



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-01- HIV/STI Delegate Agencies

The attached information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Reboyras asked for the total funding for HIV/STI funded delegate agencies in Chicago by community organizations and activities performed.

Please see attached spreadsheet for this information.

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

**Chicago Department of Public Health
HIV/STI Bureau
2017 HIV Prevention Projects**

Agency Name	Administrative location	Service Area Ward	Type of Services	Population Served	Contract Amount
Access Community Health	600 W. Fulton, Suite 200	16, 34, 8, 21	HIV screening and linkage, Prevention with HIV-Positive Individuals, Prevention with HIV-Negative Individuals	AA MSM	\$ 284,942
Asian Human Services	4753 N. Broadway, Suite 700	citywide	HIV Screening and linkage	Non-English/Non-Spanish Speaking, AA MSM	\$ 100,000
Brothers Health Collective	2517 S. Archer	11, 4, 5, 6, 20, 16, 28, 25	Prevention with HIV-Positive Individuals	AA MSM	\$ 87,500
Center on Halsted	3656 N. Halsted	1, 26, 27, 29, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49, 50	HIV screening and linkage	L MSM, W MSM	\$ 165,000
Chicago House and Social Services Agency	1925 N. Clybourn Suite 401	49, 46, 44, 42, 32, 45, 38, 33, 30, 31, 36, 35, 32, 48, 40, 26, 27, 1, 32, 34, 29, 24, 28, 25, 12, 15	HIV screening and linkage	B MSM, L MSM	\$ 150,000
Chicago Recovery Alliance	3110 W. Taylor Street	citywide	Prevention with People who Inject Drugs	IDU	\$ 318,232
Chicago Women's AIDS Project	6363 N. Broadway	3, 4, 5, 7, 6, 8, 10, 11, 14, 15, 16, 32, 33, 39, 40, 44, 48, 49, 50	Prevention with HIV-Negative Individuals	AA HRH W, AA TW, Post incarcerated	\$ 100,000
Community Outreach Interventions Project (UIC)	1737 W. Polk Street	citywide	Prevention with People who Inject Drugs	IDU	\$ 231,768

The Division of Adolescent Medicine at Stroger/CORE Foundation	1900 W. Harrison St	citywide	PrEP Demonstration Project, Along with other CCHS clinical providers conduct Outreach, PrEP screening, HIV testing, patient navigation, PrEP prescription, STI screening and treatment	AA MSM 13-29, H/L MSM 20-29, African American and Latino MSM and African American and Latino Transgender Females	\$ 328,917
Esperanza Health Services	2001 S. California, #100	30	Along with a clinical partner conducts outreach, PrEP screening, HIV testing, patient navigation, PrEP prescription, STI screening and tx	African American and Latino MSM and African American and Latino Transgender Females	\$ 178,916
FOLA	8014 S. Ashland Ave	6, 8, 21, 9, 17, 20, 7	HIV screening and linkage	AA MSM 30-49, AA HRH 30-49	\$ 90,000
Heartland Human Care Services	208 S. LaSalle, Suite 1300	3, 16, 15, 17, 20, 5, 7, 68, 69, 42, 43	Prevention with HIV-Negative Individuals, along with a clinical provider conducts Outreach, PrEP screening, HIV testing, patient navigation, PrEP prescription, STI screening and treatment	AA MSM 18-32, homeless, African American and Latino MSM and African American and Latino Transgender Females	\$ 228,917
Austin Congressional Black Caucus	4800 W Chicago	22, 25, 26, 27, 29, 35, 37	Prevention with HIV-Positive Individuals	AA MSM 20+	\$ 87,500
Cermak Health Services	2800 S California	citywide	HIV screening and linkage	All AA MSM, HRH F 20-49	\$ 165,000

The CORE Center	2020 W. Harrison	citywide	HIV screening and linkage, Prevention with HIV-Positive Individuals, Prevention with HIV-Negative Individuals, Linkage to Care, Re-engagement in Care	All, AA/Black MSM AA/ Transgender	\$ 398,861
Provident Hospital	500 E 51st	3, 4, 5, 6, 7, 8, 11, 12, 14, 15, 16, 17, 18, 20, 21, 38	HIV screening and linkage, Routine Screening in a clinical setting and Partner Services, Along with 2 CBOs provides outreach, PrEP screening, HIV testing, patient navigation, PrEP prescription, STI screening and treatment	All AA MSM, HRH F 20-49, homeless, African American and Latino MSM and African American and Latino Transgender Females	\$ 542,099
Stroger Hospital	1900 W Polk Street	citywide	Prevention with HIV-Positive Individuals	All MSM of Color, 20-49	\$ 95,000
Howard Brown Health	4025 N. Sheridan Road	32, 40, 43, 44, 46, 47, 48, 49, 50, 67, 68	HIV screening in a clinical setting and Partners Services, Prevention with HIV-Positive Individuals, PrEP Demonstration	MSM and TW <50, African American and Latino MSM and African American and Latino Transgender Females	\$ 593,917
Lurie Children's Hospital	225 East Chicago Ave Box 205	32, 40, 44, 46, 47, 48, 49	HIV screening and linkage, Prevention with HIV-Negative Individuals	All MSM <30	\$ 185,543
Haymarket Center	932 W. Washington Boulevard	2, 3, 4, 5, 7, 8, 11, 12, 22, 25, 26, 27, 28, 29, 30, 31, 32, 35, 36, 37, 42, 43	Prevention with HIV-Negative Individuals	All AA MSM	\$ 50,000
Chicago Black Gay Men's Caucus	180 N Michigan Ave, Suite 1200	citywide	Prevention with HIV-Positive	AA MSM 20+	\$ 95,000

			Individuals		
Making A Daily Effort	810 W. 76th Street	23, 25, 26, 28, 29,40, 41, 6,8,21,9,17,20,7, 10	Prevention with HIV-Positive Individuals	All AAMSM, sex work, post incarceration, homeless	\$ 95,000
Puerto Rican Cultural Center- Vida/ SIDA	2640 W. Division St.	2, 19, 25, 26, 27, 29, 35, 42, 44, 46, 49	Prevention with HIV-Negative Individuals	All H/L MSM	\$ 100,000
Rincon Family Services	3809 W. Grand Ave	1, 26, 27, 29, 30, 31, 32, 33, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 50	HIV screening and linkage	H/L MSM 20-29	\$ 155,015
South Side Help Center	10420 S. Halsted	2, 3, 4, 5, 6,7, 8, 9, 10, 11, 12, 14, 15, 16, 21, 22, 23, 24 , 25, 28, 29, 34	HIV screening and linkage	All AA MSM, All AA HRH F	\$ 165,000
Test Positive Awareness Network	5050 N. Broadway, Suite 300	30, 31, 32, 33, 38, 43, 44, 45, 46, 48, 49	HIV screening and linkage	All AA MSM, All W MSM	\$ 172,000
The Night Ministry	4711 N. Ravenswood	citywide	HIV screening and linkage	AA MSM 13-19, homeless	\$ 100,000
University of Chicago	6030 South Ellis	2, 3, 4, 5, 6, 7, 8, 13, 14, 15, 16, 17, 18, 19, 20, 21, 41, as well as city-wide efforts	HIV screening and linkage, PrEP Demonstration, Prevention with HIV-Negative Individuals, Routine Screening in Clinical Settings, PrEP screening, HIV testing, patient navigation, PrEP prescription, STI screening and treatment, Linkage to Care and Re-engagement in Care	All AA MSM, All AA HRH Transgender, unstably housed 13-24, African American and Latino MSM and African American and Latino Transgender Females	\$ 1,864,167
					\$ 7,128,294

Chicago Department of Public Health					
HIV/STI Bureau					
2017 HIV Care Services					
Agency Name	Administrative location	Service Area Community	Type of Services	Population Served	Contract Amount
<i>Access Community Health Network</i>	<i>600 W. Fulton Street, Suite 200</i>	<i>Back of the Yards and surrounding Southside community areas</i>	<i>Outpatient Ambulatory Care Early Intervention Services Psychosocial Services</i>	<i>Uninsured/under-insured African American clients living with HIV/AIDS as payer of last resort</i>	<i>\$241,758</i>
<i>AIDS Foundation of Chicago</i>	<i>200 W Jackson Blvd Ste 2100</i>	<i>Clients across entire Chicago EMA</i>	<i>Housing Services Medical Case Management Non-Medical CM Medical Transportation Emergency Financial Assistance Health Insurance Premiums Other Professional Services- Income Tax Preparation</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$6,020,384</i>
<i>AIDS Healthcare Foundation</i>	<i>6255 W Sunset Blvd Fl 21</i>	<i>Near Southside</i>	<i>Outpatient Ambulatory Care Early Intervention Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$117,148</i>

<i>Alexian Brothers - Bonaventure House</i>	<i>825 W Wellington Ave</i>	<i>Lake View- but receive client referrals from all over EMA</i>	<i>Substance Abuse Residential Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$84,578</i>
<i>Ann & Robert H. Lurie Children's Hospital</i>	<i>225 E Chicago Ave Pr Dept Box 269</i>	<i>Lincoln Park and Northside; receive pediatric referrals from all over EMA</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; infants and adolescents</i>	<i>\$202,308</i>
<i>Center On Halsted</i>	<i>3656 North Halsted</i>	<i>Lakeview and Boystown</i>	<i>Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; LGBTQ</i>	<i>\$31,351</i>
<i>Chicago House and Social Service Agency</i>	<i>1925 N Clybourn Ave Ste 401</i>	<i>Lincoln Park and Northside</i>	<i>Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$67,701</i>
<i>Chicago Women's AIDS Project</i>	<i>6363 N Broadway St</i>	<i>Edgewater and far Northside neighborhoods; receives referrals from all over EMA</i>	<i>Mental Health Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; women</i>	<i>\$159,099</i>
<i>Christian Community Health Center</i>	<i>9718 S. Halsted</i>	<i>Garfield Park and communities on the Southwest side of the City</i>	<i>Oral Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; southside African American</i>	<i>\$117,866</i>

				<i>communities</i>	
<i>Erie Family Health Center</i>	<i>1701 W Superior St</i>	<i>Humboldt Park and Westside of the City</i>	<i>Outpatient Ambulatory Care Early Intervention Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; Latino and undocumented populations</i>	<i>\$89,521</i>
<i>Garfield Counseling Center</i>	<i>4132 W Madison St</i>	<i>Garfield Park and communities on the Southwest side of the City</i>	<i>Substance Abuse Outpatient Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$33,852</i>
<i>Healthcare Alternative Systems, Inc.</i>	<i>2755 W Armitage Ave</i>	<i>Humboldt Park/Logan Square and Westside neighborhoods in the City</i>	<i>Substance Abuse Outpatient Services Substance Abuse Residential Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; Latino and undocumented populations</i>	<i>\$215,412</i>
<i>Heartland Health Outreach, Inc.</i>	<i>4750 N. Sheridan Rd.</i>	<i>Uptown and far Northside neighborhoods</i>	<i>Outpatient Ambulatory Care Services Oral Health Services Early Intervention Services Food Bank/Home-Delivered Meals</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; homeless and immigrant populations</i>	<i>\$1,538,822</i>

<i>Howard Area Community Center</i>	<i>7648 N Paulina St</i>	<i>Rogers Park and far Northside</i>	<i>Oral Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$101,004</i>
<i>Howard Brown Health Center</i>	<i>4025 N Sheridan Rd</i>	<i>Lakeview and Boystown, put receive client referrals from all over Chicago EMA</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services Psychosocial Support Services Substance Abuse Outpatient Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; LGBTQ</i>	<i>\$469,247</i>
<i>Howard Brown Health Center - EPCS</i>	<i>641 W. 63rd Street</i>	<i>Englewood, but receive clients referrals from all over Chicago EMA</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services Oral Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; LGBTQ</i>	<i>\$582,287</i>
<i>Human Resource Development Institute, Inc.</i>	<i>222 S Jefferson St</i>	<i>Auburn-Gresham</i>	<i>Substance Abuse Outpatient Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$251,148</i>

<i>LAF - Legal Assistance Foundation</i>	<i>120 S La Salle St Ste 900</i>	<i>Clients across entire Chicago EMA</i>	<i>Other Professional Services - Legal</i>	<i>Uninsured/unde r-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$284,000</i>
<i>Lawndale Christian Health Center</i>	<i>3860 W Ogden Ave.</i>	<i>Lawndale and surrounding Southwest community areas</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services</i>	<i>Uninsured/unde r-insured clients living with HIV/AIDS as payer of last resort; African American communities</i>	<i>\$280,214</i>
<i>Legal Council for Health Justice</i>	<i>180 N Michigan Ave Ste 2110</i>	<i>Clients across entire Chicago EMA</i>	<i>Other Professional Services - Legal</i>	<i>Uninsured/unde r-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$394,900</i>
<i>McDermott Center dba Haymarket Center</i>	<i>120 N Sangamon St</i>	<i>Clients across entire Chicago EMA</i>	<i>Substance Abuse Outpatient Services Substance Abuse Residential Services Psychosocial Support Services Outreach Services</i>	<i>Uninsured/unde r-insured clients living with HIV/AIDS as payer of last resort; Substance use disorder affected populations</i>	<i>\$936,227</i>
<i>Michael Reese Research & Education Foundation -HIV Care Program</i>	<i>2240 W Ogden Ave Fl 2</i>	<i>Near Southside</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services</i>	<i>Uninsured/unde r-insured clients living with HIV/AIDS as payer of last resort; African American communities</i>	<i>\$637,158</i>

<i>New Age Services Corporation</i>	<i>1330 S. Kostner Ave.</i>	<i>North Lawndale/Cicero; clients referred from across Chicago EMA</i>	<i>Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; Substance use disorder affected populations</i>	<i>\$31,784</i>
<i>Prairie State Legal Services, Inc.</i>	<i>400 W Roosevelt Rd, 1St Floor</i>	<i>Clients across entire Chicago EMA</i>	<i>Other Professional Services - Legal</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$172,000</i>
<i>Public Health Institute of Metropolitan Chicago</i>	<i>180 North Michigan Avenue, Suite 1200</i>	<i>N/A</i>	<i>Quality Management Technical Assistance</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$450,000</i>
<i>Puerto Rican Cultural Center</i>	<i>2739 W Division Street</i>	<i>Humboldt Park and Westside of the City</i>	<i>Substance Abuse Outpatient Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; Latino and undocumented populations</i>	<i>\$236,415</i>
<i>Sinai Health System</i>	<i>2750 W 15Th St</i>	<i>North Lawndale/Little Village</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$441,915</i>

<i>South Shore Hospital Corporation</i>	<i>8012 S Crandon Ave</i>	<i>South Shore and surrounding far South communities in Chicago</i>	<i>Outpatient Ambulatory Care Early Intervention Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; African American communities</i>	<i>\$105,849</i>
<i>South Side Help Center</i>	<i>10420 S Halsted</i>	<i>Washington Heights/Roseland</i>	<i>Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; African American communities</i>	<i>\$35,467</i>
<i>The Board of Trustees of The University of Illinois</i>	<i>808 S. Wood Street, Rm 888 M/C735</i>	<i>Illinois Medical District and referrals from all over Chicago EMA</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$1,026,337</i>
<i>The Board of Trustees of The University of Illinois - EPCS</i>	<i>845 W. Wilson Avenue</i>	<i>Uptown and far Northside neighborhoods</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$579,576</i>
<i>The Children's Place Association</i>	<i>700 N. Sacramento Blvd. Suite 300</i>	<i>Humboldt Park/East Garfield Park</i>	<i>Mental Health Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; children and families</i>	<i>\$72,540</i>

<p><i>The Hektoen Institute for Medical Research on Behalf of Austin Health Center</i></p>	<p>2240 W Ogden Ave Fl 2</p>	<p><i>Austin and surrounding Southwest side neighborhoods</i></p>	<p><i>Outpatient Ambulatory Care Services Early Intervention Services Substance Abuse Outpatient Services Psychosocial Support Services Mental Health Services</i></p>	<p><i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; African American communities</i></p>	<p>\$752,966</p>
<p><i>The Hektoen Institute for Medical Research on Behalf of CORE Center</i></p>	<p>2240 W Ogden Ave Fl 2</p>	<p><i>Large number of clients from across the Chicago EMA</i></p>	<p><i>Outpatient Ambulatory Care Services Early Intervention Services Substance Abuse Outpatient Services Psychosocial Support Services Mental Health Services Oral Health Services</i></p>	<p><i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i></p>	<p>\$2,595,213</p>
<p><i>The Hektoen Institute for Medical Research on Behalf of Project VIDA</i></p>	<p>2240 W Ogden Ave Fl 2</p>	<p><i>Little Village</i></p>	<p><i>Mental Health Services Psychosocial Support Services</i></p>	<p><i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; Latino and undocumented</i></p>	<p>\$138,777</p>

				<i>populations</i>	
<i>The Hektoen Institute for Medical Research on Behalf of Provident Hospital</i>	<i>2240 W Ogden Ave Fl 2</i>	<i>Washington Park and surrounding Southside neighborhoods</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Substance Abuse Outpatient Services Mental Health Services Oral Health Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; African American communities</i>	<i>\$1,139,090</i>
<i>TPA Network</i>	<i>5050 N Broadway St Ste 300</i>	<i>Edgewater and far Northside neighborhoods; receives referrals from all over EMA</i>	<i>Mental Health Services Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$142,703</i>
<i>Universal Family Connection</i>	<i>1350 W 103Rd St</i>	<i>Washington Heights/Roseland</i>	<i>Psychosocial Support Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort; children and families</i>	<i>\$44,263</i>

<i>University of Chicago</i>	<i>6030 S. Ellis Ave</i>	<i>Hyde Park; receives referrals citywide</i>	<i>Outpatient Ambulatory Care Services Early Intervention Services Mental Health Services Psychosocial Support Services Outreach Services</i>	<i>Uninsured/under-insured clients living with HIV/AIDS as payer of last resort</i>	<i>\$729,119</i>
					<i>\$21,549,999</i>

Chicago Department of Public Health					
HIV/STI Bureau					
2017 HIV Housing Projects					
Agency Name	Administrative location	Service Area Ward	Type of Services	Population Served	Contract Amount
<i>Alexian Brothers Bonaventure House</i>	<i>825 W. Wellington Ave. Chicago IL 60657</i>	<i>44</i>	<i>Facility-Based Housing Assistance</i>	<i>Transitional Living Facility Based Adults City-wide</i>	<i>\$191,624</i>
<i>Lwarwe & Rosalie Anixter Center - CALOR</i>	<i>5038 West Armitage Avenue Chicago IL 60639</i>	<i>31</i>	<i>Facility-Based Housing Assistance</i>	<i>Facility based adults city wide</i>	<i>\$68,360</i>
<i>Chicago House and Social Service Agency</i>	<i>1925 N. Clybourn Ave. Ste 401 Chicago IL 60616</i>	<i>32</i>	<i>Facility-Based Housing Assistance</i>	<i>Independent Facility Base adults Edgewater</i>	<i>\$625,545</i>
<i>Children's Place Association</i>	<i>1436 W. Randolph Ste 500 Chicago IL 60607</i>	<i>27</i>	<i>Facility-Based Housing Assistance</i>	<i>Families -with children city-wide</i>	<i>\$160,000</i>
<i>Haymarket Center</i>	<i>932 W. Washington Blvd. Chicago IL 60607</i>	<i>27</i>	<i>Facility-Based Housing Assistance</i>	<i>FB Permanent Supportive adults in cook county</i>	<i>\$346,589</i>
<i>Heartland Health Outreach</i>	<i>4750 North Sheridan, Ste. 449 Chicago IL 60640</i>	<i>46</i>	<i>Facility-Based Housing Assistance</i>	<i>Transitional Facility Based West side of city, Oakpark, Cicero, Maywood, Berwyn</i>	<i>\$245,706</i>
<i>Heartland Human Care Services</i>	<i>208 S. LaSalle Suite 1818 Chicago IL 60604</i>	<i>42</i>	<i>Facility-Based Housing Assistance</i>	<i>Scattered sites permanent supportive city-wide</i>	<i>\$502,252</i>
<i>Housing Opportunities for Women</i>	<i>1607 W. Howard St. 2nd Fl Chicago IL 60626</i>	<i>49</i>	<i>Facility-Based Housing Assistance</i>	<i>Scattered sites permanent supportive north side and Cook</i>	<i>\$170,262</i>
<i>Human Resources Development Institute, Inc</i>	<i>222 S. Jefferson Avenue Chicago IL 60661</i>	<i>9</i>	<i>Facility-Based Housing Assistance</i>	<i>Facility based permanent supportive adults</i>	<i>\$185,000</i>
<i>The Boulevard of Chicago</i>	<i>3456 W. Franklin Blvd Chicago IL 60624</i>	<i>27</i>	<i>Facility-Based Housing Assistance</i>	<i>Respite facility based adults, city-wide</i>	<i>\$311,000</i>

<i>Pilsen Wellness Center</i>	<i>2319 S. Damen Ave. Chicago IL 60608</i>	25	<i>Facility-Based Housing Assistance</i>	<i>Dual Diagnosed Facility Based in Lawndale</i>	<i>\$80,000</i>
<i>Puerto Rican Cultural Center</i>	<i>2703 West Division St. Chicago IL 60622</i>	26	<i>Facility-Based Housing Assistance</i>	<i>LGBTQ 18-24 citywide catchment</i>	<i>\$130,000</i>
<i>Unity Parenting & Counseling, Inc.</i>	<i>600 W. Cermak Rd, Ste 300 Chicago IL 60616</i>	25	<i>Facility-Based Housing Assistance</i>	<i>Facility based 2- sites 18-24</i>	<i>\$100,000</i>
<i>AIDS Foundation of Chicago</i>	<i>200 W. Jackson, Suite 2100 Chicago IL 60640</i>	2	<i>Housing Information Services</i>	<i>EMSA</i>	<i>\$430,000</i>
<i>Asian Human Services</i>	<i>4753 N. Broadway Suite 700 Chicago IL 60640</i>	48	<i>Housing Information Services</i>	<i>city-wide</i>	<i>\$87,000</i>
<i>Chicago House and Social Service Agency</i>	<i>1925 N. Clybourn Ave. Ste 401 Chicago IL 60616</i>	32	<i>Housing Information Services</i>	<i>city-wide</i>	<i>\$63,215</i>
<i>FOLA Community Action Services</i>	<i>8014-8018 S. Ashland Ave Chicago IL 60620</i>	21	<i>Housing Information Services</i>	<i>South Side of Chicago</i>	<i>\$60,000</i>
<i>Human Resources Development Institute, Inc.</i>	<i>222 S. Jefferson Avenue Chicago IL 60661</i>	9	<i>Housing Information Services</i>	<i>Chicago south side and south suburbs</i>	<i>\$72,000</i>
<i>Legal Assistance Foundation</i>	<i>120 South LaSalle, Ste. 900 Chicago IL 60603</i>	2	<i>Housing Information Services</i>	<i>Cook County</i>	<i>\$116,166</i>
<i>Puerto Rican Cultural Center</i>	<i>2703 West Division St. Chicago IL 60622</i>	26	<i>Housing Information Services</i>	<i>citywide</i>	<i>\$70,000</i>
<i>AIDS Foundation of Chicago</i>	<i>200 W. Jackson, Suite 2100 Chicago IL 60606</i>	2	<i>Tenant Based Rental Assistance</i>	<i>Housing and 25 STRMU assistance</i>	<i>\$2,495,965</i>
				<i>Total</i>	<i>\$6,510,684</i>

<i>Chicago Department of Public Health</i>					
<i>HIV/STI Bureau</i>					
<i>2017 STI Prevention Services</i>					
<i>Agency Name</i>	<i>Administrative location</i>	<i>Service Area Ward</i>	<i>Type of Services</i>	<i>Population Served</i>	<i>Contract Amount</i>
<i>Howard Brown Health</i>	<i>4025 N. Sheridan Road, Chicago, IL 60613</i>	<i>40, 43, 44, 46, 47, 48, 49, 50</i>	<i>STD clinical preventive services (e.g. STI Screening, Treatment and Partner Services)</i>	<i>Men who have sex with men</i>	<i>\$140, 244</i>
<i>CORE Foundation</i>	<i>1901 W. Harrison St, Chicago, IL 60612</i>	<i>6, 7, 8, 9, 21, 24, 27, 28</i>	<i>STD clinical preventive services (e.g. STI Screening, Treatment and Community Outreach)</i>	<i>African American and Hispanic women ages 15–24</i>	<i>\$140, 244</i>
			<i>Total</i>		<i>\$280,488</i>



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-02 2018 RFPs

The attached information is in response to questions posed at our department's hearing on October 31 to discuss the proposed 2018 budget.

Alderman Waguespack asked for a list of RFPs planned to be released by the Department of Health (CDPH). Below is a list of RFPs that CDPH plans to release in the next year.

- HIV Housing
- HIV Medical Care and Support Services
- HIV Prevention
- Sexually Transmitted Disease Clinical Preventive Services
- School Based Vision Program
- School Based Dental Program
- Maternal, Infant and Early Childhood Outreach and Home Visiting Program
- Nutrition Program for Women, Infants and Children (WIC)
- Substance Use Disorder Services
- Community Education on Opioid Overdose Prevention
- Mental Health Services
- Resiliency in Communities After Stress and Trauma (ReCAST)
- Violence Prevention
- Federally Qualified Health Centers
- Epidemiology and Laboratory Capacity for Infectious Disease

- Housing for People Undergoing Treatment for Tuberculosis
- Healthy Chicago 2.0 Startup Funds for Community Based Initiatives to Improve Health Equity

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-03

The attached information is in response to questions posed at our department's hearing on October 31st to discuss the proposed 2018 budget.

Alderman Waguespack asked for the last three years of mental health revenue collected by source including Medicaid, Medicare, private insurance and out of pocket costs.

Please see the attached reflecting revenue by year. Please note that we are exploring the possibility of retroactive billing for MCO contracts that were executed this year. This opportunity will increase revenue generated for the city.

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

Reporting Period	2014 **	2015 **	2016 **	2017 YTD (January - June 2017)	Totals
Funding Source/Program	Approved Amount	Approved Amount	Approved Amount	Approved Amount	
Medicaid	\$538,366.82	\$223,378.61	\$128,096.26	\$53,086.73	\$942,928.42
Non-Medicaid*	\$145,810.76	\$47,108.91	\$ -	\$ -	\$192,919.67
Self-Pay	\$3,906.55	\$3,058.82	\$ -	\$ -	\$6,965.37
Blue Cross Blue Shield	\$90.00	\$229.40	\$ -	\$ -	\$319.40
Cigna Healthcare	\$ -	\$ -	\$ -	\$ -	
Humana Inc.	\$36.06	\$ -	\$ -	\$ -	\$36.06
Medicare	\$29,601.64	\$9,363.52	\$ -	\$ -	\$38,965.16
MCO (MRO)	\$81.50	\$32.50	\$ -	\$ -	\$114.00
Grand Total	\$717,893.33	\$283,171.76	\$128,096.26	\$53,086.73	\$1,182,248.08
*Non-Medicaid (uninsured): CDPH was not approved for reimbursements in 2016 onward.					
**2014, 2015, and 2016 Totals: Revenue declined significantly because all Medicaid patients were required to be enrolled in MCO and CDPH did not have MCO contracts at that time.					



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-04 - Advertising Budget

The below information is in response to questions posed at our department's hearing on October 31 to discuss the proposed 2018 budget.

Alderman Waguespack asked for the total advertising amount for CDPH services.

For 2018, CDPH has requested \$55,000 in corporate dollars for public health education and promotion activities in the Advertising line. These funds support materials about our services and various public health issues, signage upgrades at our clinic sites, and larger campaigns to educate the public.

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-05 & 41-18 -Lead Inspections Program Model and Performance

The below information is in response to questions posed at our department's hearing on October 31st to discuss the proposed 2018 budget.

Alderman Scott Waguespack asked for details on the lead inspection program including the past year's performance and the future of the proactive program model. In addition, he asked that we provide answers to a number of specific questions including on blood lead level data, inspection requests, and other issues.

The mission of the Lead Poisoning Prevention and Healthy Homes program is to promote healthy and lead-safe environments for Chicago's children through public education, outreach, and case investigations and work to eliminate childhood lead poisoning by preventing environmental exposures to lead.

For this year 2017 (January to September) we have conducted 2,723 inspections.

CDPH has partnered with the University of Chicago to develop a predictive analytics model to identify homes that are likely to have lead-based paint hazards that may cause lead poisoning in children. CDPH will incorporate this model as part of its primary prevention strategy through proactive inspections that aim to mitigate hazards early, before children have high blood lead levels. In 2018, CDPH plans to hire one inspector who will be dedicated entirely to conducting these proactive inspections. This position is funded by the U.S. Department of Housing and Urban Development through the Sinai Urban Health Institute on a 20 month grant. In addition,

CDPH will use the predictive model to generate referrals to its delegate agencies – Metropolitan Tenants Organization (MTO) and Imagine Englewood If – for visual inspections.

The table below describes the blood lead testing results in Chicago children aged 6 months to 6 years old. The testing results are presented with the following:

1. Three age ranges: 6 to 11 months old, 1 to 3 years old, and 4 to 6 years old
2. Two blood lead level categories: 5 to 9 mcg Pb/dl blood and 10+ mcg Pb/dl blood (venous blood draw only)
3. Two calendar years: 2015 and 2016. (2017 is too incomplete to include at this time)
4. Counts of children (cases) with elevated blood lead levels and prevalence (defined as number of cases divided by number of children tested in that age range presented per thousand children).

For each child tested in a given year, their highest test result using the most reliable analysis method was selected to categorize them by age and case status.

<u>Counts (n)</u>				
<u>BLL category</u>	<u>5 to 9</u>	<u>5 to 9</u>	<u>10+</u>	<u>10+</u>
<u>Year</u>	<u>2015</u>	<u>2016</u>	<u>2015</u>	<u>2016</u>
<u>Age range</u>				
6 to 11 months	124	120	37	24
1 to 3 yo	1380	1190	414	388
4 to 6 yo	580	498	157	132
<u>Prevalence (per thousand tested)</u>				
<u>BLL category</u>	<u>5 to 9</u>	<u>5 to 9</u>	<u>10+</u>	<u>10+</u>
<u>Year</u>	<u>2015</u>	<u>2016</u>	<u>2015</u>	<u>2016</u>
<u>Age range</u>				
6 to 11 months	9.8	9.3	2.9	1.9
1 to 3 yo	29.0	25.0	8.7	8.1
4 to 6 yo	19.5	17.1	5.3	4.5

1. How many landlords/buildings/families received city assistance?
 - a. In YTD (January to September 30, 2017) 2,723 received a lead inspection from CDPH and delegate agencies. Many of these units were inspected multiple times after hazards were found.
 - b. 128 housing units were abated and made lead safe in 2017 with financial assistance from US Department of Housing and Urban Development (HUD).
 - c. 19 housing units were made lead safe in 2017 with Cook County Department of Public Health (CCDPH) Torrens Funds.
2. How many requests? The program received 210 requests for financial assistance for abatement.

3. How many requests fulfilled? 147 applicants were found eligible for financial assistance for abatement, 29 were ineligible, and 34 had incomplete documents and their eligibility could not be determined.
4. How many free home inspections? All of the 2,723 inspections conducted through September of this year were done at no cost to the property owner or tenant.
5. How much total funding assistance by city? \$3,559,000 (2014-2017) from US Department of Housing and Urban Development (HUD) and \$244,00 from Cook County Department of Public Health (CCDPH) Torrens Funds.
6. How many CHA units inspected? Out of the 17 units inspected only 3 had lead hazards.
 - a. How many completed? 3 units abated of lead hazards.
 - b. Total assistance? \$22,245.00
7. How many certified lead abatement contractors are on our list – please provide: Nineteen (19) contractors are on the rotation list.
8. How often are they certified (or re-certified)? Renewal of license or Certification is done annually.
 - a. Who does it? Lead Abatement Contractors are certified by the State of Illinois.

Breakdown by ward and by community area. Please see lead abatement projects attached spreadsheet.

Note: HUD project is from 2014 to 2017.

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

Community Area number	Community Area Name	Count of units abated or being abated with HUD funding	Percent of units abated or being abated with HUD funding
01	ROGERS PARK	2	0.8
02	WEST RIDGE	3	1.2
04	LINCOLN SQUARE	2	0.8
14	ALBANY PARK	10	4
15	PORTAGE PARK	5	2
16	IRVING PARK	3	1.2
17	DUNNING	1	0.4
19	BELMONT CRAGIN	17	6.8
20	HERMOSA	4	1.6
21	AVONDALE	3	1.2
22	LOGAN SQUARE	4	1.6
23	HUMBOLDT PARK	10	4
24	WEST TOWN	4	1.6
25	AUSTIN	28	11.2
26	WEST GARFIELD PARK	3	1.2
27	EAST GARFIELD PARK	7	2.8
29	NORTH LAWNSDALE	8	3.2
30	SOUTH LAWNSDALE	14	5.6
37	FULLER PARK	1	0.4
40	WASHINGTON PARK	3	1.2
42	WOODLAWN	3	1.2
43	SOUTH SHORE	4	1.6
45	AVALON PARK	3	1.2
46	SOUTH CHICAGO	5	2
48	CALUMET HEIGHTS	2	0.8
49	ROSELAND	7	2.8
50	PULLMAN	2	0.8
52	EAST SIDE	2	0.8
53	WEST PULLMAN	4	1.6
57	ARCHER HEIGHTS	3	1.2
58	BRIGHTON PARK	15	6
59	MCKINLEY PARK	4	1.6
60	BRIDGEPORT	1	0.4
61	NEW CITY	8	3.2
63	GAGE PARK	14	5.6
65	WEST LAWN	2	0.8
66	CHICAGO LAWN	9	3.6
67	WEST ENGLEWOOD	9	3.6
68	ENGLEWOOD	7	2.8
69	GREATER GRAND CROS	2	0.8

71	AUBURN GRESHAM	8	3.2
73	WASHINGTON HEIGHTS	4	1.6

Ward	Count of units abated or being abated with HUD funding	Percent of units abated or being abated with HUD funding
01	4	1.6
02	1	0.4
03	4	1.6
06	7	2.8
07	3	1.2
08	8	3.2
09	8	3.2
10	5	2
11	1	0.4
12	11	4.4
14	13	5.2
15	22	8.8
16	13	5.2
17	9	3.6
18	2	0.8
20	5	2
21	5	2
22	11	4.4
23	4	1.6
24	5	2
26	2	0.8
27	6	2.4
28	11	4.4
29	10	4
30	7	2.8
31	11	4.4
33	6	2.4
34	7	2.8
35	6	2.4
36	6	2.4
37	21	8.4
38	1	0.4
39	7	2.8
40	3	1.2
45	1	0.4
49	2	0.8

50	2	0.8
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Community Area number **Community Area Name** **Count of units abated or being abated with Torrens funding** **Percent of units abated or being abated with Torrens funding**

02	WEST RIDGE	4	21.1
16	IRVING PARK	2	10.5
21	AVONDALE	1	5.3
25	AUSTIN	2	10.5
30	SOUTH LAWNSDALE	5	26.3
48	CALUMET HEIGHTS	3	15.8
66	CHICAGO LAWN	2	10.5

Ward **Count of units abated or being abated with Torrens funding** **Percent of units abated or being abated with Torrens funding**

08	3	15.8
12	5	26.3
16	2	10.5
35	3	15.8
37	2	10.5
40	2	10.5
50	2	10.5



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 041-06 -Breast Cancer Mortality Rates

The below information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Ervin asked for the most recent breast cancer mortality data by race.

For 2015, the most recent data available, breast cancer mortality rates in Chicago were as follows (rates are reported as number of female deaths due to breast cancer per 100,000 females):

Citywide:	24.0
Hispanic or Latino:	13.2
Non-Hispanic Asian or Pacific Islander:	14.7
Non-Hispanic African American or Black:	35.1
Non-Hispanic White:	19.8

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-07 -Life Expectancy Data

The below information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Ervin asked for the most recent life expectancy data by race and data for West and East Garfield Park.

For 2014, life expectancy in years in Chicago by race and selected community areas was as follows:

Citywide:	77
Hispanic or Latino:	82
Non-Hispanic Asian or Pacific Islander:	83
Non-Hispanic African American or Black:	72
Non-Hispanic White:	79
West Garfield Park:	70
East Garfield Park:	71

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-08 - Managed Care Organizations

The attached information is in response to questions posed at our department's hearing on October 31st to discuss the proposed 2018 budget.

Alderman Ervin asked about the number of Chicago residents that are covered by the Managed Care Organizations (MCOs) that we have signed contracts with.

Today, CDPH has five signed contracts with MCOs. The bolded numbers below show state enrollment through each of the MCOs as of September 2017.

1. CountyCare: **133,444**
2. Harmony Wellcare: **110,118**
3. Meridian: **210,444**
4. Family Health Network MCO (effective 1/1/2018, will no longer operate as an MCO and covered individuals will move to CountyCare): **209,016**
5. Aetna Better Health (effective 1/1/2018 will no longer operate as an MCO): **160,955**

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 1, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-09 - Mental Health Facilities Locations

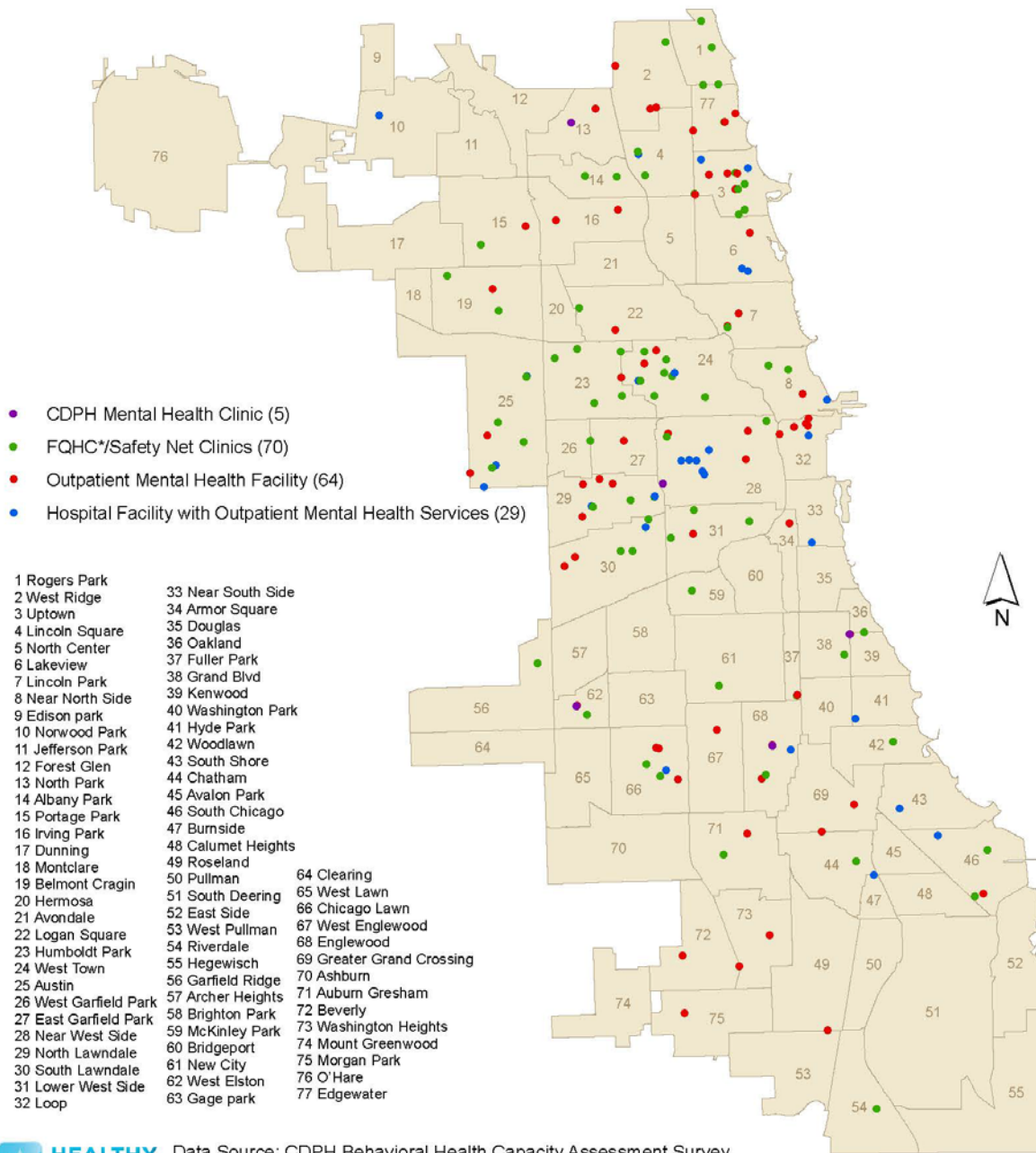
The attached information is in response to questions posed at our department's hearing on October 23, 2017 to discuss the proposed 2018 budget.

Alderman Cappleman asked for a map of the City's mental health facilities and non-profit mental health facilities.

A map of CDPH mental health clinics, FQHCs and outpatient mental health facilities identified through our Behavioral Health Capacity Assessment Survey is attached. The data was collected about publically available safety net providers and not private therapist offices.

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

Facilities with Adult Outpatient Mental Health Services in Chicago by Community Area (2016)



Data Source: CDPH Behavioral Health Capacity Assessment Survey
 Chicago Department of Public Health, Office of Epidemiology, 10.25.2017
 *Federally Qualified Health Center



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-10 - Chicago Survivors

The below information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Mitts asked for information about the services provided by Chicago Survivors and contact information for the organization.

Chicago Survivors is the direct service provider for CDPH's Crisis Response & Recovery Program (CRR). Chicago Survivors provides multi-cultural crime victim/survivor services to surviving family members following a homicide in Chicago. The services are free, open to all families who have lost a loved one to violence, available in English and Spanish, and telephone translation can be provided in over 200 languages. Services include immediate crisis response, a 24/7 crisis hotline, victim's rights and compensation assistance, funeral and vigil planning, unsolved case assistance, supportive counseling, case management, comprehensive referral services, court advocacy and Community of Survivors support group.

CRR crisis responders are deployed within four hours to offer immediate psychological first aid and bereavement support to families. The support continues for six months.

The Chicago Survivors crisis hotline is available 24 hours a day, 7 days a week and can be reached at 855-866-6679. The main office can be reached at 312-488-9222.

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-11- 2017 Opioid Report

The attached information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Mitts asked for a copy of the most recent opioid overdose report.

A copy of the report *Increase in overdose deaths involving opioids – Chicago, 2015-2016* is attached.

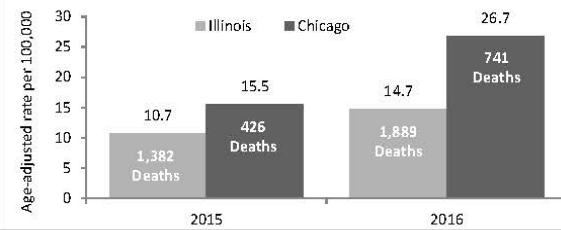
As always, please let me know if you have any further questions.

Epidemiology report: Increase in overdose deaths involving opioids – Chicago, 2015-2016

October 2017

The Chicago Department of Public Health reviewed and analyzed opioid-related overdose death data from the Cook County Medical Examiner's Office.¹ This report updates previously published data from 2015.² **Overdose deaths involving opioids in Chicago rose from 426 deaths in 2015 to 741 deaths in 2016, an increase of 74%.** While there were increases in opioid-related overdose deaths across demographic categories and opioid types, this was primarily driven by a dramatic increase in overdose deaths involving fentanyl, which increased from 71* deaths in 2015 to 420 deaths in 2016 (Table 1).

Figure 1. Overdose deaths involving opioids – Chicago, 2015-2016



Data Source: Illinois Department of Public Health, Cook County Medical Examiner's Office, US Census Bureau

Table 1. Overdose deaths involving opioids – Chicago, 2015-2016

	2015			2016		
	#	%	rate ⁱⁱ	#	%	rate ⁱⁱ
Chicago Deaths	426	100.0%	15.5	741	100.0%	26.7
Opioid Typeⁱ						
Heroin-involved	345	81.0%	12.4	487	65.7%	17.7
Fentanyl-involved	71*	16.7%	2.7	420	56.7%	15.1
Opioid pain reliever(OPR)-involved ⁱⁱⁱ	32	7.5%	1.1	40	5.4%	1.4
Methadone-involved	28	6.6%	1.0	48	6.5%	1.8
Gender						
Male	322	75.6%	23.8	556	75.0%	40.8
Female	104	24.4%	7.5	185	25.0%	13.3
Race-Ethnicity^{iv}						
Non-Hispanic African American	--	--	--	357	48.4%	39.3
Non-Hispanic White	--	--	--	251	34.1%	25.1
Hispanic or Latino	--	--	--	123	16.7%	16.5
Non-Hispanic Asian or Pacific Islander	--	--	--	6	0.8%	3.2 [^]
Age (years)						
15-24	27	6.4%	6.7	43	5.8%	10.6
25-34	78	18.4%	15.1	151	20.4%	29.3
35-44	89	20.9%	23.5	150	20.3%	39.7
45-54	121	28.5%	35.7	229	31.0%	67.6
55-64	96	22.6%	36.5	147	19.9%	55.9
65-74	14	3.3%	9.3 [^]	18	2.4%	11.9 [^]
Average age (years)	44.6			44.1		

Data Source: Cook County Medical Examiner's Office, US Census Bureau

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid.

ⁱⁱ Rates are expressed as number of overdoses per 100,000 people in the population and account for the population age distribution. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population. The age-adjusted opioid-involved death rate in the US was 10.4 per 100,000 in 2015.²

ⁱⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxycodone, oxycodone, or tramadol.

^{iv} Race-ethnicity data is reported by the Cook County Medical Examiner, and was not available for 2015.

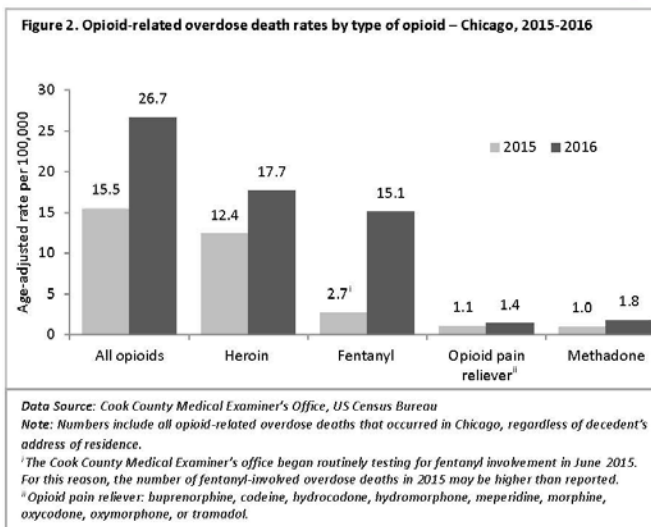
* The Cook County Medical Examiner's office began routinely testing for fentanyl involvement in June 2015. For this reason, the actual number of fentanyl-involved overdose deaths in 2015 may be greater than reported.

[^] For counts less than 20, rates may be unstable and should be interpreted with caution.



Opioid Type

- The overall rate of overdose deaths involving opioids increased from 15.5 deaths per 100,000 individuals in 2015 to 26.7 deaths per 100,000 individuals in 2016 (Figure 2).
- Increases in overdose death rates occurred for each type of opioid; however, the largest increase was among overdose deaths involving fentanyl. The rate in 2016 was more than five times the rate in 2015. (Figure 2).
- Heroin remained the opioid that was involved in the largest percentage of overdose deaths. However, the percentage decreased from 2015 (80.9% of the opioid-related overdose deaths) to 2016 (65.7% of the opioid-related overdose deaths) (Table 2).
- Deaths involving opioid pain relievers and methadone increased by 25% and 80% respectively from 2015 to 2016 (Figure 2).



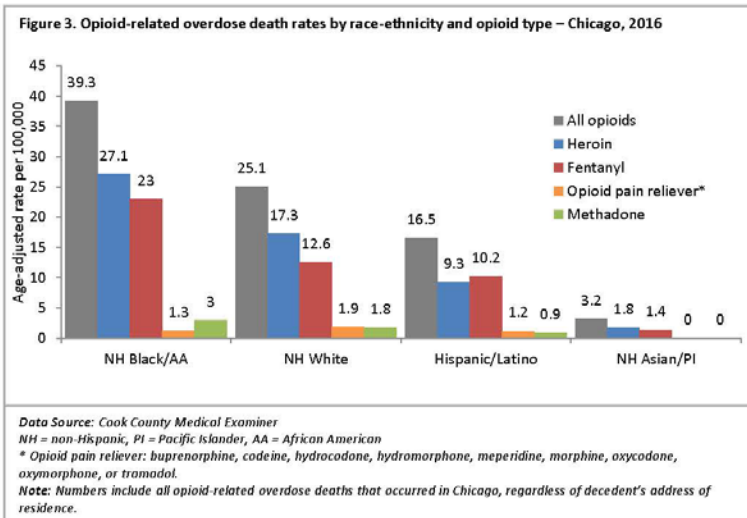
Demographics

- Overdose deaths involving opioids increased from 2015 to 2016 by both gender and age. Men continued to have higher death rates than women, and persons aged 45-54 years had higher death rates than other age categories (Table 1).
- Beginning in 2016, CDPH was able to obtain race and ethnicity information for each opioid-related overdose death.³ In 2016, 48% of all opioid-related overdose deaths were among Non-Hispanic (NH) African American individuals, 34% were among NH white individuals, 17% were among Hispanic or Latino individuals, and less than 1% were among NH Asian or Pacific Islander individuals (Table 1).
- The rates of overdose deaths involving heroin, fentanyl and methadone were highest among NH African American individuals. The rate of overdose death involving opioid pain relievers, was highest among NH Whites (Figure 3).

Table 2. Percentage of all opioid-related overdose deaths involving specific opioids – Chicago, 2015-2016

Opioid Type ⁱ	2015 (n=426)	2016 (n=741)
Heroin-involved	80.9%	65.7%
Fentanyl-involved	16.7%	56.6%
Opioid pain reliever-involved ⁱⁱ	7.5%	5.4%
Methadone-involved	6.6%	6.5%

Data Source: Cook County Medical Examiner's Office
ⁱCategories are not mutually exclusive as some deaths involved more than one opioid. Percentages will not add to 100%.
ⁱⁱOpioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.
Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.





Geography – Cook County, IL

In addition to the 741 opioid-related overdose deaths that occurred in Chicago, another 340 occurred in suburban Cook County. While the rate of opioid-related overdose deaths in Chicago (26.8 per 100,000 individuals) was substantially higher than the rate in Illinois (14.7 per 100,000 individuals), the rate in suburban Cook County (13.7 per 100,000) was slightly lower than the state rate (Table 3).

- In both Chicago and suburban Cook County, the rate of overdose deaths involving heroin was higher than the rate of deaths involving other types of opioids in 2016 (Table 3).
- The rate of overdose deaths among men was higher than the rate of overdose deaths among women in both Chicago and suburban Cook County (Table 3).
- In Chicago, the rate of opioid-related overdose death was highest among non-Hispanic African American or Black individuals compared to other racial/ethnic groups. The rate was highest in the 45-54 year old age group compared to other age groups (Table 3).
- In suburban Cook County, the rate of opioid-related overdose death was highest among non-Hispanic white individuals compared to other racial/ethnic groups. The rate was highest in the 25-34 year old age group compared to other age groups (Table 3).

As in 2015, in 2016, heroin was the drug involved in the majority of overdose deaths in both Chicago and suburban Cook County (65.7% and 60.6% respectively). However, in both jurisdictions, the percentage of fentanyl-involved overdose deaths increased substantially from 2015 to 2016. The percentage of overdose deaths involving opioid pain relievers in suburban Cook County (18.8%) was more than three times the percentage in Chicago (5.4%) (Table 4).

Table 3. Opioid-related overdose deaths – Cook County, IL (2015 – 2016)

Drug Type ⁱ	Chicago Population: 2,695,598				Suburban Cook Population: 2,499,077			
	2015		2016		2015		2016	
	#	Rate ⁱⁱ	#	Rate ⁱⁱ	#	Rate ⁱⁱ	#	Rate ⁱⁱ
All opioids	426	15.5	741	26.8	221	8.8	340	13.7
Heroin-involved	345	12.4	487	17.7	152	6.2	206	8.5
Fentanyl-involved	71*	2.7	420	15.1	32*	1.3	140	5.7
Opioid pain reliever-involved ⁱⁱⁱ	32	1.1	40	1.4	45	1.7	64	2.4
Methadone-involved	28	1.0	48	1.8	19	0.8 [†]	13	0.6 [†]
Gender								
Male	322	23.8	557	40.8	149	12.0	245	20.5
Female	104	7.5	185	13.3	72	5.6	95	7.2
Race-Ethnicity^{iv}								
NH AA/Black	--	--	358	39.3	--	--	41	10.0
NH White	--	--	253	25.2	--	--	261	19.9
Hispanic or Latino	--	--	123	16.5	--	--	34	7.5
NH Asian or PI	--	--	6	3.2 [†]	--	--	<5	**
Age								
15-24	27	6.7	43	10.6	20	6.1	39	11.9
25-34	78	15.1	151	29.3	62	19.6	97	30.7
35-44	89	23.5	151	39.9	42	12.7	75	22.6
45-54	121	35.7	229	67.6	52	13.7	70	18.5
55-64	96	36.5	147	55.9	39	12.7	52	17.0
65-74	14	9.3 [†]	18	11.9 [†]	<5	**	7	4.0 [†]

Data Source: Cook County Medical Examiner's Office, US Census Bureau
Note: Geographic designations are based on address of incident, regardless of decedent's address of residence.
ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid.
ⁱⁱ Rates express the number of overdoses per 100,000 people in the population. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population.
ⁱⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.
^{iv} Race-ethnicity data not available for 2015. Race-ethnicity data provided by the Cook County Medical Examiner. NH = non-Hispanic, AA = African American, PI = Pacific Islander.
[†] The Cook County Medical Examiner's office began routinely testing for fentanyl involvement in June 2015. For this reason, the actual number of fentanyl-involved overdose deaths in 2015 may be greater than reported.
[†] For counts less than 20, rates may be unstable and should be interpreted with caution.
^{**} For counts less than 5, rates are not reported.

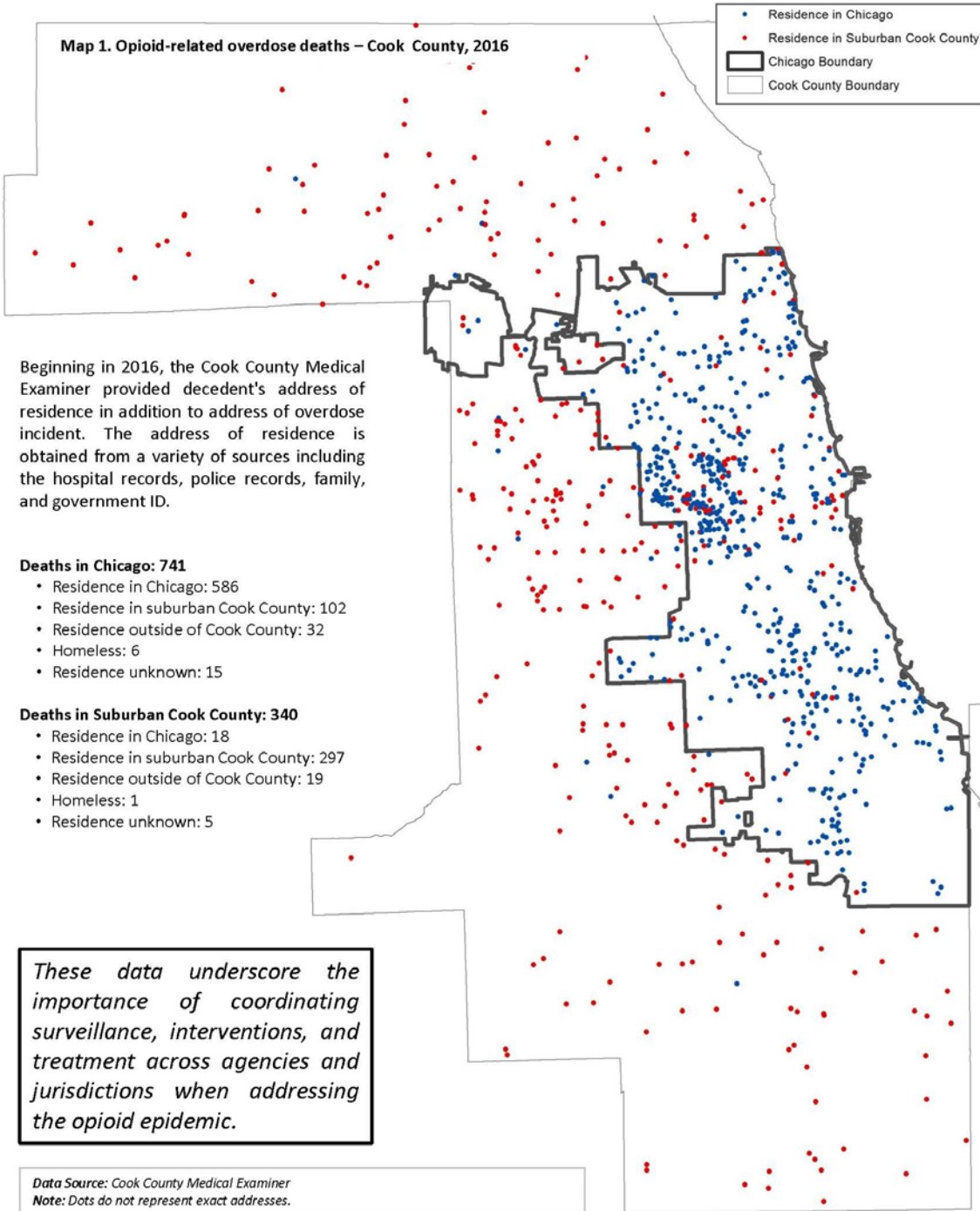
Table 4. Percentage of all opioid-related overdose deaths involving specific opioids – Cook County, IL (2016)

Drug Type ⁱ	Chicago (n=741)	Suburban Cook (n=340)
Heroin-involved	65.7%	60.6%
Fentanyl-involved	56.7%	41.2%
Opioid pain reliever-involved ⁱⁱ	5.4%	18.8%
Methadone-involved	6.5%	3.8%

Data Source: Cook County Medical Examiner's Office.
Note: Geographic designations are based on address of incident, regardless of decedent's address of residence.
ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid. Percentages will not add to 100%.
ⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.



Geography – Cook County, IL





Geography - Chicago

Opioid-related overdose deaths occurred across Chicago – with decedents having resided in 73 of the 77 (95%) community areas.

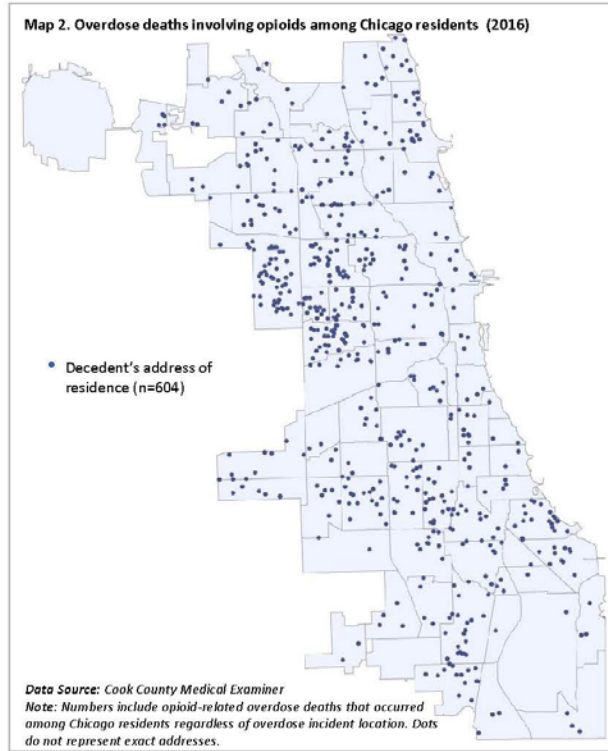
Top five community areas (number of deaths)

- 1) Austin (50)
- 2) North Lawndale (29)
- 3) Humboldt Park (28)
- 4) West Town (19) and South Shore (19)
- 5) Roseland (18)

Community areas with zero deaths

- 1) Edison Park
- 2) North Park
- 3) Armor Square
- 4) Morgan Park

Opioid-related overdose deaths occurred in 95% of Chicago community areas in 2016.



- Of the 741 opioid-related overdose deaths that occurred in Chicago in 2016, 586 decedents had a residence address in Chicago, while 102 decedents had a residence address in suburban Cook County (Table 5).
- Chicago residents who died of an opioid-related overdose were more likely to be NH African American (52.3%) and older (average age of 50 years). However, non-residents who died of an overdose were more likely to be NH White (59%) and younger (average age of 42 years) (Table 5).
- 275 (37%) of the opioid-related overdose deaths that occurred in Chicago occurred at the decedent's home address.

Table 5. Opioid-related overdose deaths that occurred in Chicago by decedent's address of residence – Chicago, 2016

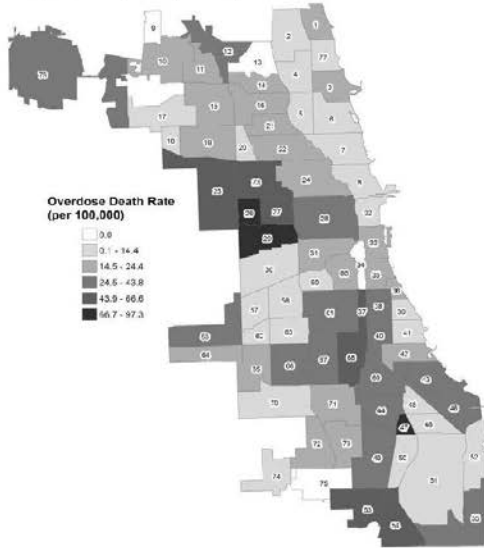
	Address of residence in Chicago (n=586)		Address of residence in suburban Cook (n = 102)	
	#	%	#	%
Race-ethnicity				
NH African American	312	53.2%	26	25.5%
NH White	169	28.8%	60	58.8%
Hispanic or Latino	99	16.9%	16	15.7%
NH Asian or Pacific Islander	5	0.9%	0	0
Age (years)				
15-24	29	4.9%	9	8.8%
25-34	106	18.1%	29	28.4%
35-44	123	21.0%	16	15.7%
45-54	187	31.9%	28	27.5%
55-64	126	21.5%	16	15.7%
65-74	13	2.2%	4	3.9%
Average age (years)	44.9		41.5	

Data Source: Cook County Medical Examiner's Office.

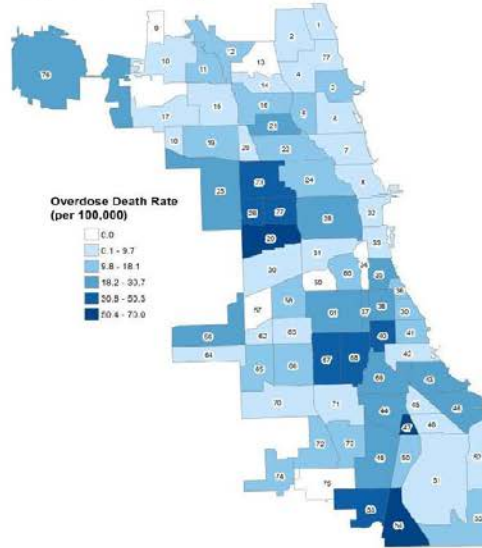


Opioid-related overdose death rate by opioid type and community area of residence – Chicago, 2016

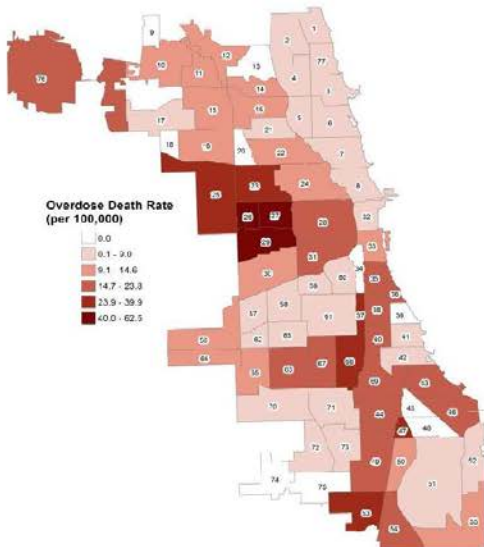
Map 3. All Opioids (n=604)



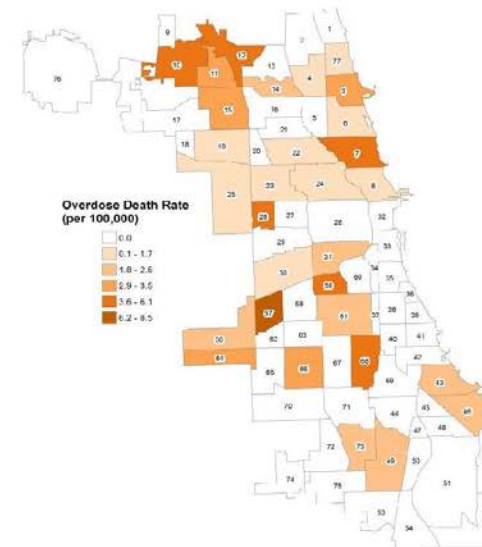
Map 4. Heroin (n=389)



Map 5. Fentanyl (n=336)



Map 6. Opioid Pain Relievers (n=34)



1 Rogers Park	9 Edison park	17 Dunning	25 Austin	33 Near South Side	41 Hyde Park	49 Roseland	57 Archer Heights	65 West Lawn	73 Washington Heights
2 West Ridge	10 Norwood Park	18 Montclare	26 West Garfield Park	34 Armor Square	42 Woodlawn	50 Pullman	58 Brighton Park	66 Chicago Lawn	74 Mount Greenwood
3 Uptown	11 Jefferson Park	19 Belmont Cragin	27 East Garfield Park	35 Douglas	43 South Shore	51 South Deering	59 McKinley Park	67 West Englewood	75 Morgan Park
4 Lincoln Square	12 Forest Glen	20 Hermosa	28 Near West Side	36 Oakland	44 Chatham	52 East Side	60 Bridgeport	68 Englewood	76 O'Hare
5 North Center	13 North Park	21 Avondale	29 North Lawndale	37 Fuller Park	45 Avalon Park	53 West Pullman	61 New City	69 Greater Grand Crossing	77 Edgewater
6 Lakeview	14 Albany Park	22 Logan Square	30 South Lawndale	38 Grand Blvd	46 South Chicago	54 Riverdale	62 West Elston	70 Ashburn	
7 Lincoln Park	15 Portage Park	23 Humboldt Park	31 Lower West Side	39 Kenwood	47 Burnside	55 Hegewisch	63 Gage park	71 Auburn Gresham	
8 Near North Side	16 Irving Park	24 West Town	32 Loop	40 Washington Park	48 Calumet Heights	56 Garfield Ridge	64 Clearing	72 Beverly	

Data Source: Cook County Medical Examiner, US Census Bureau

Note: Deaths are geocoded to location of decedent's address of residence regardless of location of overdose incident, which is obtained from a variety of sources including hospital records, police records, family, and government ID by the Cook County Medical Examiner's Office.

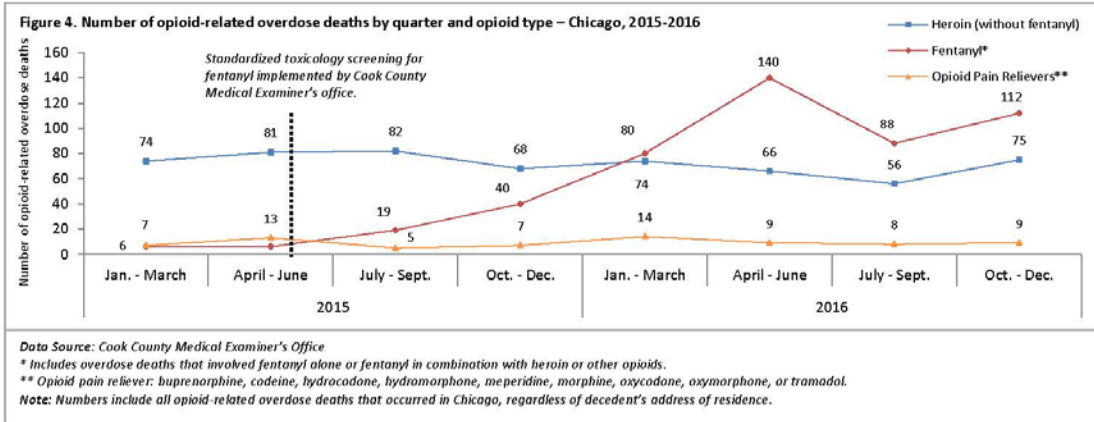


What is driving the increase in opioid-related overdose deaths?

While overdose deaths increased across all opioid types, the opioid contributing the largest increase was fentanyl. **The number of opioid-related overdose deaths involving fentanyl increased from 71 deaths in 2015 to 420 deaths in 2016.** To better understand this increase, it is important to note that standards for routine fentanyl monitoring were modified in 2015. Toxicology screening for fentanyl was implemented universally for overdose deaths at the Cook County Medical Examiner in June 2015. The Drug Enforcement Administration (DEA) Chicago Field Division reported dramatic increases in fentanyl seizures in Illinois from 392 fentanyl submissions in 2015 to 1,332 submissions in 2016.⁴ Similarly, the Illinois State Police Lab also began routinely testing samples for fentanyl in 2015. Considering these systemic changes, it is possible that the increase in the presence and impact of fentanyl may have been underreported prior to 2016.

Fentanyl

Fentanyl is a synthetic opioid that is approximately 50 to 100 times more potent than morphine. It can be manufactured legally and is approved to treat severe pain. Typically, pharmaceutical fentanyl is sold in a patch or lozenge form. In recent years, fentanyl has been increasingly manufactured and sold illicitly. Fentanyl is a common adulterant in heroin – with or without the user’s knowledge.⁵



Who is dying from fentanyl?

- In Chicago, 57% of all opioid-related overdose deaths in 2016 involved fentanyl. This impact was seen across age, race-ethnicity, gender, and geography (Table 6).
- The proportion of opioid-related overdose deaths involving fentanyl was significantly higher among NH African Americans (59%) and Hispanics (62%) when compared to NH Whites (51%) (Table 6).
- The proportion of opioid-related overdose deaths involving fentanyl was significantly lower among those under 25 (44%) compared to older age groups (57%) (Table 6).
- Among men, 60% of all opioid-related overdose deaths involved fentanyl, which was significantly higher than the proportion among women (48%) (Table 6).
- The community areas with the highest rates of fentanyl-involved overdose deaths were North Lawndale, West Garfield Park, East Garfield Park, Humboldt Park, and Fuller Park (Map 5).

Table 6. Percentage of opioid-related overdose deaths that involved fentanyl – Chicago, 2016

	2016	
	# Fentanyl-involved deaths / # Opioid-involved deaths	% involving fentanyl
Chicago Deaths	420 / 741	56.7%
Race-Ethnicity		
NH African American	210 / 358	58.7%
NH White	128 / 253	50.6%
Hispanic or Latino	76 / 123	61.8%
NH Asian or Pacific Islander	3 / 6	50.0%
Age (years)		
15-24	19 / 43	44.2%
25-34	91 / 151	60.3%
35-44	86 / 151	57.0%
45-54	134 / 229	58.5%
55-64	79 / 147	53.7%
65-74	10 / 18	55.6%
Gender		
Female	88 / 185	47.6%
Male	331 / 557	59.4%

Data Source: Cook County Medical Examiner's Office
 Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence. NH = non-Hispanic



Who is dying from overdoses involving opioid pain relievers?

In the United States

In 2015, approximately 15,000 people across the United States died from an overdose that involved an opioid pain reliever (OPR), representing almost half of all opioid-related overdose deaths. The highest rates were among people aged 25-54 years, among NH whites and American Indian or Alaskan Natives, and among men.⁶

In Chicago

While almost 50% of the opioid-related overdose deaths nationally involved OPRs, only 5.4% of all opioid-related overdose deaths in Chicago involved OPRs. However, the demographics of those impacted by OPR-involved deaths are quite distinct compared to those impacted by heroin and fentanyl-involved deaths (Table 7).

- The impact of OPRs on opioid-related overdose fatalities is greater among NH whites and Latinos than among NH African Americans. The proportion of opioid-related overdose deaths attributable to OPR was 7.5% among Whites and 7.3% among Latinos, which is more than double the percentage among African Americans (3.4%) (Table 4).
- Economic hardship is a community level measure of social vulnerability and economic instability. For example, high hardship communities have higher rates of unemployment and crowded housing.⁷
- 10% of opioid-related overdose deaths among communities with low economic hardship were attributable to OPR, which is more than double than in communities with higher economic hardship (Table 7).

Opioid pain relievers

Often called prescription pain relievers or opioid analgesics, this class of drugs is prescribed to treat pain. Includes: buprenorphine, codeine, fentanyl, hydrocodone (e.g. Lorcet, Lortab, Norco, Vicodin), meperidine, methadone, morphine, oxycodone (e.g. OxyContin, Percocet) and tramadol. Buprenorphine and methadone are FDA-approved to treat pain and to treat opioid addiction. While fentanyl is approved to treat pain, it is not a commonly prescribed medication.

Table 7. Opioid-related overdose deaths involving opioid pain relievers – Chicago, 2016

	OPR-related deaths		# OPR-involved deaths # Opioid-involved deaths	
	#	Rate ¹	#	%
Chicago Deaths	40	1.4	40 / 741	5.4%
Race-Ethnicity				
NH African American	12	1.3	12 / 358	3.4%
NH White	19	1.9	19 / 253	7.5%
Hispanic or Latino	9	1.2	9 / 123	7.3%
NH Asian or Pacific Islander	0	0.0	0 / 6	0.0%
Age (years)				
15-24	4	1	4 / 43	9.3%
25-34	7	1.4	7 / 151	4.6%
35-44	6	1.6	6 / 151	4.0%
45-54	10	3	10 / 229	4.4%
55-64	11	4.2	11 / 147	7.5%
65-74	1	0.7	1 / 18	5.6%
Gender				
Female	18	1.3	18 / 185	9.7%
Male	22	1.7	22 / 557	3.9%
Manner of Death				
Accidental	32	N/A	32 / 725	4.4%
Suicide	6	N/A	6 / 9	66.7%
Undetermined	2	N/A	2 / 7	28.6%
Community-Level Economic Hardship				
Low	19	1.8	19 / 191	9.9%
Medium	6	0.8	6 / 164	3.7%
High	15	1.7	15 / 372	4.1%

Data Source: Cook County Medical Examiner's Office. NH = non-Hispanic
Rates expressed as number of overdoses per 100,000 people in the population. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

- The impact was greater among the youngest age group (9.3% attributable to OPR) (Table 7).
- Almost 10% of all opioid-related overdoses among women were attributable to OPR. This was more than double the proportion among men, which is distinct from heroin and fentanyl (Table 7).
- Of the nine opioid-related overdoses categorized as suicide six (67%) involved OPR (Table 7).
- The top five community areas with the highest rates of OPR-involved overdose deaths were Archer Heights, Forest Glen and Norwood Park, McKinley Park, West Garfield Park (Map 6).

Opioid pain reliever use in Chicago

Among adults

- According to the 2016 Healthy Chicago Survey,⁸ an annual telephone survey conducted by CDPH, an estimated 250,000 (12.3%) adults in Chicago used an opioid pain reliever in the past year and 43,000 (2.1%) reported misuse (Table 8).
- The percentage of Chicago adults who reported using an opioid pain reliever, and the percentage who reported misuse in 2016 did not significantly differ from 2015 data (Table 8).

Table 8. Opioid pain reliever use among adults – Chicago, 2015-2016

	2015	2016
	Percentage (95% CI)	Percentage (95% CI)
Used opioid pain relievers <i>(of the total population)</i>	12.8% (11.1%, 14.6%)	12.3% (10.5%, 14.1%)
Used as directed by physician <i>(of those who used opioid pain relievers)</i>	76% (69.7%, 83.0%)	83.0% (77.1%, 89.0%)
Misused <i>(of those who used opioid pain relievers)</i>	24% (17.0%, 30.3%)	17.0% (11.0%, 22.9%)
Used more than was prescribed <i>(of those who misused)¹</i>	29% (16.1%, 42.3%)	39.2% (20.4%, 58.1%)
Used without a prescription <i>(of those who misused)¹</i>	79% (68.6%, 90.4%)	73.9% (56.5%, 91.3%)

Data Source: CDPH Healthy Chicago Survey
¹Some individuals were categorized into both misuse categories

- There were no significant changes between 2015 and 2016 in the age, gender, or race-ethnicity of Chicago residents who misused opioids.

Among youth

The Illinois Youth Survey⁹ is a biennial survey conducted in 8th, 10th and 12th grade classes in schools across the state.

Table 9. Opioid pain reliever use among youth— Chicago, 2016

	8th		10th		12th	
	Chicago	IL	Chicago	IL	Chicago	IL
Used opioid pain relievers to get high in the past year	2%	1%	3%	3%	3%	5%
Used heroin in the past year	0%	0%	1%	1%	2%	1%

The survey contains questions about drug use and factors contributing to drug use among students.

- The percentage of 8th and 10th grade students using heroin and opioid pain relievers in the past year was not significantly different in Chicago compared to Illinois.
- 12th graders in Chicago were less likely to report using opioid pain relievers to get high and more likely to report heroin use than 12th graders in Illinois.

chicagohealthatlas.org



The screenshot shows the Chicago Health Atlas website interface. At the top, there are navigation tabs for 'Indicators', 'Community Areas', 'Resources', and 'About'. Below the navigation is a search bar with 'Chicago' entered in the 'Neighborhood or Community Area' field and 'City of Chicago' in the 'Community Area (Zip Code)' field. Below the search bar are three columns of introductory text: 'About Chicago Health Atlas', 'Healthy Chicago 2.0', and 'Health Resources'. Each column has a 'Learn More' link at the bottom.

- The Chicago Health Atlas (www.chicagohealthatlas.org) is a website developed by the Chicago Department of Public Health and the Smart Chicago Collaborative to allow users to easily explore, analyze and download health-related data for the city of Chicago.
- Users are able to view data on their desktop or mobile device for more than 160 data indicators to explore the demographics, health outcomes and behaviors, and social characteristics of Chicago residents and their neighborhoods.



EMS responses for fatal and non-fatal opioid-related overdoses

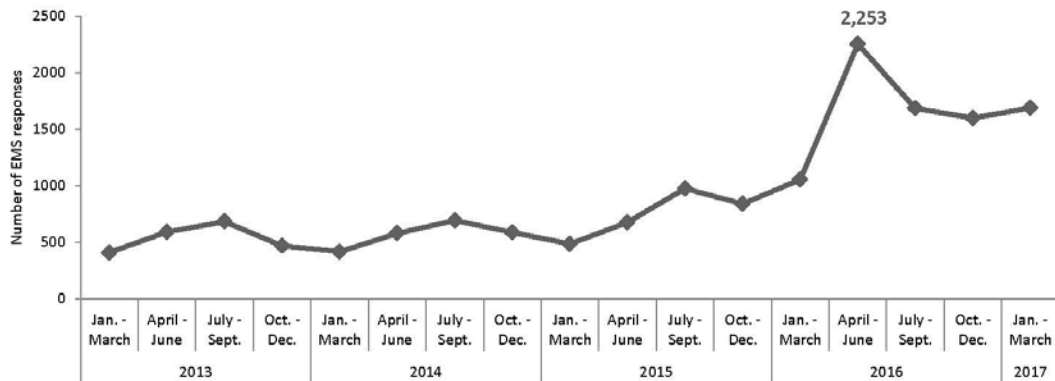
Not all opioid-related overdoses result in death. To understand the magnitude and burden of both fatal and non-fatal opioid-related overdoses, CDPH reviewed emergency medical services (EMS) response data from the Chicago Fire Department (CFD).¹⁰ According to CFD, there were 6,590 EMS responses for opioid-related overdose in Chicago in 2016. This number represents fatal and non-fatal overdoses due to any type of opioid.

- In 2016, CFD EMS responded to an average of 18 opioid-related overdoses per day, with a range of 1 to 53. This was triple the average daily responses in 2013 (6 with a range of 1 to 18).
- The number of EMS responses for an opioid-related overdose among NH African American individuals was three times the number of EMS responses among NH white individuals.
- High economic hardship communities had the highest numbers of EMS responses for opioid-related overdoses.
- EMS responses for opioid-related overdose increased from 2015 to 2016, with a substantial spike in spring 2016, similar to the pattern seen for opioid-related overdose deaths (Figure 5).

	#	%
Chicago EMS overdose responses	6,590	100%
Race-Ethnicity		
Non-Hispanic African American	4,107	63.9%
Non-Hispanic White	1,393	21.7%
Hispanic or Latino	902	14.0%
Non-Hispanic Asian or Pacific Islander	28	0.4%
Age (years)		
15-24	346	5.3%
25-34	1,023	15.7%
35-44	1,204	18.5%
45-54	2,052	31.5%
55-64	1,592	24.4%
65-74	306	4.7%
Gender		
Female	1,496	22.7%
Male	5,081	77.3%
Community economic hardship		
Low	689	10.7%
Medium	992	15.4%
High	4,772	74.0%

Data Source: Chicago Fire Department

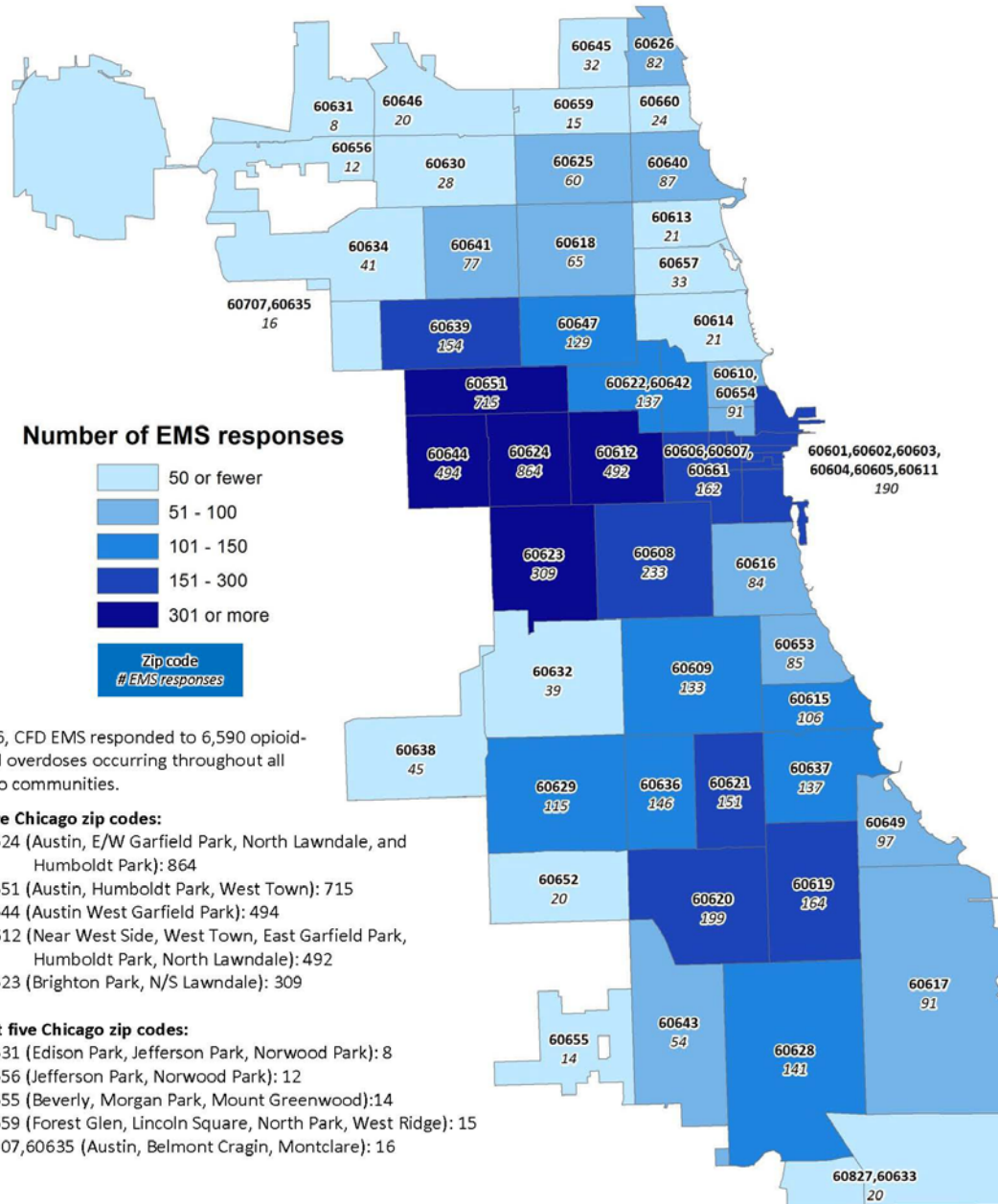
Figure 5. EMS responses for opioid-related overdose by quarter – Chicago, 2013-2017



Data Source: Chicago Fire Department



Map 7. EMS responses for fatal and non-fatal opioid-related overdose by zip code of incident – Chicago, 2016



In 2016, CFD EMS responded to 6,590 opioid-related overdoses occurring throughout all Chicago communities.

Top five Chicago zip codes:

- 60624 (Austin, E/W Garfield Park, North Lawndale, and Humboldt Park): 864
- 60651 (Austin, Humboldt Park, West Town): 715
- 60644 (Austin West Garfield Park): 494
- 60612 (Near West Side, West Town, East Garfield Park, Humboldt Park, North Lawndale): 492
- 60623 (Brighton Park, N/S Lawndale): 309

Lowest five Chicago zip codes:

- 60631 (Edison Park, Jefferson Park, Norwood Park): 8
- 60656 (Jefferson Park, Norwood Park): 12
- 60655 (Beverly, Morgan Park, Mount Greenwood): 14
- 60659 (Forest Glen, Lincoln Square, North Park, West Ridge): 15
- 60707,60635 (Austin, Belmont Cragin, Montclare): 16

Data Source: Chicago Fire Department and US Census Bureau

Note: Addresses and zip codes are geocoded to location of incident regardless of address of residence. Some zip codes are aggregated to account for changes in boundaries and low population size.

Reported by

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¹ Chicago Department of Public Health, ² Cook County Medical Examiner's Office, ³ Chicago Fire Department, ⁴ Cook County Health and Hospital System

References

- ¹ Cook County Medical Examiner's Office.
- ² Chicago Department of Public Health. *Epidemiology Brief: Characterizing Opioid Use, Misuse, and Overdose in Chicago, IL, 2015*. June 2017 (https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/ChicagoOpioid_Brief3_6162017.pdf)
- ³ The Cook County Medical Examiner's office assigns race and ethnicity classifications based on clarification and communication with the decedent's family (when possible).
- ⁴ DEA Chicago Field Division. *The Opioid Threat in the Chicago Field Division*. DEA Intelligence Report; June 2017.
- ⁵ Centers for Disease Control and Prevention. *What is fentanyl?* National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention; 2017 (<https://www.cdc.gov/drugoverdose/opioids/fentanyl.html>). (Accessed September 20, 2017)
- ⁶ Centers for Disease Control and Prevention. *Prescription Opioid Overdose Data*. August 1, 2017. (<https://www.cdc.gov/drugoverdose/data/overdose.html>) (Accessed October 23, 2017).
- ⁷ Lisa M. Montiel, Richard P. Nathan, and David J. Wright. *An Update on Urban Hardship*. The Nelson A Rockefeller Institute of Government. 2004 (http://rockinst.org/pdf/cities_and_neighborhoods/2004-08-an_update_on_urban_hardship.pdf)
- ⁸ Healthy Chicago Survey (2016): HCS is a random digit dial telephone survey conducted annually by the Chicago Department of Public Health and Abt SRBI of all non-institutionalized adults over age 18 in Chicago, IL. Data are weighted to represent the household population of adults 18 years of age and older who reside in the City of Chicago.
- ⁹ Center for Prevention Research and Development. (2017). *Illinois Youth Survey 2016 Frequency Report: City of Chicago*. Champaign, IL: CPRD, School of Social Work, University of Illinois (<https://iys.cprd.illinois.edu/results/state>).
- ¹⁰ Chicago Fire Department Emergency Medical Services. Data provided reflect all EMS responses where naloxone was administered and where there was indication of opioid involvement. Race and ethnicity data are recorded by the EMS staff on the scene.

Definitions

Common terms

Opioid: Broad term that includes naturally occurring opiates, semi-synthetic and synthetic opioids.

Opiate: Naturally occurring substances that are derived from opium.

Classes of opioids

Natural opiates: Drugs that are fully derived from opium; examples include morphine and codeine.

Semi-synthetic opioids: Drugs that are derived from a combination of natural and synthetic opioids; examples include heroin, oxycodone, hydrocodone, hydromorphone, and oxymorphone.

Synthetic opioids: Drugs that are created to work in a similar way as naturally occurring opiates but are completely man-made; examples include fentanyl, tramadol and methadone.

Specific opioids

Heroin: A highly addictive and illegally produced drug derived from morphine.

Fentanyl: A highly potent synthetic opioid that is prescribed to treat severe pain. In the US, there has been an increase in the development and distribution of illegally produced fentanyl. Most of the fentanyl involved in overdose deaths is thought to be from an illicit source. Fentanyl is a common adulterant in heroin – often without the user's knowledge.

Methadone: A synthetic opioid that is FDA-approved to treat both pain and opioid use disorder.

Opioid pain relievers: Often called prescription pain relievers or opioid analgesics, this class of drugs is prescribed to treat pain.

Includes: buprenorphine, codeine, fentanyl, hydrocodone (e.g. Lorcet, Lortab, Norco, Vicodin), meperidine, methadone, morphine, oxycodone (e.g. OxyContin, Percocet) and tramadol. Buprenorphine and methadone are FDA-approved to treat pain, however are more commonly used for addiction treatment. While fentanyl is approved to treat pain, it is rarely prescribed.



Additional information about overdose death data and categories of opioids

Data were received directly from the medical examiner's office. All cases labeled "morphine," "opiate," or "opioid" were re-reviewed with the medical examiner. The medical examiner re-reviewed the toxicology report, the police review, and the case history to determine the specific opioids involved in the death. Ultimately, 103 cases of the opioid-related overdose deaths that occurred in 2016 were re-reviewed and about 75% were re-categorized as heroin. The remaining 25% were categorized as unknown opioid, unknown prescription opioid, morphine, heroin, fentanyl, codeine, or deemed not an opioid-related overdose and removed.

Heroin-involved deaths: 487 deaths were categorized as heroin-related deaths. 250 overdose deaths involved heroin alone, 204 involved heroin and fentanyl combined, 17 involved heroin and methadone, 10 involved heroin, methadone and fentanyl, 3 involved heroin and an opioid pain reliever, 1 involved heroin, fentanyl and an opioid pain reliever, 1 involved heroin, methadone, and an opioid pain reliever, and 1 involved heroin, methadone, fentanyl, and an opioid pain reliever.

This category includes two types of deaths:

- Deaths labeled heroin on the death certificate
- Deaths originally labeled "opiate" or "morphine" (morphine is a breakdown product of heroin) but determined to be likely due to heroin after re-reviewing the toxicology reports, circumstances of death, and history with the Cook County Medical Examiner.

Fentanyl-involved deaths: 420 deaths were categorized as involving fentanyl or fentanyl analogs by the Cook County Medical Examiner. 196 overdose deaths involved only fentanyl, 204 involved fentanyl and heroin, 10 involved fentanyl, methadone and heroin, 6 involved fentanyl and an opioid pain reliever, 2 involved fentanyl and methadone, 1 involved fentanyl, heroin, and an opioid pain reliever, and 1 involved heroin, methadone, fentanyl, and an opioid pain reliever.

Opioid pain reliever-involved deaths: 40 deaths were categorized as involving an opioid pain reliever. The drugs found were: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, tramadol, and unknown prescription opiates. The morphine-related deaths included in this category were determined by the medical examiner's office to be more likely related to an actual morphine overdose rather than a heroin metabolite. 27 overdose deaths involved only opioid pain relievers, 3 involved heroin and opioid pain relievers, 6 involved fentanyl and opioid pain relievers, 1 involved methadone and opioid pain relievers, 1 involved heroin, methadone, and opioid pain relievers, 1 involved heroin, fentanyl, and opioid pain relievers and 1 involved heroin, fentanyl, methadone, and opioid pain relievers.

Methadone-involved deaths: 48 deaths were categorized as methadone-related overdose. 16 overdose deaths involved methadone only, 17 involved methadone and heroin, 10 involved methadone, heroin and fentanyl, 2 involved methadone and fentanyl, 1 involved methadone and an opioid pain reliever, 1 involved methadone, an opioid pain reliever and heroin, 1 involved methadone, heroin, fentanyl, and an opioid pain reliever.

Unknown opioid-involved deaths: 3 deaths were identified as "opiate" deaths where no further information was available. Typically, these were cases where the individual died in a hospital setting where opiates had been confirmed by hospital testing, but it was no longer possible for the medical examiner's office to send out confirmatory toxicology testing to determine the type of opiate that had been involved (because of the length of time between drug use and eventual death).

General Resources for Opioid Addiction:

- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline: 800.662.HELP(4357)
- For SAMHSA's Behavioral Health Treatment Services Locator click [HERE](#)
- For questions about medications, call the Illinois Poison Center at 800.222.1222
- For information about safe disposal of medications click [HERE](#)
- IL Department of Human Services Consumer (DHS) Hotline: 866.213.0548



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-12 -Resource Directory

The attached information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Hairston asked for a resource directory of services for patients released from the Jackson Park Hospital.

CDPH is working with a vendor to compile a substance use and mental health resource directory, which will be available on December 11, 2017. There will be a link to this directory at <https://overcomeopioids.org/> as well as on the CDPH website. Also, Angelica Alfaro, CDPH's Manager of Legislative Affairs, will reach out to the Alderman's office when this directory is available.

In the meantime, please see SAMSHA's behavioral health treatment services locator, which is available at <https://findtreatment.samhsa.gov/>.

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-13-Support the Girls

The below information is in response to questions posed at our department's hearing on October 31, 2017 to discuss the proposed 2018 budget.

Alderman Foulkes asked for the name and contact information of the partner agency for the feminine hygiene products giveaway program.

Since the City of Chicago repealed the "luxury tax" imposed on menstrual products via municipal ordinance in 2016, CDPH has partnered with the grassroots nonprofit *Support the Girls* to distribute menstrual products to community based organizations and CPS high schools in high need communities. Together we donated over 50,000 tampons and sanitary napkins and 600 bras.

The Chicago Support the Girls volunteer contact is Kristin Nehls at knehls@gmail.com.

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



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-14 -Teen Birth Rates

The below and attached information is in response to questions posed at our department's hearing on October 31 to discuss the proposed 2018 budget.

Alderman Foulkes asked for the most recent teen birth rates by race-ethnicity.

For 2014, the teen birth rates by race-ethnicity were as follows (rates are reported as number of births to females ages 15 to 19 per 1,000):

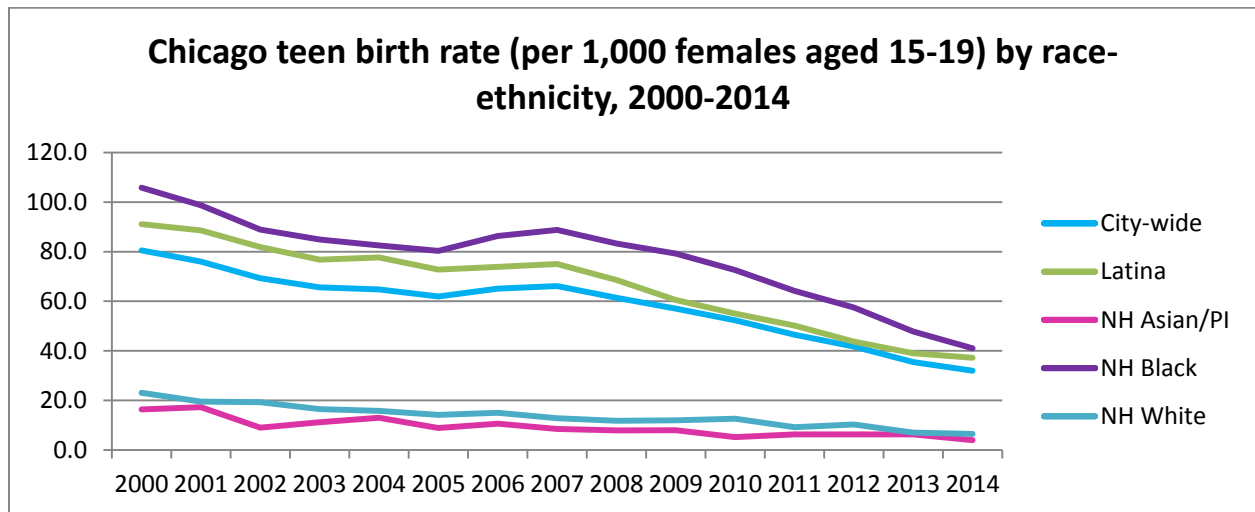
Citywide:	32.0
Hispanic or Latino:	37.2
Non-Hispanic Asian or Pacific Islander:	4.0
Non-Hispanic African American or Black:	41.0
Non-Hispanic White:	6.5

Please see attached spreadsheet for additional information.

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

Chicago teen birth rate per 1,000 females age 15-19

Year	City-wide	Latina	NH Asian/PI	NH Black	NH White
2000	80.5	91.1	16.4	105.8	23.1
2001	76.0	88.6	17.3	98.7	19.5
2002	69.3	81.9	9.0	88.9	19.3
2003	65.6	76.8	11.2	84.9	16.5
2004	64.8	77.7	13.0	82.5	15.8
2005	61.9	72.8	8.9	80.3	14.2
2006	65.1	73.9	10.6	86.3	15.0
2007	66.1	75.0	8.5	88.8	12.8
2008	61.4	68.6	7.9	83.3	11.8
2009	57.0	60.5	8.0	79.2	12.0
2010	52.3	55.0	5.2	72.6	12.6
2011	46.5	50.2	6.3	64.2	9.2
2012	41.7	43.7	6.3	57.5	10.3
2013	35.5	39.0	6.3	47.8	7.0
2014	32.0	37.2	4.0	41.0	6.5





DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-15 & 41-17 Lead Prevention Funding Sources and Target Areas

Below and attached is information in response to questions posed at our department's hearing on October 31 to discuss the proposed 2018 budget.

Alderman David Moore asked for: a) the sources and amount of funding for the Lead Poisoning Prevention and Healthy Homes Program and how the dollars are being spent; b) CDPH's role as it relates to water; and c) the communities where CDPH focuses our lead prevention work.

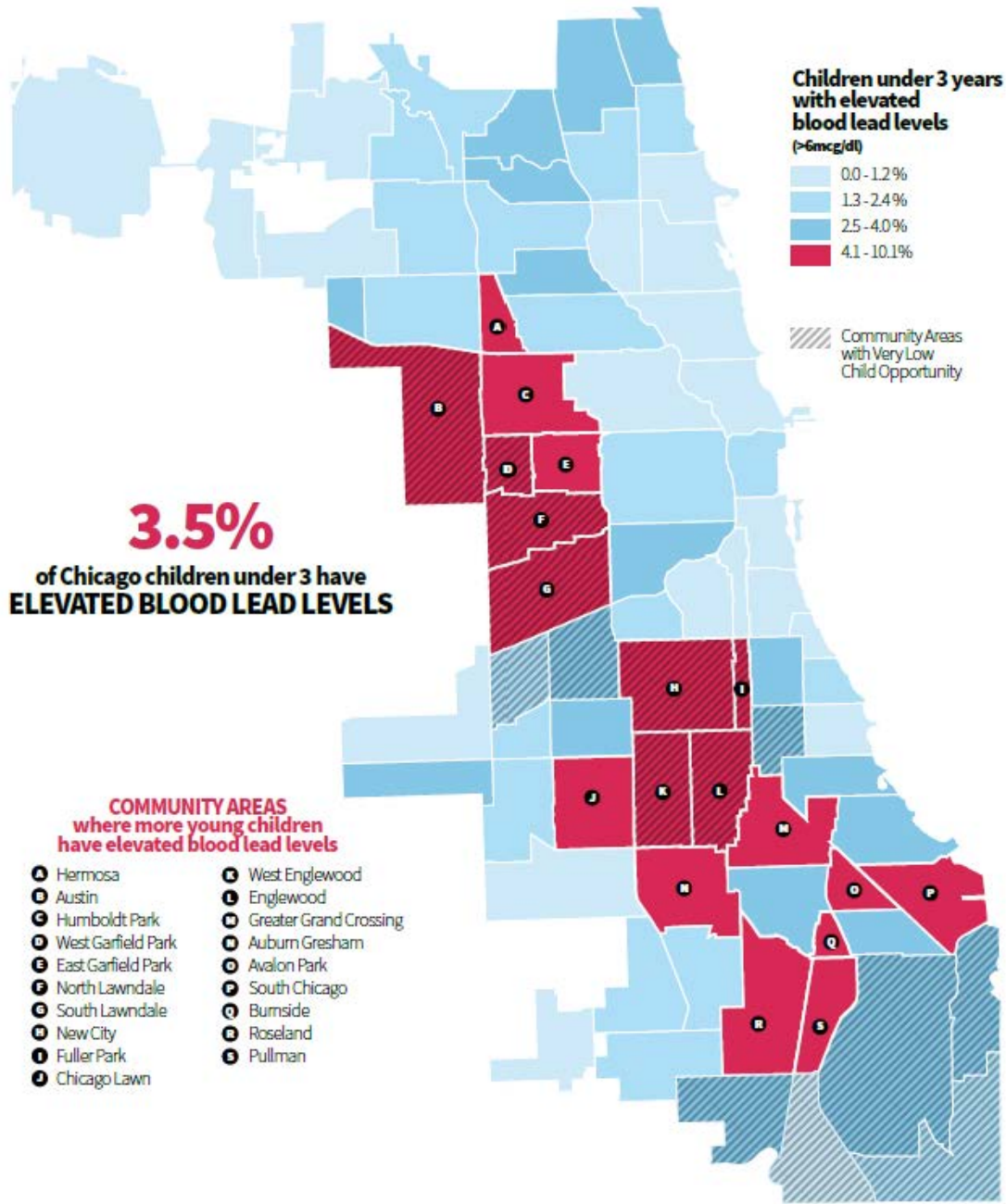
- a) The Lead Poisoning Prevention & Healthy Homes Program receives funding from the following sources:
1. US Department of Housing and Urban Development (HUD) – \$3,900,000 (3 years funding 2014 to 2017) for abatement of lead-based paint and other home-based health hazards.
 2. Illinois Department of Public Health (IDPH) – \$312,712 to support program operations.
 3. Centers for Disease Control and Prevention (CDC) – \$347,375 to support program operations and educational and outreach activities.
 4. Cook County Department of Public Health – \$250,000 for abatement of lead-based paint hazards.
 5. Corporate – \$35,000 to support the Illinois Poison Control Center.

6. Community Development Block Grant (CDBG) – \$3,960,231 to support program operations, including personnel costs.
 - b) CDPH continues to partner with the Chicago Department of Water Management to collect and test drinking water for lead in homes of children with elevated blood lead levels. In 2016, we collected 181 water samples from homes of children with elevated blood lead level for test.
 - c) CDPH works to inspect homes of any children with an elevated blood lead level, regardless of community area. As you can see from the attached maps, there is a greater concentration of these cases on the South and West Sides. As such, CDPH contracts with delegate agencies, Metropolitan Tenants Organization (MTO) and Imagine Englewood If, to conduct community outreach in these neighborhoods and generate referrals for inspections.

For additional information regarding our community outreach efforts on the South and West sides and our work with the Department of Water Management and Chicago Public Schools regarding lead testing, please see the attached informational brochure.

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

ADDRESSING ROOT CAUSES



Chicago Department of Public Health, 2014



HEALTHY CHICAGO 2.0
PARTNERING TO IMPROVE HEALTH EQUITY

Fifty Years Fighting Lead in Chicago

The Plan for a Lead Free Generation

HISTORIC PROGRESS AGAINST LEAD POISONING

For centuries, humans viewed lead as a useful and necessary to improving lives. Lead was a regular ingredient for a variety of products, ranging from coins and food condiments to, most recently, paint and gasoline. Lead was also used for plumbing as early as the Roman Empire. Though used regularly for centuries, lead is also toxic, with high levels of exposure leading to kidney damage, sterility, stillbirths, neurological disease and even premature death. More recently, elevated blood lead levels have been shown to affect IQ and academic achievement. Concern about lead exposure coalesced into strong public health action in Chicago and across the nation a half century ago.¹

July 5, 2016



FIFTY YEARS OF PROGRESS

In Chicago, the Chicago Department of Public Health (CDPH) launched citywide lead poisoning screening and intervention in 1966. In 1972, Chicago became the first city in the nation to limit lead content in household paint to .06 percent.²

Beginning in 1975, the Environmental Protection Authority issued regulations calling for the gradual reduction in lead content in gasoline, which was completely banned for use in vehicles in 1996 under the Clean Air Act. Lead-based paint was banned for resident use in 1978 by the U.S. Consumer Product Safety Commissioner. The Safe Drinking Water Act of 1986 required the use of 'lead free' plumbing and pipes. The results of these federal laws, coupled with local efforts like those in Chicago to identify and mitigate potential lead hazards, have led to one of the greatest accomplishments in public health history - the dramatic reduction of lead exposure in children. This fight is far from over, but great progress has already been made.

CDPH continues to operate a major home inspection and remediation effort, primarily focused on the lead-based paint still found in older housing. Young children are at highest risk of exposure to lead paint in homes, as they are more likely to put paint chips in their mouth from peeling areas and to chew on painted windowsills. Pediatricians are directed to test every Chicago child's blood for lead and report high levels to CDPH.³

According to the Centers for Disease Control and Prevention, children are identified as having a blood lead level of concern

if a blood test showed 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or more; CDPH inspects homes of every Chicago child with a blood lead level of 10 $\mu\text{g}/\text{dL}$ or more. In addition, CDPH exceeds these recommendations by conducting inspections of homes where a child younger than one year old has a blood lead level of 6 $\mu\text{g}/\text{dL}$ or higher.⁴

As recently as the late 1990s, one in four Chicago children tested had a blood level of 10 $\mu\text{g}/\text{dL}$ or more. Today, fewer than 1 in 100 Chicago children tested has a blood lead level of 10 $\mu\text{g}/\text{dL}$ or more. This means that in 2015, 25,000 more Chicago children were saved from lead poisoning, than would have been just twenty years before.

MOVING FORWARD

Even with this tremendous progress, victory can only be declared when the number of children who develop lead poisoning has fallen to zero. Though lead is no longer used in paint, plumbing, gasoline and a myriad of other products in the United States, Chicago's older housing stock creates a persistent problem as homes built prior to 1978 that have not been properly maintained may still have older paint that can result in exposure to lead in children. This is especially true in some communities on the south and west sides of Chicago.

To ensure success in the fight against lead poisoning, the CDPH is launching this plan that provides concrete steps that are being taken by the department and its partners to further reduce and eventually eliminate lead poisoning in Chicago's children.

FIGHTING FOR A LEAD FREE GENERATION

In order to build on the significant success of reducing lead poisoning in our youth, CDPH will launch a number of key strategies to further drive down the decreasing number of children testing positive for lead poisoning. As part of these efforts, Healthy Chicago 2.0, the city's new health improvement plan has called for an annual 10% reduction in the number of children testing positive for elevated blood levels over the next four years.

Below are the strategies currently being implemented by CDPH and our fellow City agencies to help meet this ambitious goal.



CONDUCT INSPECTIONS

Trained and licensed CDPH inspectors assess homes of children with blood lead levels of 10 ug/dl or greater, as well as homes of infants with levels of 6 ug/dl or greater. The inspectors identify lead-based paint hazards and work with the property owners to ensure the hazards are fixed (CDPH Inspectors support this by offering free lead-safe work practices classes in both English and Spanish), or face fines and a referral to Administrative Hearings or Circuit Court. In addition to inspecting homes of children with lead poisoning, inspections can occur as a result of a request from a resident or from a health care provider.



PROVIDE FINANCIAL ASSISTANCE TO REMOVE LEAD-BASED PAINT HAZARDS

Through grants made available by the U.S. Department of Housing and Urban Development (HUD) and the Cook County Department of Public Health, CDPH, in cooperation with Neighborhood Housing Services, provides 100% financial assistance to fix lead-based paint hazards in eligible homes. A unique aspect of the HUD grant is that tenants can apply. Since 2003, CDPH has helped ensure lead hazards have been fixed in more than 2,800 homes.



ENSURE CHILDREN RECEIVE CASE MANAGEMENT SERVICES

Nurses and Public Health Aides from the Lead Program provide case management services to children poisoned by lead. To help support the program, nurses from the Maternal Infant Children and Adolescent Health Program are now providing case management services to children less than 24 months of age with blood lead levels of 5-19 ug/dL, as well as working to integrate these services into those under the High Risk Infant Follow-Up Program.



LAUNCH A PREDICTIVE ANALYTIC PROJECT TO PREVENT LEAD POISONING

Through collaboration with the University of Chicago Center for Data Science and Public Policy, a predictive model was developed that can assign a risk-score to addresses: those with higher risk-scores being associated with a higher likelihood of having lead-based paint hazards that could cause harm to a young child. As those homes with the higher risk-scores are identified, an inspection for lead-based paint hazards would occur and if such hazards are identified, they would be fixed, helping prevent children from developing lead poisoning. CDPH is working with its partners now to validate the model before rolling it out across the city.



OTHER USES OF THE PREDICTIVE ANALYTIC MODEL

In partnership with ideas42, the Mayor's Office, Imagine Englewood if... and Metropolitan Tenants Organization, the model is being used to help evaluate strategies to encourage families with young children to get an inspection. Additionally, with the support of the Robert Wood Johnson Foundation and in partnership with Alliance, efforts are underway to integrate the model into an electronic medical record, with the goal of alerting health care providers to patients living in homes with a high-risk of having lead-based paint hazards so they can provide information and/or a referral for an inspection.



KEEP CHICAGO'S WATER SUPPLY LEAD-FREE

We know through ongoing data collection that Chicago's water supply is safe and clean. The Chicago Department of Water Management (DWM) meets or exceeds all federal regulations to ensure that drinking water in Chicago remains safe. To do this, DWM has a very aggressive corrosion control program that inhibits lead from leaching into the water, ensuring the water supply remains safe and clean. Adding to this effort and in response to nationwide interest in water supplies, CDPH reinstated a program with DWM in 2016 to collect water samples from homes of children with elevated blood lead levels. CDPH and DWM piloted this program in 2011 and found no connection between elevated blood levels and the water supply.



ENSURE SCHOOLS REMAIN FREE FROM LEAD

In 2016, the Chicago Public Schools (CPS) launched a new program to test water at every public school built in the city before 1986, the year lead pipes were outlawed. In the first month of the program alone, more than 25,369 samples were taken from 1,494 drinking fountains and sinks. If a sample shows an elevated level of lead, the fixture is turned off immediately while the source of the contamination is investigated and resolved. CPS provides a database on their website with real time updates on test results and has worked with CDPH to host school meetings for parents and to make lead testing available for children whose parents may be concerned. Chicago is the first major city to undertake a universal water testing program for lead in all public schools.



SHARE DATA WITH CHICAGO HOUSING AUTHORITY

CDPH works directly with the Chicago Housing Authority (CHA) to ensure residents are protected from lead. If a child living in a CHA Housing Choice Voucher (HCV) program residence is reported as having lead poisoning, CDPH conducts an inspection and requires the property owner to fix any lead hazards. As an added measure of protection, CHA provides CDPH a list, on a quarterly basis, of HCV program addresses where there is a child 6 years of age or younger living. CDPH then compares this list against its database. If CDPH identifies that a child with an elevated blood level or if the address has a lead-based paint hazard that has not yet been fixed, CDPH alerts CHA. CHA in-turn requires the owner to fix any lead-based paint hazards within 30 days or face possible suspension of payments. CDPH inspectors participating in CHA workshops for owners and families to share information and offer tips on keeping homes lead-safe.



EDUCATE AND INFORM AT-RISK COMMUNITIES

CDPH has launched a community outreach program aimed at providing additional information to residents in communities facing a disproportionate number of lead poisoning cases. As part of this program, CDPH is working with Imagine Englewood If and the Metropolitan Tenants Organization to provide education and information to pregnant women and families with young children.



PROVIDE EDUCATION MATERIALS TO AREA PAINT, HARDWARE AND HOME IMPROVEMENT STORES

To ensure customers understand the potential dangers associated with exposure to lead paint during home renovation or repair, CDPH is distributing mailings to paint, hardware and home improvement stores. The mailings include posters as well as a fact sheet detailing the legal requirements under the Renovation, Repair and Painting (RRP) rule. The RRP rule requires those performing work on child-occupied homes or other facilities built before 1978 to be trained and certified on lead-safe work practices.



PROMOTE PUBLIC POLICIES TO IMPROVE FUNDING OPPORTUNITIES AND INSPECTION OPTIONS FOR LOCAL GOVERNMENTS

Though we will continue to make progress across Chicago, total elimination of lead hazards will only occur following significant funding increases from the federal government. As such, CDPH is working to support new legislation and appropriations as part of our ongoing efforts to make lead poisoning a relic of the past.

Sources:

1. www.epa.gov/aboutepa/lead-poisoning-historical-perspective
2. www.uic.edu/sph/prep/prepare/courses/chsc400/resources/chicagohistory.htm
3. www.cdc.gov/nceh/lead/tips.htm
4. www.cdc.gov/nceh/lead/ACCLPP/Lead_Levels_in_Children_Fact_Sheet.pdf



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DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, MD., Commissioner
Department of Public Health

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 3, 2017

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-16 - Restorative Practice

The below information is in response to questions posed at our department's hearing on October 31st to discuss the proposed 2018 budget.

Alderman Moore requested information on Restorative Practices and the schools where CDPH supports this work.

Restorative practice is a preventive disciplinary model that emphasizes new ways of thinking about, talking about, and responding to in-school conflicts through open communication and without punitive discipline. When conflict arises, students and staff identify what happened, describe how it affected everyone and work together to find solutions. The use of restorative practices helps reduce crime, violence and bullying, improve behavior, strengthen civil society, provide effective leadership, restore relationships and repair harm.

In 2017, CDPH provided \$371,000 in Community Development Block Grant (CDBG) funds to support restorative practices in 9 elementary schools: Armstrong Academy, Catalyst Maria Charter School, Chavez Multicultural Academy, Doolittle Elementary, Flagg Young Elementary, Hamlin Elementary, Kellman Elementary, Little Village Academy, and Rogers Elementary.

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