



# Chronic Disease Prevention and Health Promotion

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Providing data to the city (*epidemiology*)  
and monitoring changes (*surveillance*)



Understanding and making  
recommendations on the policies and  
environments that modify chronic disease



Integrating with health systems to provide  
excellence in chronic disease prevention



Using community sources to connect  
residents to clinical services (*community-  
clinical linkages*)





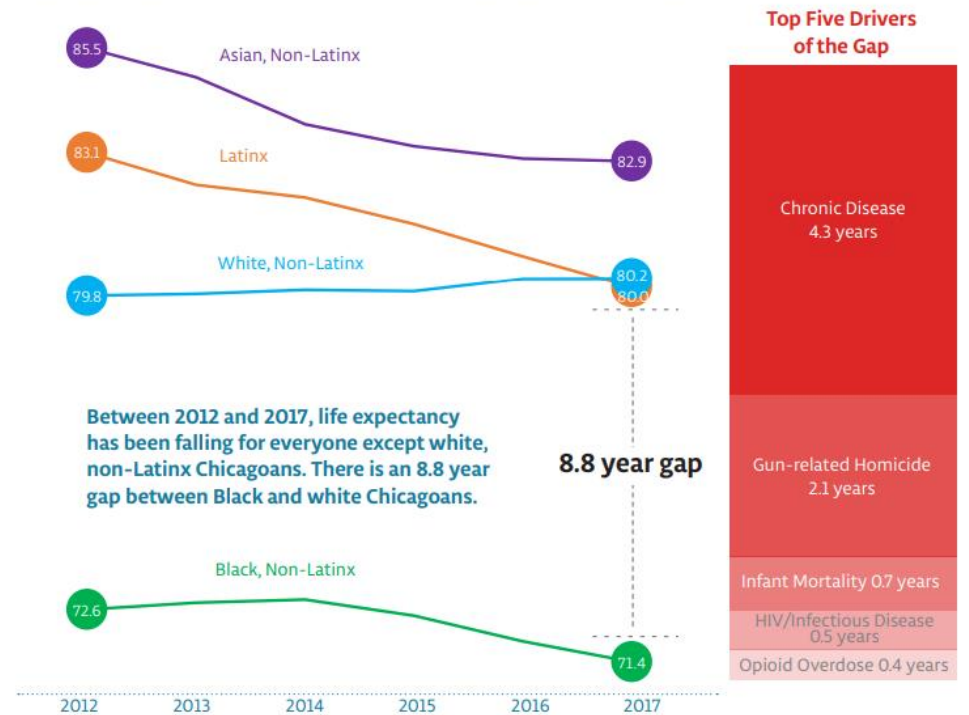
# Facing Facts: The Life Expectancy Gap in Chicago

Building on the ongoing work of Healthy Chicago 2.0, our plan for the next five years is about closing the racial life expectancy gap. The color of your skin simply should not determine how long you live or your quality of life.

There's nothing natural or inevitable about these trends. We have the power to change them.



CHICAGO'S LIFE EXPECTANCY GAP, 2017

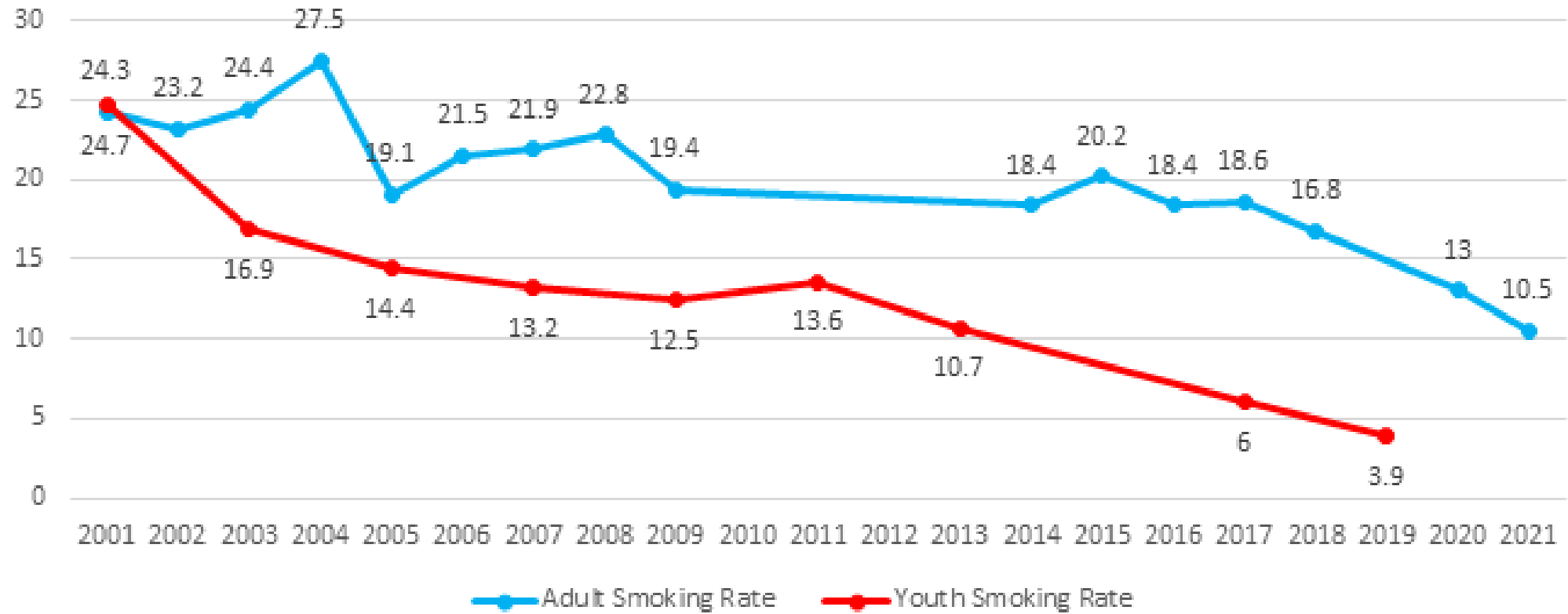




# Tobacco and Smoking



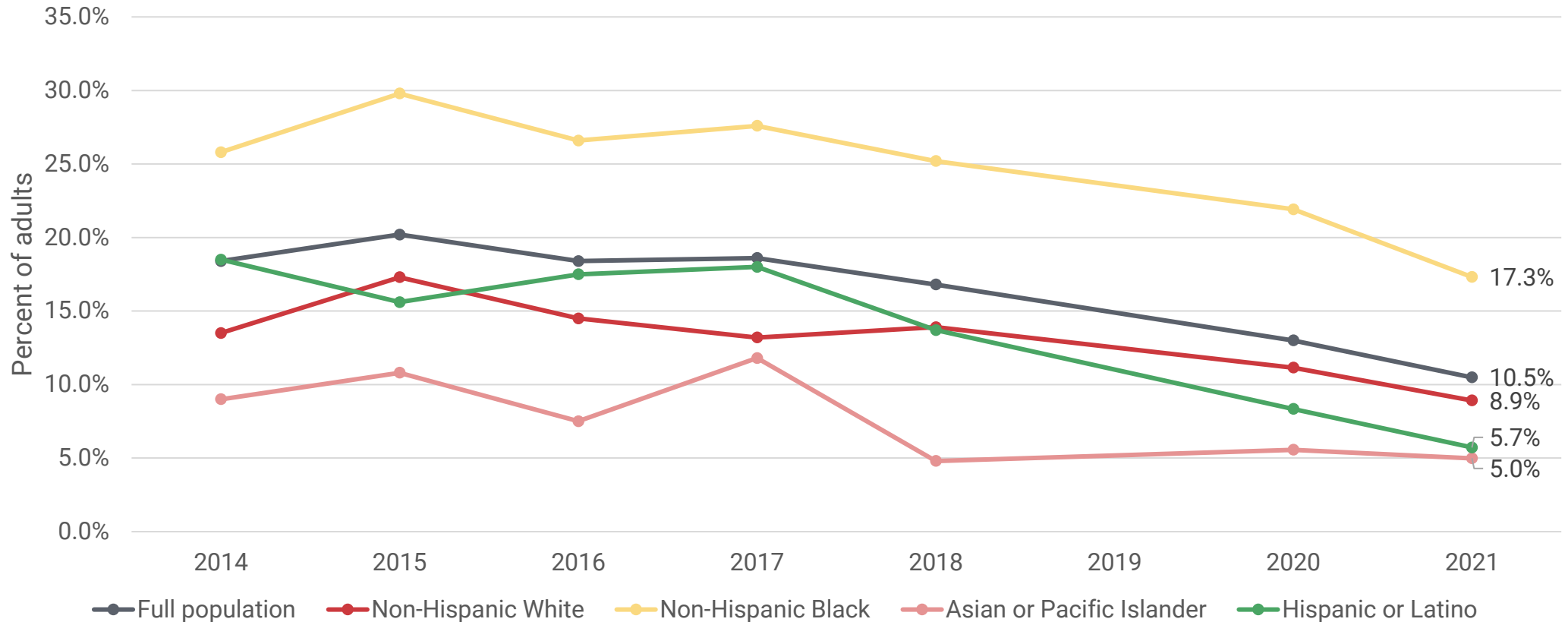
## Chicago Smoking Rates 2001-2021





# The prevalence of smoking among Chicago adults continues to decline

Prevalence of smoking among adult Healthy Chicago Survey respondents



Data source: Healthy Chicago Survey



# CDPH Tobacco Prevention & Cessation Activities

- Policy
- Cessation
- Media
- *Enforcement*

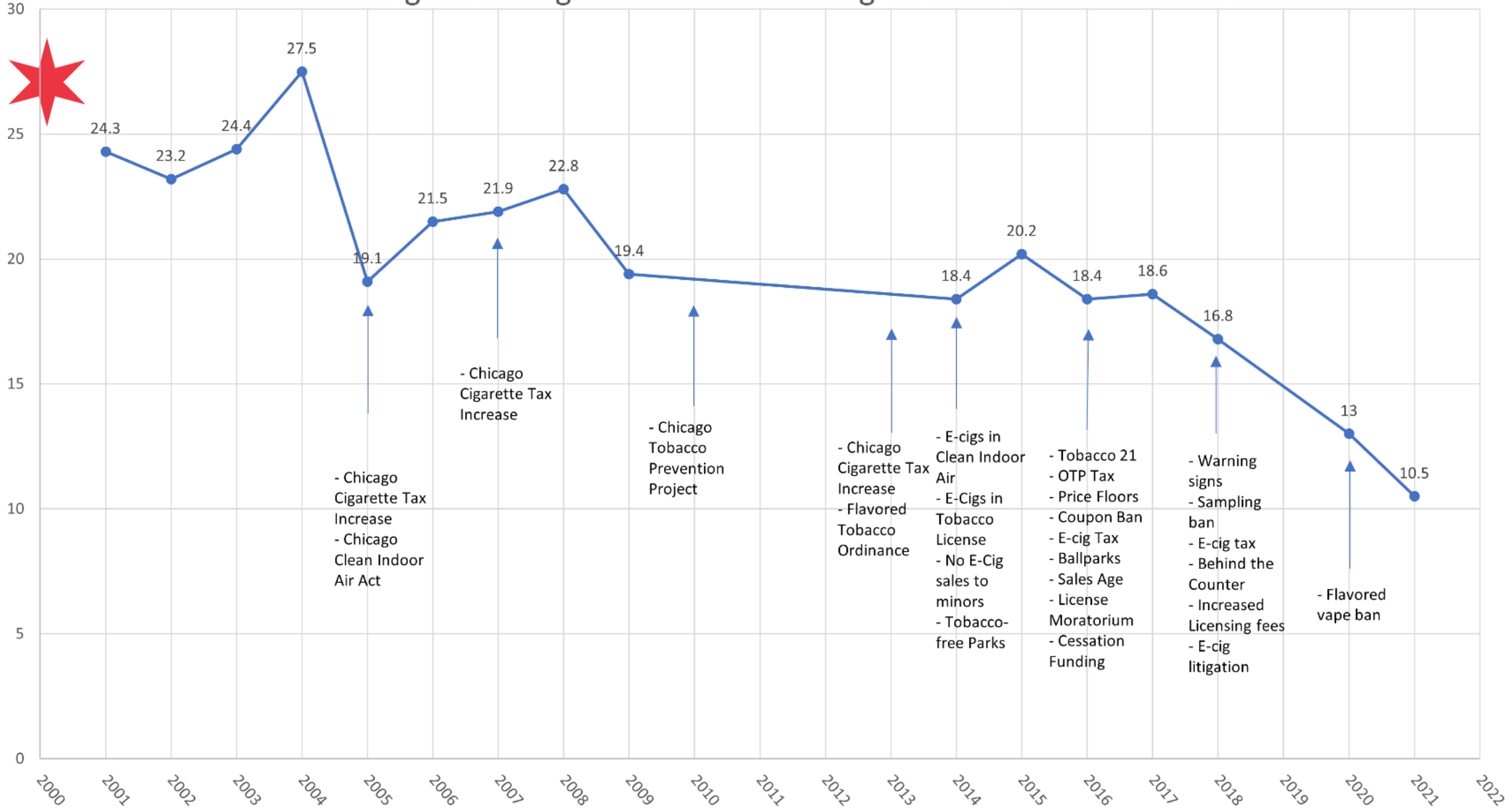




- 1998 **Master Settlement Agreement**
- 2001 Illinois distributes MSA funds
- 2003 Smoke Free Chicago Coalition Launched
- 2005 City Council adopts amendments to the Chicago Clean Indoor Air act and cigarette tax was raised
- 2006 **Smoke-Free Chicago ordinance goes into effect—restaurants, bars, sports venues, other workplaces 100% smoke free**
- 2007 Cigarette Tax Increase
- 2008 **Smoke-Free Illinois act goes into effect (prompted by momentum from Chicago)**
- 2011 Tobacco use identified as one of 12 discrete public health priorities in Chicago's first five-year public health plan, *Healthy Chicago*
- 2012 **Chicago Housing Authority pilots smoke-free housing policy in 370 units, trains 100 clinicians in cessation interventions, delivers cessation information to 2,000 residents**
- 2012 City Council passes ordinance prohibiting tobacco vending machines
- 2013 **Cigarette tax was raised by \$0.50, bringing total combined taxes to \$7.17 (highest per pack in the country)**
- 2013 **City Council adopts ordinance prohibiting sale of flavored tobacco within 500 ft of schools (first City to include menthol in flavored ban regulations)**
- 2014 City Council adopts ordinance to include e-cigarettes in tobacco regulations: clean indoor air, licensing, no sales to minors
- 2014 **Chicago Park District adopts smoke-free parks resolution, prohibiting smoking in all 580 city parks and park facilities**
- 2015 First municipal-level tax imposed on e-cigarettes/liquid nicotine products (\$0.80 per container and \$0.55 per milliliter)
- 2016 City Council adopts a comprehensive tobacco prevention ordinance, including:
  - Minimum age of sale raised from 18 to 21**
  - Tax on Other Tobacco Products (OTPs) including cigars, little cigars, smokeless tobacco, etc
  - Minimum pricing on tobacco products
  - Prohibition on redemption of tobacco coupons and discounts**
  - Prohibition of tobacco products at sites for professional and amateur sporting events
- 2017 CDPH invests an initial \$125,000 in community-based smoking cessation services
- 2018 **City Council adopts ordinance requiring retailers to also post warning signs** on the health risks of OTPs, no sampling, placing all tobacco products behind the counter, and increases the e-cigarette tax
- 2018 Chicago Housing Authority implements U.S. Department of Housing and Urban Development's rule requiring smoke-free public housing, protecting over 30,000 residents
- 2018 City files suit against 62 e-cigarette retailers for illegal sales to minors, begins settling initial suits the following year
- 2020 **City Council passes ordinance prohibiting sale of all flavored e-cigarette products**
- 2021 City's 600k settlement with 6 e-cigarette retailers targeting those under 21 years old and using cartoons as marketing enticements



# Policy is Prevention: Chicago Adult Cigarette Use and Chicago Tobacco Control Milestones

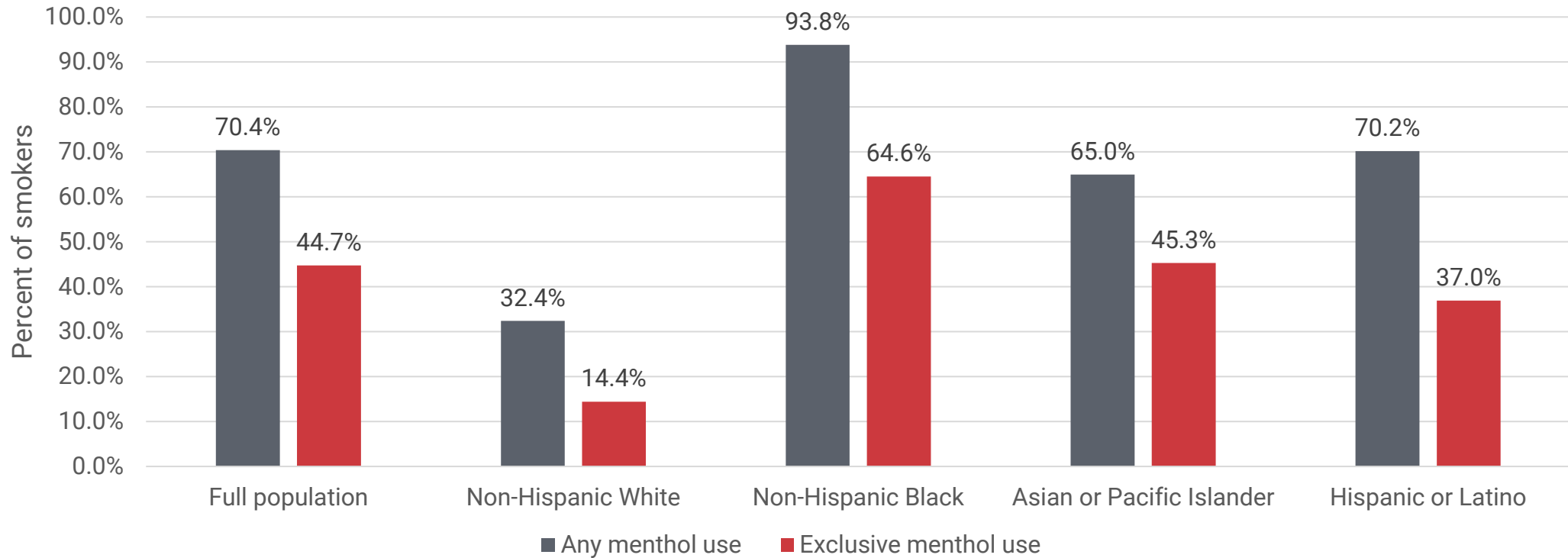




# Policy, 2021 – 2022

## Menthol cigarettes contribute to lingering inequities in smoking rates

Menthol use among current smokers in Chicago, 2021



# ★ Policy, 2021 - 2022



- FDA Menthol Comments, *July 2022*

CDPH submitted formal comments to the FDA's proposed rule to ban menthol cigarettes and flavored cigars.



- Legal Action re: Under-Age & Flavored Vaping Sales, *2021*

CoC secured \$600,000 settlement with six online vaping retailers who were targeting youth (<21) by using cartoons and other popular children's foods (Froot Loops, Cotton Candy and Twinkies) in marketing materials

# ★ Adult Cessation Programs, 2017-2022

- Since 2017, CDPH has funded 3 partners to lead Adult Cessation Programs:
  - Respiratory Health Association (RHA), UIC Mile Square, AllianceChicago
- Supported Healthy Chicago 2.0 goal of 10% relative reduction in tobacco use between 2016 and 2020

Priority Populations	2016
African Americans	26.6
At or Below Poverty Line	31.2
High School Education or Less	27.9
Mental Health Disorders (Serious Psychological Distress)	39.7
LGBTQ Community	26.2

*Priority populations and community areas were those experiencing above average tobacco burden in 2016*

**Chicago Average: 18.4**



# ★ Cessation Programs: Reach and Outcomes

## Reach across all programs 2017-2021:

- Nearly **25,000** community members reached in total
- **21,102** referrals were made (mainly to the ITQL)
- Over **2,500** individuals reached through engagement events
- **857** healthcare providers trained in Counsel to Quit techniques
- Over **1,000** boxes of Nicotine Replacement Therapy delivered to individuals
- **1,277** individuals enrolled in RHA's "Courage to Quit" counseling program.

## RHA's Courage to Quit Outcomes (2017-2019):

- **62%** of participants decreased number of days smoking per week
- **49%** cut down on number of cigarettes smoked per day
- **26%** of participants quit smoking
- Average "Readiness to Quit Smoking" rating increased **13.6%**

**Goal of 10% relative reduction in smoking rates met and exceeded both city-wide and within each priority population by 2020**

# ★ Media, 2021 - 2022

## “See Yourself Differently”

- Media campaign to encourage smoking cessation
- Highlights the Illinois Tobacco Quit Line
- 14 prioritized communities\*
  - CTA transit ads
  - Print and digital ads (on social media and internet)
  - Radio ads: WVON (African American focus) & WRLI (Latinx focus)

\* Little Village, Chinatown, Englewood, Chatham, Roseland/Washington Heights and Uptown



I can't stop.  
I've tried  
and tried.  
It's hard.  
I'll try again.  
It's not easy,  
but I can do it.

See yourself differently.  
See yourself quitting smoking.  
Start today.

**1-866-QUIT-YES**  
**[www.quityes.org](http://www.quityes.org)**

  
This project was  
made possible by  
funds received from  
the Chicago and  
Illinois Departments  
of Public Health.



# Future goals

- Increase both community and CBO/health systems awareness of predatory marketing of menthol on Black, Latinx, and LGBTQ communities
- Recommend ban of mentholated cigarettes, cigars, cigarillos, and vape juices in Chicago
- Increase uptake in Chicago of ITQL services (health system integration and education, behavioral health systems, worksites, and CBOs)
- Target cessation services to high-risk groups and work with research experts to integrate evidence-based cessation and counseling practices





# Advancing epidemiology practice

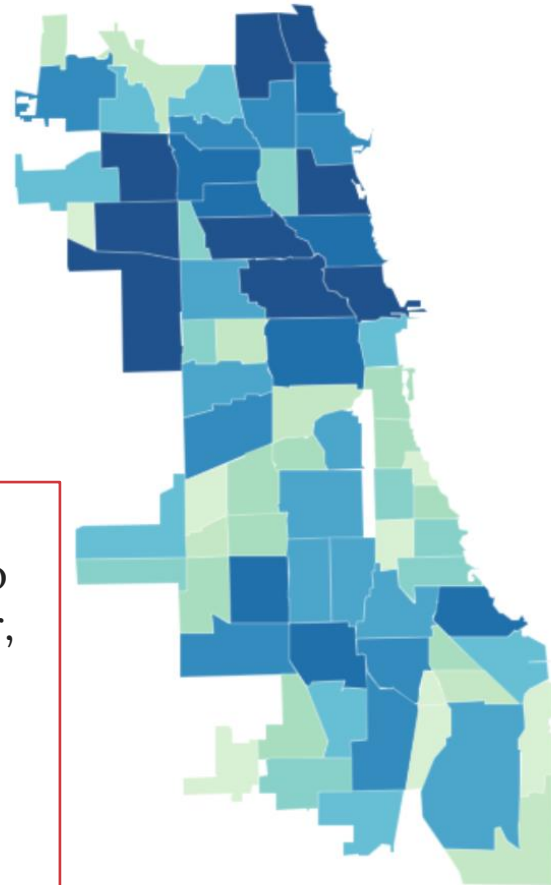
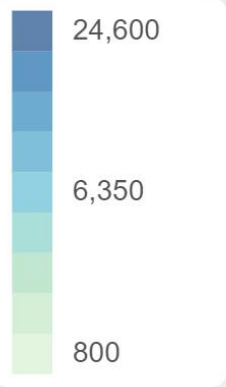




## Hypertension

2016-2018

count of adults

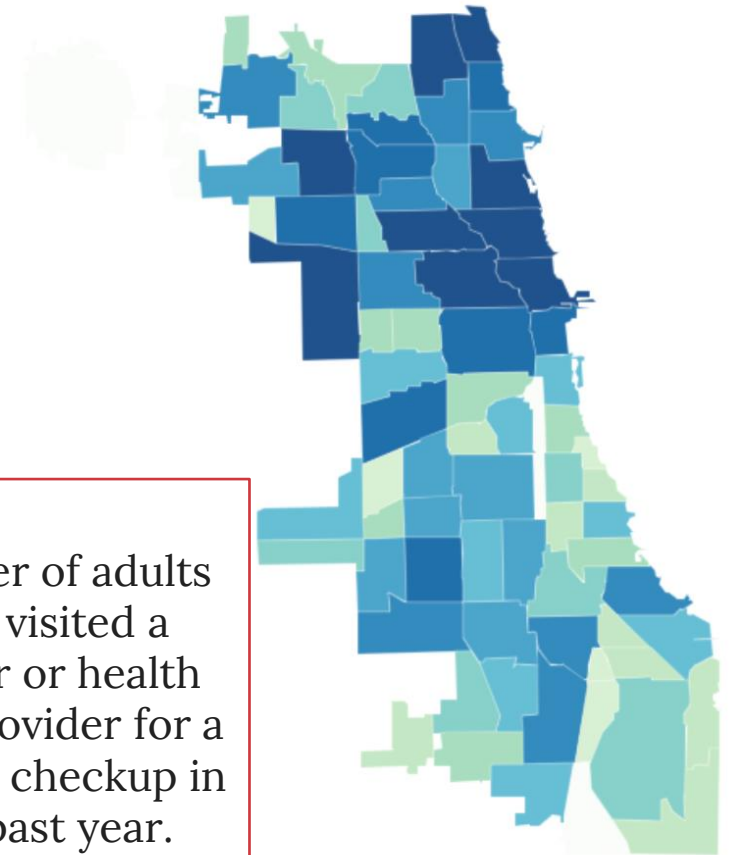
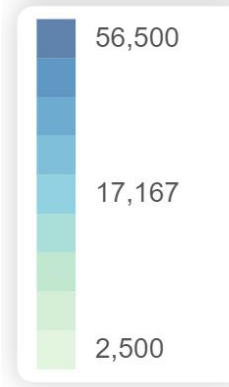


Number of adults who reported that a doctor, nurse or other health professional has diagnosed them with high blood pressure

## Routine checkup

2016-2018

count of adults

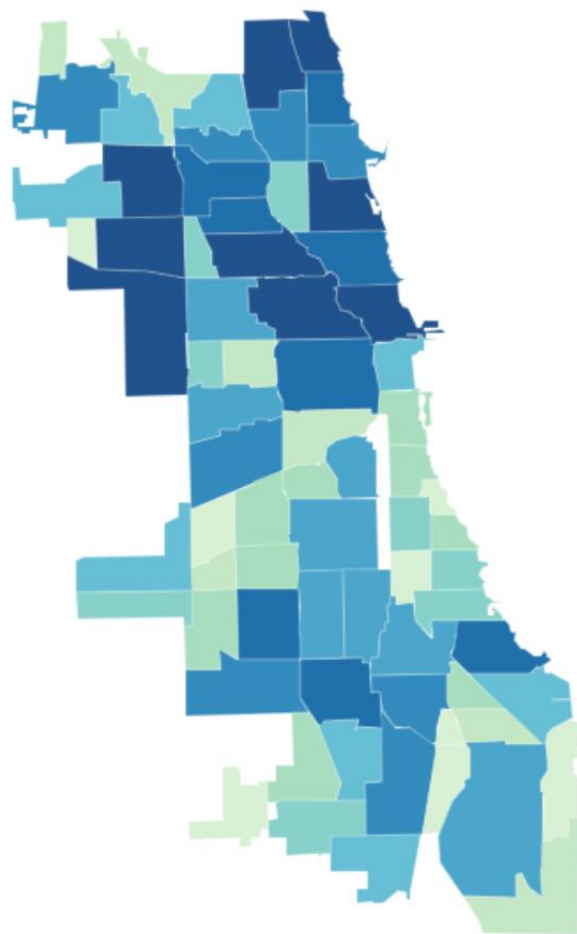
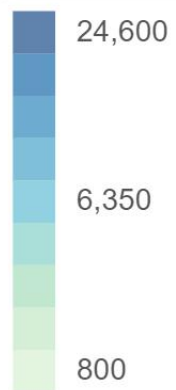


Number of adults who visited a doctor or health care provider for a routine checkup in the past year.

## Hypertension

2016-2018

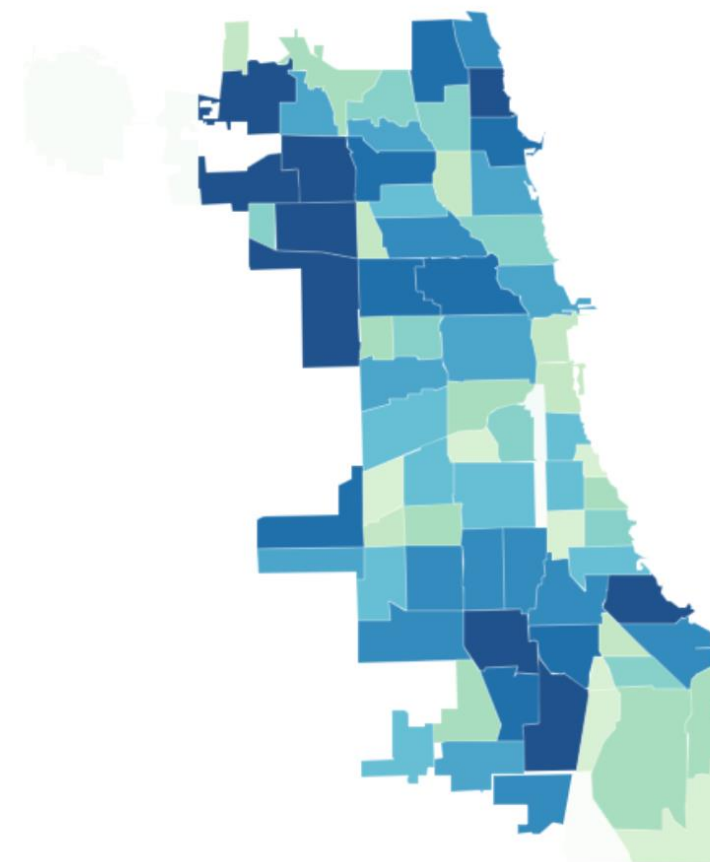
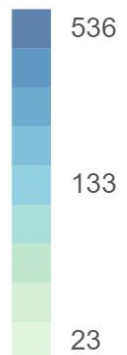
count of adults



## Coronary heart disease mortality

2013-2017

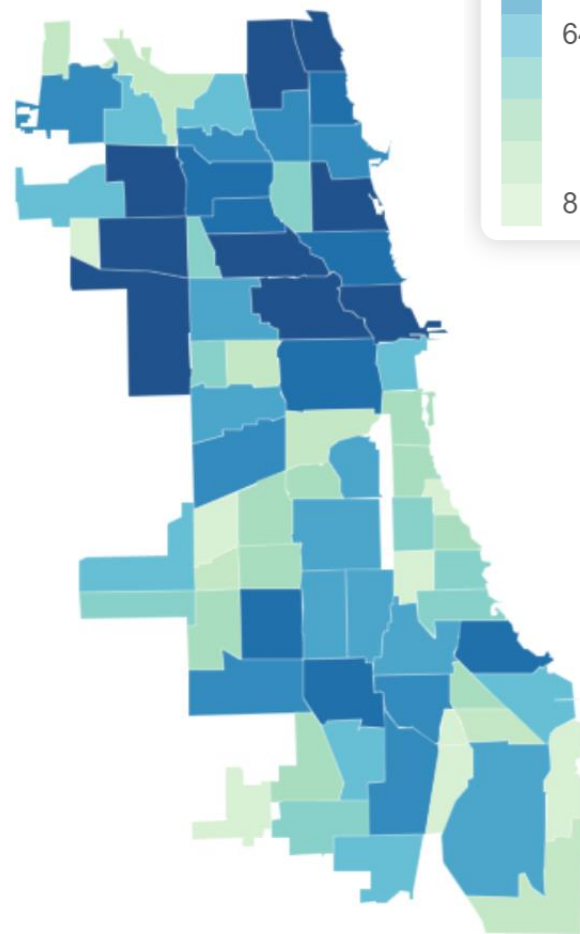
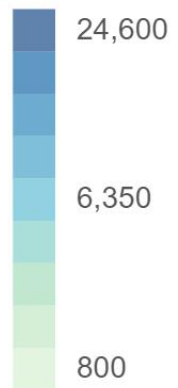
count of deaths



## Hypertension

2016-2018

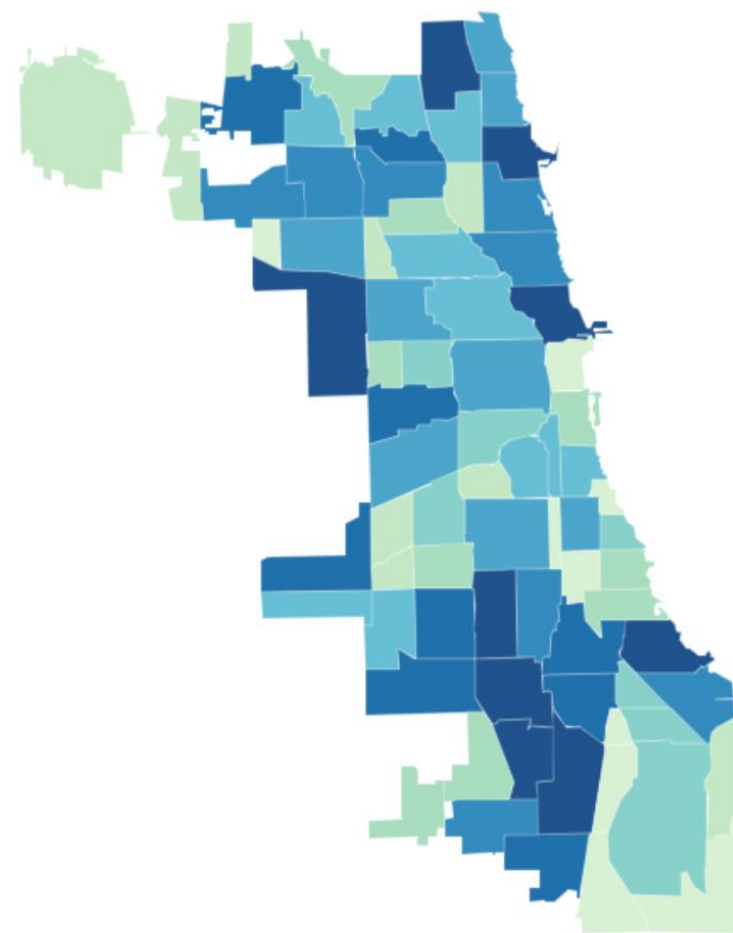
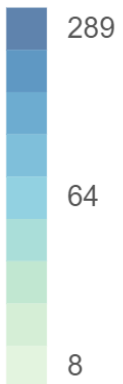
count of adults



## Stroke mortality

2015-2019

count of deaths





# Advantages of Multisource Data

- Ability to compare personal perceptions of health (individual awareness) with medical diagnoses
- Ability to capture community values, What Matters To You?
- Ability to track diseases whose city-wide numbers may be too small for HCS capture
- Ability to organize prevalence in geospatial areas other than community area
- Ability to correlate disorders and their outcomes (i.e. frequency at which people with hypertension suffer a stroke)
- Ability to understand disease impact on livelihood and vice versa





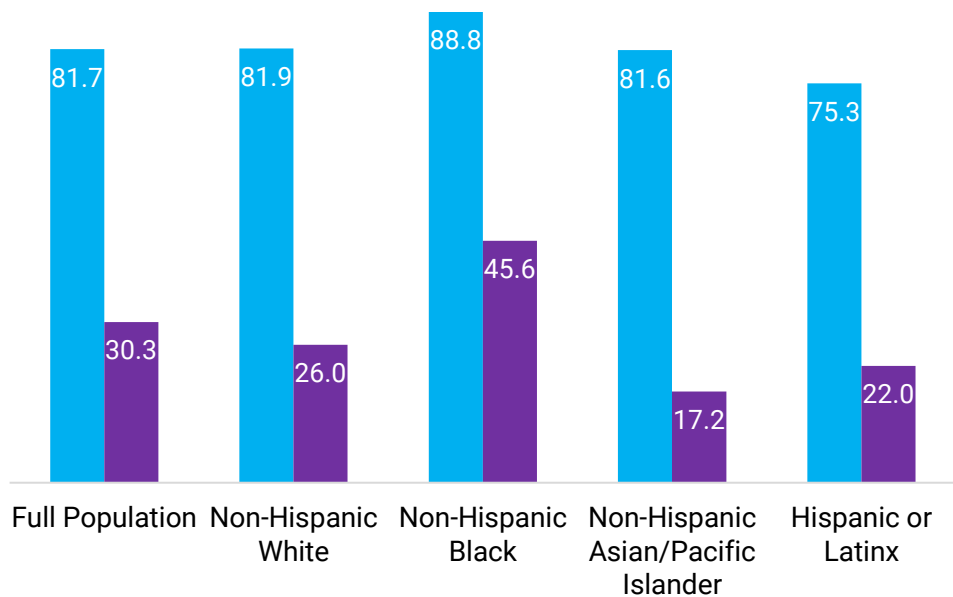
# Pilot with Electronic Medical Record Data

- CDPH participates in the Multistate EHR-based Network of Disease Surveillance (MENDS) [*CDC / NACCD initiative*]
- Exploring options for pilot queries with CAPRICORN clinical data network





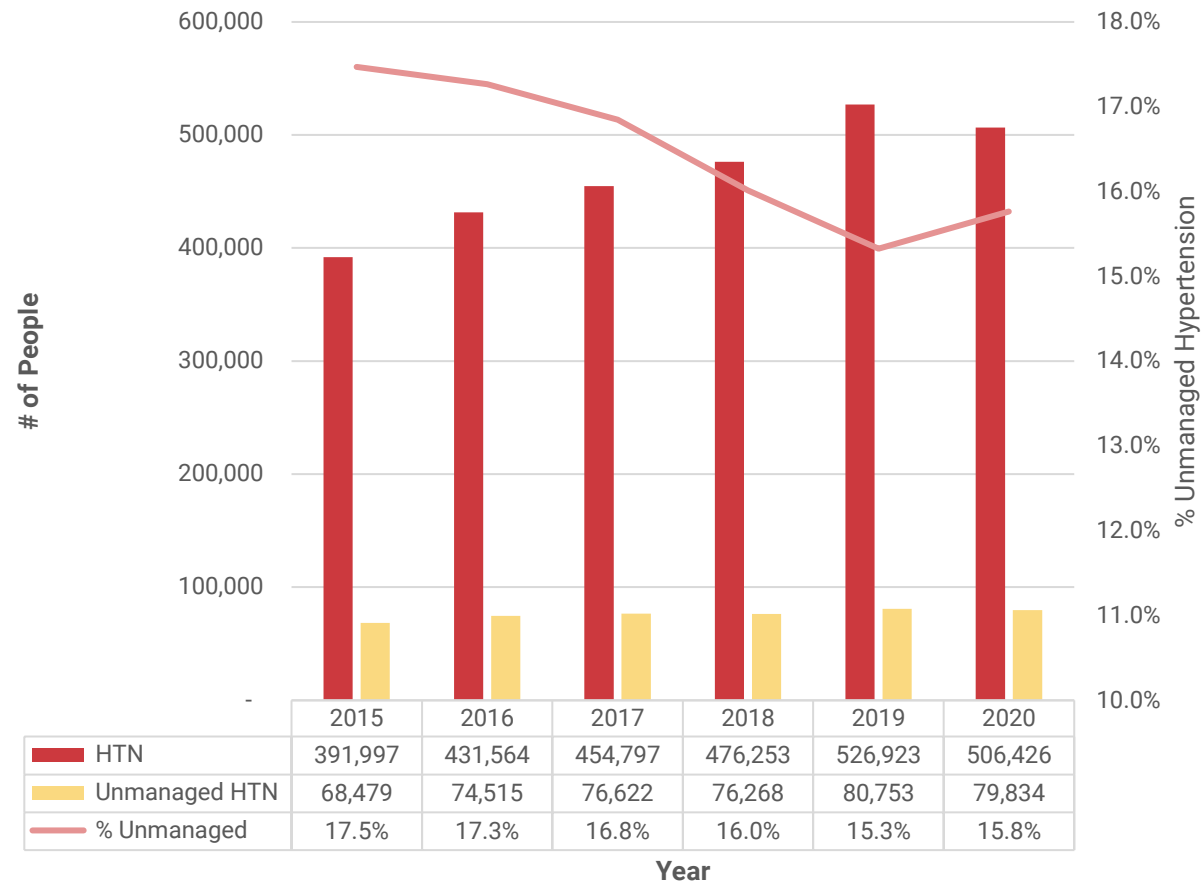
### % With a PCP vs Been Told They Had Hypertension by Race/Ethnicity, 2021



■ Had a PCP ■ Had Hypertension

Data source: 2021 Healthy Chicago Survey Data

### Adults with of Unmanaged Hypertension 2015-2020



*Personal communication from T. Walunas, Northwestern University Feinberg School of medicine. The ENRICH Dashboard was developed using data from the CAPriCORN network and funded as part of the Illinois CDC 1815 project (Grant # 6NU58DP006511-03-0013) to improve health for people with hypertension in Illinois"*





# **Community Health Response Corps: Advancing Health Literacy and Community Health Outreach**



# ★ Leveraging Our Outreach Expertise

- Community health workers (CHWs) build trust and relationships and deepen communication between residents, public health agencies and healthcare systems
  - Community specific engagement via lived experience
  - Ability to address social and behavioral determinants of health
  - Engaging CHWs improves health outcomes, reduces healthcare costs, reduces health disparities
- CDPH's Community Breast Health Services patient navigation program
  - Comprehensive breast health intervention: *screening mammograms, continuum of diagnostic, treatment and navigation services*
  - Directed in communities with highest disparities in breast cancer outcomes
  - CHWs increase breast health awareness, provide health education and linkages to supportive community resources



15,883 mammography screenings

Patient navigation to 5,500 women

Education outreach to >21,000 women

600 Community Outreach Events





# Leveraging COVID-19 Contact Tracing Corps

- 800 Chicagoans hired and trained in earn-and-learn strategy
  - ~120 became certified community health workers
- Contact tracers program → events and canvassing
- Promotores de Salud → community health outreach in Latinx Chicago
- Call center and resource hub operations
- 500,000 calls
- 19,000 doors
- 13,000 interactions with a resource navigator
- 3,000 people referred to resources





CHICAGO COOK  
WORKFORCE PARTNERSHIP

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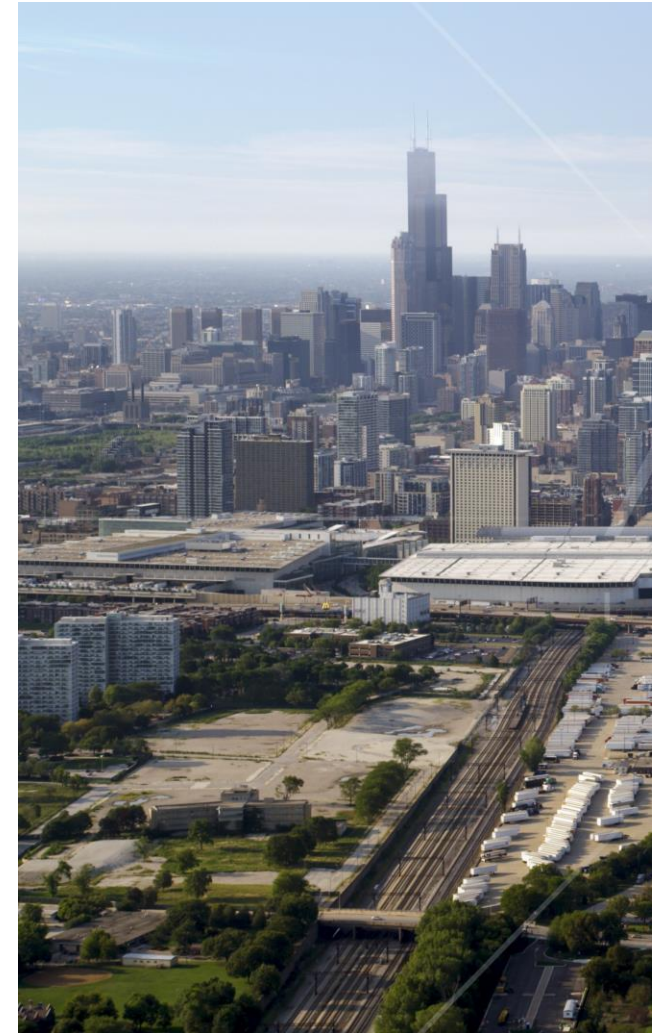
## NEWS

# City of Chicago Awards \$24 Million To The Chicago Cook Workforce Partnership To Aid In Mobilizing And Sustaining A Chicago Community Health Response Corps Team

📅 July 27, 2022 📄 Grants, Press Releases

Released on July 27, 2022 by the [Mayor's Press Office](#).

<https://chicookworks.com/category/news/> **CHICAGO** – Mayor Lori E. Lightfoot and the Chicago Department of Public Health (CDPH) today







# Chicago Community Health Response Corps

- Continue many COVID-era activations
  - Call Center operations
  - Vaccination outreach
    - COVID
    - Influenza
  - Deploy against other infectious threats
    - Monkeypox
  - Continue earn and learn workforce development model
  - Navigate to important resources
- Launch Chronic Disease and Health Literacy Activations
  - Activate their CHW training for chronic disease, including upstream and midstream targets (navigating to insurance, healthcare)
  - Emphasize communication strategies that optimize engagement
  - Increase agility with referrals to resources and broaden our resource navigation
  - Consider community-based approaches out of CBOs
  - Integrate with existing ChrDz programming



# Health Literacy

- Low health literacy is associated with worse health outcomes:
  - Increased use of emergency care, hospitalizations, all-cause mortality rates
- Improving health literacy in Chicago communities will:
  - Improve residents' ability to find resources (food, housing, other SDOH) and health information
  - Remove barriers to accessing healthcare
  - Improve communities' understanding of how to use health information



## ★ What is health literacy?



- Finding, understanding, and using information and services



- Being able to make decisions and take action about your health

## ★ You need health literacy to...



FIND → health center, hospital, resources



APPLY → fill out medicare forms



ENGAGE → family history, medical history



TAKE ACTION → your symptoms, your diagnoses, protecting yourself



LEARN → ask questions, reliable online research



FOLLOW → public health recommendations

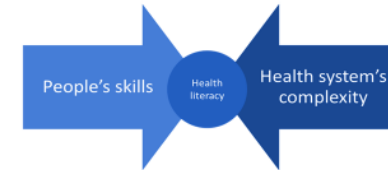
Rudd, R. et al., Health Literacy in Adult Basic Education, 2007

## ★ Why does it matter?

### Low Health Literacy is Associated with Worse Health Outcomes

- Improving health literacy could:
  - Prevent nearly **1 Million** Hospital Visits a year
  - Save over **\$25 Billion** in medical costs a year for Medicare
- Approximately **36%** of Americans have **basic** or **below basic** health literacy skills
- Only **12%** of Americans are considered **proficient** in health literacy skills

Berkman et al., Low Health Literacy and Health Outcomes: An Updated Systematic Review, 2011  
 Kutner et al. The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy, 2006  
 United Health Group



- Finding a doctor
- Getting insurance
- Understanding information
- Making decisions



- The way a doctor speaks to you
- Level of materials given
- How easy it is to find the right care at a health center
- How easy it is to find resources you need



# Response Corps: New Activations

- How do residents use the resources around them to stay healthy?
- How can a CHW in their community help them access or understand their health care?
- How can we train every CHW to use active listening skills and open communications to understand their neighbors?
- How do we use area level data to help individual communities?
- How do we use the same efforts to ask residents what they need?





Identify upstream and downstream issues contributing to community area's heart disease and stroke/CA/MI rates

Build referrals to the local resources that reduce these risk factors and coach CHWs on the relationship

Train the Response Corps on health risks and resources, provide workplans and activation guidance to CBOs

Work with CBOs to provide tailored guidance on working with community members to disseminate targeted messages and resources

Evaluate message dissemination and connectedness with resources







# Overview of Activities



# Portfolio: Current

- Epidemiology
    - Prevalence data analysis
    - Associations with causative factors
    - Trends over time
  - Reporting
    - Data reporting and interpretations
    - Program Evaluation
  - Data Collection
    - Contributions to HCS
    - Program measurement
    - *Researching national datasets*
    - *Dashboard development*
    - *EHR data sourcing*
    - *Field data collection*
  - Partnerships and Participation
    - Chicago Chronic Condition Equity Network (C3EN) – CSAC GC member
    - Lurie Cancer Center CAB
    - Chicago Consortium for Community Engagement (C3)
    - Good Food Purchasing Program, co-chair
    - Chicago Food Equity Council, Institutional Procurement Working Group, co-chair
    - Multistate EHR-Based Network for Disease Surveillance – GC member
    - Alliance for Health Equity, Leadership Council
    - Illinois Alliance to Prevent Obesity, Leadership Committee
- 



# Portfolio: Current

- Programs
  - Breast health (education and clinical services)
  - Tobacco cessation
  - Illinois Tobacco Free Communities
  - *Diabetes Prevention Program (in conjunction with Illinois Public Health Institute)*
  - Developing Health Literacy in Chicago
  - Community Health Response Corps (*Braided funding*)
- Funding
  - \$10M ARPA-SLFRF Chicago Recovery Plan
    - *Delegates: \$7M*
  - \$3.8M DHHS Advancing Health Literacy
    - *Delegates: \$1.7*
  - \$800K Illinois Tobacco Free Communities (IDPH)
    - *Intragovernmental transfer:*
  - \$600K Breast Health CoC Funding
    - *Delegates: 100%*
  - \$200K Tobacco Cessation CoC Funding
    - *Delegates: 100%*





# Portfolio: Current

- Training

- 1 CSTE Applied Epidemiology Fellow (B Pipkins)
- 1 Associate from CDC Public Health Associate Program (A Gottesman)
- 2 Mayoral Fellows (Summer 2022) (Y Munoz, C Fisher)
- 1 Clinical Informatics Fellow volunteer (A Bhargava)
- 1 Medical student volunteer (S Wang)
- Hosted multiple rotating medical residents in 2021 and 2022

- Staff

- CoC: 1 Medical Director (A Patel)
- CoC: 1 Coordinating Planner (J Herd)
- CoC: 1 PHA III (B Tow)
- IDPH: 1 Epidemiologist II (E Boylan)
- DHHS: 1 Project Director\* (V Chisholm)
- DHHS: 1 PHA III\* (C Thompson)
- DHHS: 1 PHA II\* (C Roloff)
- *\*temporary staffing*



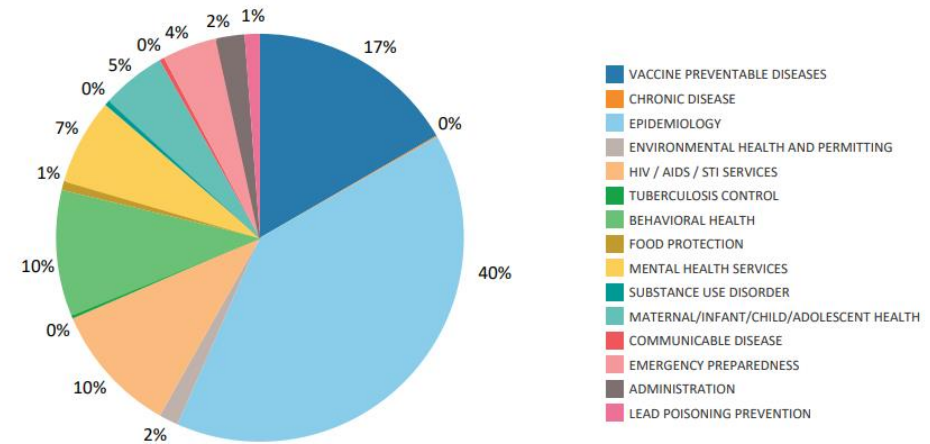
# ★ Weaknesses: Funding and Capacity

- CoC funds 3 positions for Chronic Disease
- Programmatic funds for Chronic Disease prevention through CoC are <\$1M and 100% is delegated
- \$0.00 operating budget
- In total, CoC dedicates 0% of its budget to Chronic Disease Prevention Health Promotion

- Released a first-of-its-kind report: “The State of Health for Blacks in Chicago”, improving Healthy Chicago 2025 – the citywide plan to reduce inequities in racial life expectancy. The plan enacted Healthy Chicago Equity Zones to catalyze place-based, community-led solutions.
- Addressed increasing opioid use and overdose by expanding harm reduction, medication assisted

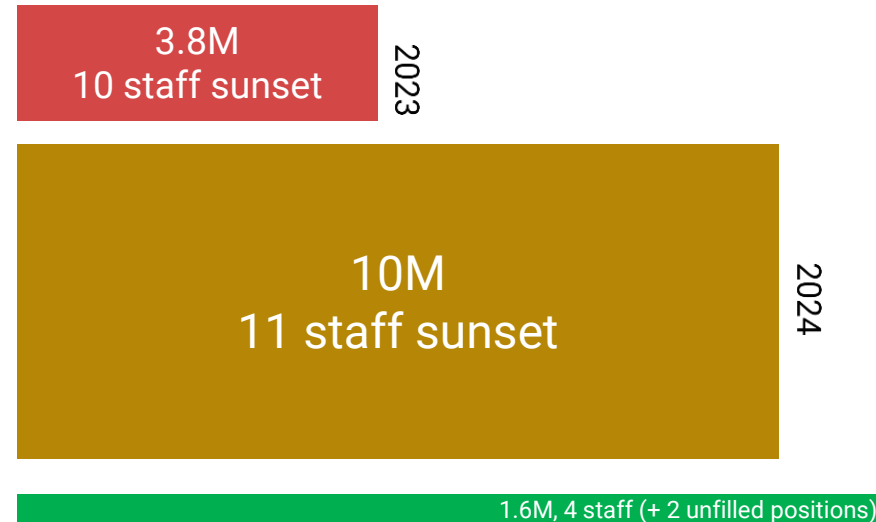
strengthening and growing violence prevention, mental health, chronic disease, and place-based interventions.

PROPOSED 2022 DEPARTMENT BUDGET BY PROGRAM



# ★ Weaknesses: Funding and Capacity

- Currently holding budgets for 17 unfilled (grant-funded) positions
- CSTE Fellow and PHAP Associate sunset in June, October 2023
- DHHS Literacy funding expires June 2023
- ARPA-SLFRF funding budgeted for 2 years (ends December 2024)
- Our ongoing funding is tightly earmarked to tobacco and breast health – **no** flexibility for other diseases/programs





<p><b>Strengths:</b></p> <p>Provide value through data, interpretation, partnerships, collaborations government insight, health system insight, health policy, clinical and medical knowledge, and program administration</p> <p>Our time and insight is highly sought after</p> <p>Committed and enthusiastic team</p>	<p><b>Weaknesses:</b></p> <p>Extremely diversified portfolio on limited bandwidth = fits and starts</p> <p>Deficits in internal and external champions</p>
<p><b>Opportunities:</b></p> <p>Activate policies in the city and state that add value to residents – food/nutrition, heart health, community health workers</p> <p>Increasing our data insights and interpretations to improve partnerships</p> <p>Consolidate under community outreach</p>	<p><b>Threats:</b></p> <p>Our capacity and funding are not forever</p> <p>Our needs are frequently deferred due to exigencies and urgent events</p> <p>Chronic Diseases in Chicago continue to bear high disparities. Our work should grow, not diminish.</p>



# Thank you!

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