Rebuild the Chicago Department of Public Health (CDPH) Ordinance Summary
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Since 1989, two years after Mayor Harold Washington's untimely Death, CDPH has gone from 2,000 employees & 57 facilities in 1989 to 600 employees and 13 facilities today. In the last 34 years: CDPH has gone from 19 mental health clinics to 5. CDPH eliminated all 7 Neighborhood Health Centers & has severely cut back and privatized its Sexually Transmitted Diseases/HIV Program. CDPH is not prepared for the next pandemic, heat wave or other climate disasters.

Due to public health nurse (PHN) cuts its immunization and infant-maternal health programs are a shadow of themselves compared to 30 years ago, despite the fact that the Chicago Infant Death Rate is among the worst in the country, especially among Black/African American Infants. Chicago school children have inadequate levels of immunizations, especially for measles. No other city, county, or state public health department has been as devastated, downsized, cut back and privatized as CDPH. **Only 7% of the 2022-2023 CDPH total budget is funded by the city corporate budget**. The rest is in grants.

There is an urgent need to rebuild CDPH to deal with the very real, growing 21st Century threats to our health including: Pandemics, Climate Change, Growing Racial Disparities, Unacceptable high levels of both Outdoor & Indoor Environmental Pollution & Toxins, Increasing Mental & Physical Acute & Chronic Diseases & Disabilities, Growing Stress and Trauma among our children & youth; the greatest decrease in African American & Latino Life Expectancy in history; Persistent above national average African American infant and maternal morbidity and mortality rates;

Ordinance: CDPH in cooperation with the Chicago Public Schools (CPS) and local, grassroots Community Based/Community Led Organizations ("CBOs") would establish Public Health Teams ("PHTs"), Stations and Programs in underutilized CPS schools and the surrounding communities, prioritizing Chicago's 26 COVID-19 High Vulnerability Community Areas and neighborhoods with greatest health disparities. **Priority hiring would be among neighborhood residents.**

Each fully equipped station would include a team of CDPH PHN's, Nursing Assistants ("NAs"), Community Health Workers ("CHWs"), Communicable Disease Investigators, Environmental & Building Inspectors, Health Educators, and Mental Health Workers in a designated space in each school accessible to students, staff, teachers, and their families. CDPH would work with CPS to become a CDC approved Vaccine for Children (VFC) Provider, so any student could get any vaccine in their own school. Non-school affiliated residents would be welcome in areas of the school during times that do not interfere with regular school activities. CDPH would work with CPS to re-establish its successful high school nursing program and with Chicago Community Colleges (CCC) to re-establish nursing and other health professional programs on all 7 campuses.

Each team would split its time between the school and the surrounding neighborhood going door-to-door to homes, workplaces, stores, parks, community organizations, transit stops and religious institutions.

The teams would offer a complete, comprehensive array of public health services and information including screening, testing, vaccination, Personal Protective Equipment ("PPEs"), counseling, assistance with where to obtain mental health services and crisis care, food access, utility service safety and bill reduction for electricity, gas and water, rental assistance, property tax exemptions, public transit fare card reductions, education programs including early childhood, adult education, how to access the State of Illinois ABE program, where to get quality health care locally, including, but not limited to, CDPH Mental Health Clinics, Federally Qualified Health Centers ("FQHCs") and Cook County Community Health Centers ("CCCHCs").

The teams would evaluate, assist and refer adult and child residents for Medicaid, Medicare and Affordable Care Act enrollment. Community residents, workers, and students would be screened for both acute and chronic diseases and treated when and where necessary. The teams will work residents, community based organizations and public agencies to prepare for climate change disasters.

Understanding the essential importance of preventing maternal and infant morbidity and mortality, including, but not limited to, complete access to all forms of contraception, HIV/STI prevention and treatment, the PFTs would prioritize providing health education, screening, testing, and enrolling women and children who want access to primary care services close to their homes. Elderly services and care would also be facilitated through the teams.
The teams would also do basic early comprehensive childhood emotional and physical development assessments both in schools and in homes, ensuring that each child was enrolled with a primary care provider and any other services needed.