experience** across the City, with more improvements still to come.



Expanding Access to Quality Health Care

Access to care continues to expand in all seven communities. Following the transition period in 2012, our FQHC partners saw **an increase of 32% in patient visits in the first half of 2013, and a 69% increase in the second half 2013**, when compared to the same periods the previous year.

Increasing Service Options

Recognizing that innovation is required to best serve residents, many FQHC partners have expanded services onsite, with a special focus on preventative services. Through a new partnership between Aunt Martha's clinic and Roseland Community Hospital, women are efficiently **connected to both primary care and breast cancer screening in the convenience of their own neighborhood**. Additionally, the various FQHC partners now provide oral health services, urgent care clinics, occupational therapy, weight management/exercise classes, diabetes education, podiatry services and more.

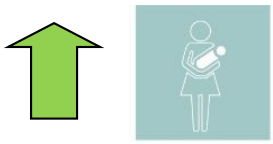
Six out of seven FQHC partners now provide mental health services onsite, which were not previously available at the clinics when operated by CDPH. In April 2014, the Illinois Children's Healthcare Foundation announced a new program at Mile Square Health Center and Erie Family Health Center **providing the first-ever integrated primary and mental health services to children and youth** on the City's South and West Sides. Heartland Health Center partnered with GE Foundation to **expand behavioral health and case management services in Uptown** as well as train staff in data-driven, quality improvement processes commonly used in the private sector, such as Six Sigma.

Saving Taxpayer Dollars

As designed, the improvement plan was expected to provide better services to Chicagoans while also saving taxpayers money. While the City projected $10 million in savings the first year, **the actual savings totaled nearly $12 million**. The reforms brought needed improvements to quality and access to care, all while increasing the number of services provided and saving nearly $12 million in taxpayer money.

Improving Quality of Health Care Services

Since the transition to our FQHC partners, quality of care has improved across all seven clinic sites. Four out of five measures of health care quality, as defined by the federal government, have significantly improved:



More pregnant women receiving early prenatal care

Regular prenatal care is essential for expectant mothers and improves infant health outcomes. All seven FQHCs have improved on this measure through quality improvement efforts. At Erie Family Health Center, **87% of pregnant women now enter care in their first trimester**, compared to 50.8% before the transition to the FQHCs. Furthermore, every pregnant woman meets with a Care Coordinator for their first prenatal visit in order to orient them and connect them to resources.

More children receiving vaccinations

Immunization rates have increased for every FQHC, with rates more than doubling for several clinics. Chicago Family Health Center has established a Pediatric Taskforce to address issues such as how to increase vaccination rates. As a result, the Taskforce implemented a thorough outreach system for re-engaging families when immunization appointments are repeatedly cancelled. Through this systemic approach, **77.7% of youth clients are now appropriately immunized**, compared to 42.0% before the transition to the FQHCs.

Higher rates of cervical cancer screening

Minority women, particularly Latinas, suffer from cervical cancer at a higher rate compared to Caucasian women, across the country. Every FQHC partner has increased screening rates. Esperanza Health Center, which serves a primarily Latino population, has implemented a robust outreach and tracking system to ensure timely screening of all female patients and appropriate follow up for all abnormal screenings. This has resulted in an **87% screening rate**, significantly higher than both the statewide average of 61.2% and the former CDPH screening rate of 55%.

Improved chronic disease control

All seven FQHC partners improved control of hypertension. CDPH clinics had relatively high rates of diabetes control (82%), with most FQHC partners near meeting or exceeding that benchmark. Mercy Family Health Center now has a **hypertension control rate of 91.4%,** compared to 59.0% at former CDPH clinics, following the implementation of wellness programs including *Take Control of Your Health*, smoking cessation classes and cooking classes to prevent diabetes. Mile Square Health Center has **increased diabetes control rates to 87.1%** through specialty care for their diabetic patients with kidney failure by partnering with the University of Illinois Health and Hospital System's kidney transplant team to see patients onsite.

Building for the Future

Working together with our partners, CDPH continues to ensure quality care for Chicago residents. Today, our partner FQHCs are better positioned to expand services, increase access and ensure the highest quality of care available. Moving forward, **these partnerships ensure the City is prepared** for ongoing changes within health care, including further expansion of access through the Affordable Care Act. Working together, we will continue to solidify Chicago's place as a primary health care leader and ensure every resident has access to affordable, quality care.

CDPH's FQHC Partners And Corresponding Neighborhood	
University of Illinois Mile Square Health Center	Englewood
Mercy Family Health Center	Lower West
Aunt Martha's Youth Service Center	Roseland
Chicago Family Health Center	South Chicago
Esperanza Health Center	South Lawndale
Heartland International Health Center	Uptown
Erie Family Health Center	West Town

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Reboyras for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Reboyras asked for the Ebola preparedness information that CDPH previously submitted to aldermen.

CDPH emailed aldermen our fact sheet, which can be found here: http://www.cityofchicago.org/city/en/depts/cdph/supp_info/public_health_preparedness/ebola--get-the-facts.html. The web address offers the fact sheet in several languages that are prominent in Alderman Reboyras' ward, including English, Spanish, and Polish. We have also enclosed copies in those three languages.

As always, please let me know if you have any further questions.

Get the Facts: Ebola Virus

The 2014 Ebola outbreak in West Africa is the largest in history and the first to affect individuals in multiple countries. Although the Ebola outbreak is a humanitarian crisis in West Africa, **the epidemic does not pose a significant risk to the U.S. public**. The Ebola virus does not spread easily. This fact sheet explains some basics about the illness.

What is Ebola?

Ebola is a hemorrhagic fever virus that has appeared sporadically since its initial recognition in 1976 and named after a river in the Democratic Republic of Congo in Africa, where it was first recognized. The virus has also been identified in bats and primates. Ebola causes severe illness. Between 50 and 90% of humans who become infected with the virus die.

What are the symptoms?

Symptoms of Ebola include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite and abnormal bleeding. Some patients may have a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing or swallowing or bleeding inside or outside the body.

Symptoms most commonly start 8-10 days after coming in contact with the Ebola virus but can occur as early as 2 days and up to 21 days after exposure.

How is Ebola spread?

The Ebola virus is spread by direct contact with blood or other body fluids (vomit, diarrhea, urine, breast milk, sweat, semen) of an infected person who has symptoms or with a person who has recently died from Ebola. It may also be spread through objects or surfaces contaminated by body fluids of a person infected with Ebola virus, for example clothing or bedding. Ebola is not spread through the air or by water, or in general food. However, in Africa, Ebola may be spread as a result of handling bush meat (wild animals hunted for food) and contact with infected bats. It can also be spread by eating an animal that was infected with Ebola, including bats.

A person infected with the Ebola virus CANNOT pass it on to others before any symptoms appear.

Who is at risk for Ebola?

The risk of catching Ebola in the general public is extremely low. Healthcare providers or family members who care for patients infected with Ebola in West Africa are at increased risk because they may come into contact with blood or other body fluids.

What treatment is available?

There is no licensed treatment or vaccine for Ebola virus disease, though both are under investigation. Treatment for Ebola is supportive with intravenous fluids, maintaining blood pressure and oxygenation and treating additional infections if present.

How can I protect myself?

Avoid non-essential travel to areas in West Africa affected by the Ebola virus disease outbreak including Liberia, Guinea and Sierra Leone.

- DO wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- Do NOT touch the blood or body fluids (like urine, feces, saliva, vomit, sweat and semen) of people who are sick.
- Do NOT handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles or medical equipment.
- Do NOT touch the body of someone who has died of Ebola.

For more information: http://www.cdc.gov/vhf/ebola

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Poznaj fakty: wirus Ebola

Epidemia Eboli w 2014 roku w Afryce Zachodniej jest największą w historii i pierwszą epidemią, która dotknęła ludzi w wielu krajach. Jakkolwiek wybuch epidemii Eboli jest kryzysem humanitarnym w Afryce Zachodniej, **epidemia ta nie stanowi znaczącego ryzyka dla społeczeństwa USA**. Wirus Eboli nie rozprzestrzenia się łatwo. Niniejsza broszura informacyjna zawiera najważniejsze informacje dotyczące choroby.

Co to jest Ebola?

Wirus Eboli jest wirusem gorączki krwotocznej, który sporadycznie pojawia się od czasu jego wstępnego rozpoznania w 1976 roku, a którego nazwa pochodzi od rzeki w Demokratycznej Republice Konga w Afryce, gdzie po raz pierwszy został rozpoznany. Wirus ten został również zidentyfikowany u nietoperzy i ssaków naczelnych. Ebola powoduje ciężką chorobę. Od 50 do 90% osób zakażonych tym wirusem umiera.

Jakie są objawy?

Objawy Eboli obejmują: gorączkę, bóle głowy, bóle stawów i mięśni, osłabienie, biegunkę, wymioty, ból brzucha, brak apetytu i zaburzenia krwawienia. U niektórych pacjentów może wystąpić wysypka, zaczerwienie oczu, czkawka, kaszel, ból gardła, bóle w klatce piersiowej, problemy z oddychaniem lub przełykaniem, krwawienie wewnętrzne lub zewnętrzne.

Zwykle objawy pojawiają się po 8-10 dniach od kontaktu z wirusem Eboli, ale mogą one nastąpić zarówno już po 2, jak i 21 dniach od narażenia.

W jaki sposób rozprzestrzenia się Ebola?

Wirus Eboli rozprzestrzenia się przez bezpośredni kontakt z krwią lub innymi płynami ustrojowymi (wymioty, biegunka, mocz, mleko matki, pot, sperma) osoby zakażonej, u której wystąpiły objawy lub osoby niedawno zmarłej z powodu Eboli. Wirus ten może również rozprzestrzeniać się przez przedmioty lub powierzchnie zanieczyszczone płynami ustrojowymi osób zakażonych wirusem Eboli, na przykład przez odzież lub pościel. Ebola nie rozprzestrzenia się przez powietrze, wodę ani ogólnie przez żywność. Jednakże w Afryce Ebola może być rozprzestrzeniana przez kontakt z mięsem dzikich zwierząt (dzikie zwierzęta upolowane w celu spożycia) oraz przez kontakt z zakażonymi nietoperzami. Wirus ten może również rozprzestrzeniać się poprzez spożywanie zakażonych Ebolą zwierząt, włączając nietoperze.

Osoba zakażona wirusem Eboli NIE ZARAŻA innych osób przed wystąpieniem objawów.

Kto znajduje się w grupie ryzyka zarażenia Ebolą?

Ryzyko zarażenia się Ebolą w miejscach publicznych jest niezwykle niskie. W grupie zwiększonego ryzyka zachorowania znajduje się personel medyczny oraz członkowie rodziny opiekujący się pacjentami zarażonymi Ebolą w Afryce Zachodniej, ponieważ osoby takie mają kontakt z krwią lub innymi płynami ustrojowymi osób chorych.

Jaka metoda leczenia jest dostępna?

Obecnie nie istnieje żadna zarejestrowana metoda leczenia ani szczepionka przeciw wirusowi Eboli, choć oba te rozwiązania znajdują się na etapie badań. Leczenie Eboli jest leczeniem wspomagającym poprzez dożylne podawanie płynów, utrzymywanie ciśnienia krwi i natlenianie, a także leczenie dodatkowych infekcji, o ile wystąpią.

W jaki sposób mogę siebie chronić?

Unikaj zbędnych podróży do obszarów dotkniętych epidemią wirusa Eboli. Jeśli przebywasz na obszarze dotkniętym epidemią:

- Unikaj kontaktu z krwią i płynami ustrojowymi osób chorych.
- Nie dotykaj przedmiotów, które miały kontakt z krwią lub płynami ustrojowymi osoby zakażonej.
- Noś odzież ochronną (rękawiczki, fartuch, maseczki i okulary) podczas opiekowania się osobami chorymi.
- Monitoruj zdrowie w ciągu 21 dni po opuszczeniu zakażonego obszaru. Niezwłocznie skorzystaj z pomocy medycznej w przypadku pojawienia się objawów Eboli.

Więcej informacji: http://www.cdc.gov/vhf/ebola

10/2014

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Conozca los datos: virus del ébola

El brote del ébola del 2014 en África Occidental es el mayor brote de la historia y el primero en afectar a las personas en diferentes países. Aunque el brote del ébola es una crisis humanitaria en África Occidental, **la epidemia no implica un riesgo significativo para el público en EE. UU**. El virus del ébola no se contagia tan fácilmente. Esta hoja informativa explica algunos datos básicos sobre la enfermedad.

¿Qué es el ébola?

El ébola es un virus de fiebre hemorrágica que ha aparecido esporádicamente desde su reconocimiento inicial en 1976 y recibió su nombre de un río en la República Democrática del Congo en África, en donde se reconoció por primera vez. El virus también se ha identificado en murciélagos y primates. El ébola ocasiona enfermedad grave. Entre el 50% y 90% de las personas que se infectan con el virus, fallecen.

¿Cuáles son los síntomas?

Los síntomas del ébola incluyen: fiebre, dolor de cabeza, dolor de articulaciones y músculos, debilidad, diarrea, vómitos, dolor estomacal, falta de apetito y sangrado anormal. Algunos pacientes pueden tener sarpullido, ojos irritados, hipo, tos, dolor de garganta, dolor de pecho, dificultad para respirar o tragar o sangrado interno o exterior del cuerpo.

Los síntomas más comúnmente inician en el 8vo y 10mo día después de tener contacto con el virus del ébola, pero puede ocurrir tan pronto como 2 días y hasta 21 días después de la exposición.

¿Cómo se contagia el ébola?

El virus del ébola se contagia por contacto directo con la sangre u otros fluidos corporales (vómitos, diarrea, orina, leche materna, sudor, semen) de una persona infectada que tiene síntomas o de una persona que falleció recientemente por el ébola. También se puede contagiar a través de objetos o superficies contaminadas por los fluidos corporales de una persona infectada con el virus del ébola, por ejemplo, la ropa o la ropa de cama. El ébola no se contagia a través del aire ni del agua, ni por la comida en general. Sin embargo, en África, el ébola puede contagiarse debido a la manipulación de animales de caza (animales salvajes cazados para alimentación) y contacto con los murciélagos infectados. También se puede contagiar al comer un animal que estaba infectado por el ébola, incluyendo murciélagos.

Una persona infectada con el virus del ébola NO PUEDE transmitirlo a los demás antes de que aparezca cualquier síntoma.

¿Quién está en riesgo de contraer ébola?

El riesgo de contraer ébola en el público general es extremadamente bajo. Los proveedores de atención médica o los miembros de la familia que cuidan de los pacientes infectados con ébola en África Occidental están en mayor riesgo debido a que pueden entrar en contacto con la sangre y otros fluidos corporales.

¿Qué tratamiento está disponible?

No existe un tratamiento o vacuna autorizada para la enfermedad del virus del ébola, aunque ambos están bajo investigación. El tratamiento para el ébola es apoyar con líquidos intravenosos, mantener la presión arterial y la oxigenación y tratar las infecciones adicionales, si las hubiera.

¿Cómo me puedo proteger?

Evite los viajes no esenciales a áreas afectadas por el brote de la enfermedad del virus del ébola. Si está en un área afectada:

- Evite tener contacto con sangre y fluidos corporales de las personas enfermas.
- No manipule artículos que hayan entrado en contacto con la sangre o fluidos corporales de una persona infectada.
- Use ropa protectora (guantes, bata, mascarillas y gafas de protección) cuando cuide a personas enfermas.
- Supervise su salud durante 21 días después de dejar el área afectada. Busque atención médica de inmediato si desarrolla síntomas de ébola.

Para obtener más información visite la página web: http://www.cdc.gov/vhf/ebola

10/2014

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Tunney for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Tunney asked for a summary of personnel moves in the corporate fund.

For full-time equivalent (FTE) positions, there were 155 positions in 2014 and 184 in 2015. That is a variance of 29. Specifics are as follows:

- 4 positions were moved from CDPHs Corporate budget to the Department of Fleet and Facilities Management
- 1 vacancy was eliminated from Corporate
- 29 positions from the Health Revenue account were moved to Corporate
- 2 environmental permitting positions were added to Corporate from the former Fund 648, previously administered by the Department of Environment
- 2 positions were moved from CDBG to the Corporate Fund to address audit findings
- 1 position was moved from a grant fund to the Corporate Fund as a result of decreased grant funding

As always, please let me know if you have any further questions.

DEPARTMENT OF PUBLIC HEALTH

CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Tunney for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Tunney asked for data on patient visits to the Lakeview Specialty Clinic. That information is as follows for 2014:

Month	**Number of Visits**
Jan	416
Feb	383
Mar	429
Apr	486
May	476
Jun	500
Jul	562
Aug	511
Sep	477
Oct*	345
Jan-Oct	**4,585**

**Data is through October 20, 2014*

As always, please let me know if you have any further questions.

DEPARTMENT OF PUBLIC HEALTH

CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Waguespack for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Waguespack asked for information on the accounting of account 140 in the CDPH 2015 budget recommendation.

That section deals with professional and technical services. The primary reason for an increase in that part of the budget is due to new laboratory expenses associated with providing STI testing in our five specialty clinics. This new expense is budgeted at $565,510. For specifics, please see the table below:

CDPH 2015 Budget Recommendation Account 0140 Professional and Technical Services	
Item	Appropriation
CPS IGA	89,313
Healthy Chicago Planning	15,000
Human Resources - Arbitrations	25,000
Administration - Eligibility Checks	80,160
Public Information - Interpretation	18,000
File Storage	219,419
Educational Training	15,000
HIV/STI Services - Labs	**565,510**
Tuberculosis - Housing	150,000
Breast Health - Supplies	200,000
Epidemiology & Informatics	272,175
Food Protection Certification- Malcolm X	123,000
Environmental Health & Permitting	161,748
TOTAL 0140 Recommended Appropriation	$1,934,325

As always, please let me know if you have any further questions.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin, Chair, Committee on Budget & Government Operations

From: Bechara Choucair, M.D.
Commissioner
Chicago Department of Public Health

CC: Farzin Parang
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 29, 2014

Re: Request from Ald. Sawyer for Information from Annual Appropriation Committee Hearing

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This information is in response to questions posed at our department's hearing on October 28, 2014, to discuss the proposed 2015 budget.

Alderman Sawyer asked for information on CDPH revenues. Our monthly collections report, as provided by the Department of Finance, cites the following revenue for the month of September 2014 and the year to date revenue collected for 2014:

September 2014	Adjusted Current YTD Total
$428,954.00	$5,270,640.45

As always, please let me know if you have any further questions.