

Healthy Chicago Reports

Recommendations to Improve Child Health



Taking Action for Chicago's Youth

When children have the opportunity and resources to be healthy, they are more likely to grow into healthy adults. Chicago has made considerable progress over the past several years improving the health and well-being of our children. More babies are born at healthy weights, more children are getting vaccinated and fewer teens are smoking or giving birth. But challenges remain. Children in certain neighborhoods and communities face worse health outcomes when compared to their peers from other neighborhoods.

Last year, Mayor Rahm Emanuel, the Chicago Department of Public Health (CDPH) and community partners launched Healthy Chicago 2.0, a citywide plan providing more than 200 action steps to improve health equity. The development and implementation of the plan depends on partnerships in the community. In May 2017, Mayor Emanuel called on CDPH to host a series of town hall meetings to invite discussion on new policies the City of Chicago can champion to continue improving children's health. Residents were also invited to submit comments via the CDPH web page.

The Healthy Kids Town Halls sought community input on five key issues:



Improving Homes



Empowering Parents



Promoting Vaccines



Reducing Obesity



Mitigating Trauma

Mayor Emanuel called for concrete recommendations to come out of the town halls to help inform City policy-making.

A spotlight report released immediately prior to the town halls covers these issues and can be found at <https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy-Kids2017.pdf>.

The Process

Policies work best when the community helps shape them. Having town halls across Chicago, especially in neighborhoods where children face disproportionate obstacles, gives city residents a chance to make their voices heard. Soliciting feedback on potential policies is part of the City's ongoing commitment to community engagement and consultation on health issues that affect residents. The Healthy Kids Town Halls aimed to gather feedback and new ideas from parents, advocates, health care professionals and experts on potential policies to create positive, lasting change.

CDPH hosted five town hall meetings, including one in conjunction with the Chicago Board of Health, to discuss policies to promote children's health. The neighborhood-based town halls were held in areas classified as having very low child opportunity, measured by factors such as poverty, unemployment and high school graduation rates.

- Board of Health – Wednesday, June 21 – CDPH Headquarters, 333 S. State St.
- West Pullman – Tuesday, July 25 – West Pullman Library, 830 W. 119th St.
- Brighton Park – Monday, July 31 – Shields Middle School, 2611 W. 48th St.
- East Side – Tuesday, August 8 – Rowan Park Field House, 11546 S. Avenue L
- West Garfield Park, Wednesday, August 16 – Legler Branch Library, 115 S. Pulaski Rd.

In all, approximately 180 Chicago residents participated in the meetings including parents, community leaders, health care providers, advocates and elected officials. Additional residents provided feedback through an online survey and Twitter. To ensure more residents had the opportunity to participate in their preferred language, the meeting in Brighton Park was conducted in both English and Spanish – a first for CDPH – and translators were available at all neighborhood sites.

The priority issue areas—improving homes, empowering parents, promoting vaccines, reducing obesity and mitigating trauma—were drawn from Healthy Chicago 2.0. In the town halls, CDPH presented residents with strategies that emerged from earlier community conversations as part of the development of the Healthy Chicago 2.0 plan. We asked for thoughts, questions and additional ideas to set and strengthen the City's healthy kids agenda. On the basis of that input, we have developed recommendations, which can be found below under each issue area.



IMPROVING HOMES

Health begins at home. Ensuring healthy homes is essential to raising healthy children who are safe, ready to learn in school and equipped to become productive adults.

Lead poisoning is one of the greatest health risks to children in the home. Lead is a neurotoxin that limits the development and growth of children and can lead to learning and behavioral problems, sometimes for life. Fortunately, Chicago has seen significant progress in reducing the number of children diagnosed with elevated blood lead levels. As recently as the 1990s, one in four Chicago children tested had a blood lead level of at least 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$). Thanks in part to our efforts, as well as a changing housing stock and other factors, that number is now less than 1 in 100 children. But we are still behind other big cities including New York. And within Chicago, there are significant disparities in childhood lead exposure from community to community. Children in neighborhoods that are rated as having very low child opportunity are almost five times more likely to be exposed to lead than those in high opportunity neighborhoods.

Current Policy

- Inspect at level of 10 $\mu\text{g}/\text{dL}$ or more. Today, CDPH inspects homes of children after they have been tested and found to have a blood lead level of 10 $\mu\text{g}/\text{dL}$ or more. For infants up to 12 months old, CDPH inspects at a level as low as 6 $\mu\text{g}/\text{dL}$, though these are a small number of cases. When hazards are found, the department works with landlords or homeowners to fix any problems. Until recently the CDC recommended 10 $\mu\text{g}/\text{dL}$ as the level at which governments should intervene, but it recently lowered the recommended threshold to 5 for all children. Even at that level, children can have worse health and educational outcomes.
- *Proactive inspections.* CDPH also gives grants to delegate agencies to conduct visual inspections of homes to identify hazards and refer the homes to the lead program for a comprehensive evaluation. Those agencies' inspections do not take place within the framework of comprehensive rental inspection program or narrowly target homes that are predicted to have lead hazards.

Healthy Chicago 2.0 Objective

Reduce the percentage of lead-poisoned children by 10% annually in communities with very low child opportunity.

Community Input

Residents said overwhelmingly that it was important for the City to reduce the threshold for intervention from 10 to 5 $\mu\text{g}/\text{dL}$. Hilda, an East Side resident, came to a town hall with her grandson, who had been tested for lead that same day. She said, “I believe that it’s important when you have children in the home, health issues are always a top priority.” In addition, Bill from Garfield Ridge said intervening at lower levels will likely “reduce the number of children who may have learning problems.”

Residents also favored a policy of proactively inspecting homes at higher risk of lead exposure before children are found to have a high lead level. Some of the strongest voices in support of this proposal were parents of children affected by lead poisoning. One mother, Tolanda from West Garfield Park, said, “Since 2014, I’ve been battling with lead poisoning in my son. His lead level rose all the way to 79 units, and it is a blessing that he is still here, since his level is above both the CDC and poison control limits.” Tolanda said that she and her son moved from apartment to apartment, but every time, the unit was found to have lead-paint hazards. She thinks that if there were a proactive home inspection program, her son would not have been lead poisoned.

“ We need to be proactive not reactive.”

Angelica Ugarte from the Metropolitan Tenants Organization, an organization that works with parents like Tolanda, summarized the dilemma that struggling families face. “It’s safer to live in a place with lead than to live on the street,” she said. “We need to be proactive, not reactive. Parents don’t want to poison their kids, but don’t have a choice.” Maribel from Logan Square expressed a similar sentiment, saying, “The sooner the home is inspected, the greater the chance of preventing other children from being exposed.”

Residents also had suggestions for ensuring new lead policies would be undertaken effectively. Multiple residents, including Maria Estrada from the Brighton Park Neighborhood Council, asked what funds are available to homeowners, landlords and tenants if a child has an elevated blood lead level or if lead-based paint hazards are found in a home. While CDPH receives federal funds to help low-income homeowners, these funds are limited and eligibility is strict. Residents’ questions highlight the importance of ensuring lead hazards can actually be fixed once found.



IMPROVING HOMES

Another resident, Leilah Denise Odeh of the Oral Health Forum, raised a different issue: while proactive inspections are a good idea, some families, especially ones with undocumented immigrants in the home, may be fearful of letting government inspectors into their homes. Some other residents agreed, which suggests cultural and community competence would be important in carrying out proactive inspections.

Some participants raised the issue of lead in drinking water at places such as schools—an important issue across the country. CDPH's lead program has found that 80% of the children with lead poisoning have lead-based paint hazards at home and that drinking water is safe. Dave Jacobs from the National Center for Healthy Housing said in one of the town halls that “we need to be inspecting and testing our homes, since that is where the lead is coming from.” Still, the participants' concerns indicate the importance of education around where lead hazards are most likely to occur.

Education may also be needed on lead screening before kids go to school: some parents don't know that there's a state requirement for this testing, and kids can fall through the cracks.

Recommendations for Action

1. Lower the threshold for intervention from 10 to 5 $\mu\text{g}/\text{dL}$ so hundreds more children with lead poisoning can have their homes inspected. This step would likely require hiring more staff.
2. Strengthen the City's commitment to proactive inspections of rental units, especially in high-risk housing where the likelihood of finding lead hazards is greatest.

This effort must be undertaken with cultural competence. Outreach is best done by community-based organizations so families (especially, but not exclusively, of those that include undocumented immigrants) can trust that the inspections are legitimate, nonthreatening and important to their children's health.

3. Increase education about the sources of lead, including water, and the importance of regular screening for young children.



EMPOWERING PARENTS

When parents have the resources and supports they need, they can help their children live healthier lives.

The first months of life is an especially critical period. During this time, parents and newborns establish bonds and develop a foundation for a healthy future. One way to help support the health of infants is to allow their parents and caregivers to simply be present and care for them during those early days. Taking time after the birth of a new baby to bond and heal can help prevent postnatal mood disorders and promotes breastfeeding, which has numerous health benefits. The United States is the only industrialized nation without guaranteed paid parental leave. Some employers, such as the City of Chicago, offer some form of paid leave to their employees. But for too many families, paid leave is insufficient or is not offered at all. Working parents shouldn't have to choose between spending time caring for their infant and keeping their job.

Current Policy

- Paid sick days. Beginning July 2017, workers in Chicago can now earn up to 7.5 days of paid sick time each year to use for their own illness or to care for a family member in a year. Employees can carry over up to five days to be used for FMLA-eligible purposes such as the birth of a child.
- Paid parental leave for City workers. Most full-time employees working for the City of Chicago government qualify for paid parental leave. The City offers six weeks of paid leave to mothers who deliver by Caesarean section, four weeks to mothers who delivery vaginally and two weeks to fathers and adoptive parents.

Healthy Chicago 2.0 Objective

Reduce infant mortality in high-hardship communities by 10%.



EMPOWERING PARENTS

Community Input

Town hall participants, especially parents, supported expanding access to paid parental leave, recognizing that it benefits the well-being of parents and newborns alike.

Annette from Uptown wrote online that “handling both a career and family is not easy. Adjusting could lead to depression, especially for some of our mothers who have a history with concerns of their mental health.”

Some advocates urged the City of Chicago to set an example by broadening its paid leave policy for public employees. Sarah Labadie from Women Employed said, “The City of Chicago should take on paid family leave as its own standard...If the city cannot provide this protection for their employees, why should a private business?” Sarah was careful to promote paid family leave, broader than parental leave, to be available to any employee who needs to care for sick family members, not just parents.

“As a parent myself, I can attest to the importance of taking time after the birth of a child to recover from childbirth, bond with the baby—and this is for both the father and mother.”

Some said paid parental leave should be mandated in Chicago, similar to paid sick days. Janna Simon from the Illinois Public Health Institute said, “While I think it’s great to encourage employers to offer paid leave, I think it’d be better to actually make a City policy requiring paid leave. ... As a parent myself, I can attest to the importance of taking time after the birth of the child to recover from childbirth, bond with the baby—and this is for both the father and mother. It’s so important to have both parents home to support each other during that transition, and that can only happen for many if there’s a City policy requiring it.”

Recommendations for Action

1. Significantly expand paid parental leave for City of Chicago employees. The City should also explore broadening eligibility.
2. Explore options for offering paid family leave to City employees.
3. Encourage uptake of paid parental leave, paid family leave and other family-friendly business practices in Chicago. Possible options include employer recognition, incentives or legislation. Assess the results of these efforts to determine whether a citywide requirement is needed and feasible.



PROMOTING VACCINES

Vaccines are a safe and effective way to protect against disease.

Polio, for instance, was eradicated in the United States thanks to a vaccine—and many once common diseases are now extremely rare as a result of vaccines.

In 2006 the FDA approved the first vaccine to prevent human papillomavirus (HPV). The FDA now recommends that all adolescents be vaccinated, ideally at age 11-12. HPV can lead to cervical and penile cancer, among others. HPV-associated cancers disproportionately affect African-American and Hispanic women. Today, Chicago is above the national average in HPV vaccination coverage, with a rate of 42.6% of females ages 13 to 15.

Current Policy

- Vaccines requirements for school. CPS and private schools in Chicago require children to receive certain vaccines, including those for chicken pox, measles and polio. Chicago has high vaccination rates due to the school requirements.
- HPV vaccine promotion. Due to a CDPH marketing campaign on buses, trains and other forums, coupled with provider education, HPV vaccination rates rose from 29 to 40% among adolescent boys and girls ages 13 to 15 in Chicago from 2013 to 2015. This program was cited by the CDC as a model for other cities to follow in educating residents.

Healthy Chicago 2.0 Objective

Increase the percentage of adolescent females that are vaccinated against HPV to 80%.



PROMOTING VACCINES

Community Input

Most participants expressed enthusiastic support for a school HPV vaccine requirement. “I would love to see this as a required vaccine” said Michele Shubitowsku from the Erie Family Health Center.

Cancer prevention made this proposal a no-brainer for many because, as Brittany Dunigan from Everthrive put it, “Who wouldn’t want a vaccine that can prevent cancer 20 or 30 years down the road?” “If we can lessen the risk of cancer in the future, I’m all for it” said Maribel from Logan Square. Hahronda, a mother of two from Garfield Park, supports a school requirement to ensure that her daughters are protected.

“If we can lessen the risk of cancer in the future, I’m all for it!”

Some found the proposal especially compelling because there is strong evidence that “school vaccination requirements result in higher coverage levels,” as Sessy Nyman from Everthrive said. She said such a requirement “would greatly improve vaccination rates ... especially for vulnerable populations.” Dr. James Valek supported this strong proposal as well because our rates are already higher than other parts of the country, so we have more widespread understanding of the importance of the vaccine and, with a requirement, could reach our goal of 80% coverage. A minority of residents, however, disagreed with the idea, sometimes citing concerns about vaccines generally. Others countered that a requirement could be paired with a effort public education component to counter misconceptions about the HPV vaccine. “Parents need to be educated on the importance of this vaccine and the benefits. I have heard that many parents refused the vaccine for fear that it will encourage their child to be promiscuous,” said Annette from Uptown.

Recommendations for Action

1. Require HPV vaccination for high school entry, working through the state to allow CPS and the Board of Health to make this requirement.
2. Re-launch a public awareness campaign to educate parents about the importance of HPV vaccination and the link between HPV and cancer. This step may require additional funding.
3. Continue provider education to ensure physicians have proper messaging on the benefits and safety of the HPV vaccine.



REDUCING OBESITY

Childhood obesity is a nationwide challenge.

By preventing obesity early on, more children will have the opportunity to grow up healthy. In Chicago, nearly 40% of kindergartners are obese compared to 24% in the United States. Nearly twice as many CPS students, 11%, reported not eating any vegetables in the previous week compared to students nationwide. Chicago has put policies in place to encourage children to eat healthy and be physically active, especially at school. Yet children eat many meals away from school and often away from home. Foods marketed to children, such as kids' meals at chain restaurants, are not required to meet any health standards and often contain high amounts of sugar, fat and salt. In addition, as of 2014, Chicago had 14 food deserts and an estimated 385,397 residents living in areas with reduced food access.

Current Policy

- Healthy food in schools and daycares. Food sold in school vending machines and cafeterias must meet national health standards. State and city regulations require daycares to serve nutritious food.
- Physical activity in schools and daycares. Students have guaranteed recess and a standardized physical education curriculum. Daycares are required to provide opportunities for physical activity.
- Investments in food deserts. The City has established incentives to ensure fresh, nutritious food in areas that lack it. The Whole Foods in Englewood, the planned Jewel-Osco in South Shore and Pete's Fresh Market on the west side, among other establishments, are now serving communities that previously had few options.
- Farmers' markets. Farmer's markets have launched across the city to allow Supplemental Nutrition Assistance Program participants to get double the value of their benefits when making purchases through the Double Up Bucks Program.
- Good Food Purchasing Policy. City departments and sister agencies are working toward ensuring that food they purchase is healthy and nutritious and, when possible, locally sourced.

Healthy Chicago 2.0 Objective

Increase fruit and vegetable consumption among youth by 10% and decrease soda consumption among youth by 5%.



REDUCING OBESITY

Community Input

Advocates noted that many fast food chains make unhealthy kids' meals enticing for young children through toy giveaways and direct marketing.

Adam Becker from the CLOCC spoke to the magnitude of this issue, saying that restaurants spend over a half billion dollars per year promoting unhealthy foods and beverages to children. If chain restaurants offer kids'

meals, Adam says, they should be able to ensure those meals are healthy, especially if they have a toy—and kids will still like what they get. "Kids will want the toy, no matter what's in the meal. Parents don't have to pick out or mix and match ingredients."

"Kids will want the toy, no matter what's in the meal."

Residents tended to agree that marketing unhealthy meals to children was a problem. Several participants said many parents try to do the right thing and buy healthy food for their kids but often don't know how, due in part to lack of education and misleading marketing. However, a few residents stressed that healthy eating begins at home, and that policies to promote nutrition shouldn't deprive parents of choice. Aracely, a mother from Brighton Park, supported providing healthy kids' meal options because "there are a lot of fast food restaurants to go to instead of cooking at home," making fast food a frequent option for many struggling families. Parent education, urban gardens, commitment to athletics and more playgrounds and grocery stores in low-food-access areas were among the additional solutions offered by town hall participants.

Recommendations for Action

1. Require that meals specifically marketed to children at chain restaurants meet minimum health standards, while allowing parents to retain consumer choice by substituting in food items as they see fit.
2. Provide education on healthy cooking to parents who use WIC clinics, libraries and other City services.
3. Encourage businesses to utilize the City's produce stands program in food deserts.



MITIGATING TRAUMA

Trauma is a public health issue.

Children exposed to violence often face learning, behavioral and health problems throughout their lives. Although violence has trended downward, some communities in Chicago carry a heavy burden of homicide and violent crime. For example, the homicide rate in West Garfield Park is four times higher than the city average and 80 times higher than in Lincoln Park. Far too many children in Chicago report missing school due to safety concerns or getting in physical fights at school. Helping children and families process and overcome trauma can prevent violence and improve health.

Current Policy

- Dating violence education in schools. Students in 7th through 12th grades and school employees are taught information on healthy relationships and teen dating violence and schools must establish procedures to effectively respond to teen dating violence.
- Building resilient communities. The ReCAST initiative is engaging Chicago Public Schools and community organizations to help people in high-need communities recover from trauma and while building resiliency. The initiative will also support trauma-informed mental health training for first responders and build service directories for people affected by trauma.
- Mental health triage. The Crisis Intervention Pilot Program is providing mental health triage for people transported to the emergency room by police in two local hospitals.
- Responding to traumatic events. The Crisis Response and Recovery program deploys crisis responders to assist families who suffer homicide in communities across the city.
- Restorative practices in schools. The City supports school-based training and practices that promote conflict resolution and relationship repair with students, faculty and parents.
- Promoting non-violent strategies. The City funds a program demonstrating the use of non-violent engagement strategies to reduce community conflicts and support individuals at high risk of violence through help with employment, education and counseling.
- Addressing trauma from police violence. The City funds a center offering behavioral health supports to victims of police torture.

Healthy Chicago 2.0 Objective
Make Chicago a trauma-informed city.



MITIGATING TRAUMA

Community Input

Town hall participants were animated on this issue, strongly favoring Chicago becoming a trauma-informed city through employee training. “Trauma training needs to be mandatory for all government employees,” urged Dr. Bill Truesdale, principal of an East Side elementary school. Vikki Rompala from Metropolitan Family Services said that training could be “incredibly transformative” and including all employees was especially important as it sends the message that everyone can “be a part of recognizing that human beings live here and they are experiencing terrible things.” She said this could change interactions between workers and residents, leading to better experiences for all.

Many residents also recommended extending trauma-informed training beyond City employees. Extending training to schools and teachers “might help reduce the school-to-prison pipeline by giving deeper insights about children acting out in school,” said Maria from the Freedom Road Foundation. Derek from the Gads Hill Center suggested a train-the-trainer model, “providing education to City workers that will be trained to give back to the community members [so] that they can also be trained.”

“Trauma training needs to be mandatory for all government employees.”

The town hall discussions on trauma underscored the connections between trauma and other issues affecting children’s health. For example, one resident said lead inspectors must be able to recognize the signs of trauma and respond appropriately when they are out in the community and entering families’ homes.

Not all participants were sure what it means to be a trauma-informed city, how this would impact communities or what other resources are needed to mitigate trauma. There may be opportunities for continued engagement and education and contextualizing trauma-informed training in the larger vision of violence prevention overall.

Recommendations for Action

1. Provide trauma-informed training to all City employees and undergo a transformation process in City departments to ensure trauma is addressed in a comprehensive way.
2. Encourage sister agencies to provide trauma-informed training to all employees.
3. Bring community organizations into these trauma-informed initiatives, tailoring the trainings as much as possible to different communities.

Chicago Values Child Health

Residents at these forums universally showed they value the goal of improving the health of our youth. Many pointed out that seemingly separate child health issues are linked. “These issues are so interconnected,” said Kathryn from Morgan Park. “It hit me hard.” One participant said choosing between keeping a job and caring for your new baby can lead to trauma. Another said children can’t be physically active and reduce obesity if they are afraid to go outside and play. The connections go on: Empowered parents are more likely to get their kids vaccinated, eliminating home health hazards can help kids avoid behavioral problems and healthy options at restaurants can, in turn, empower parents.

The task for City stakeholders—organizations, residents and government agencies—is to develop policies to enhance all aspects of child health and improve health equity across Chicago. The Healthy Kids Town Halls are one important step in that ongoing process. We look forward to working with Mayor Emanuel and the City Council on the recommendations in this report to continue to improve the health of all Chicago youth.



For more information or to join Healthy Chicago 2.0 efforts, please email healthychicago20@cityofchicago.org.

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