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Dear Fellow Chicagoans,

I believe that one of the best ways to ensure the success of a city is to ensure its residents have the opportunities they need to get and stay healthy. As such, within the first hundred days of my taking office, I joined the Chicago Department of Public Health to unveil Healthy Chicago – one of the most innovative and comprehensive public health agendas in the nation, dedicated to improving the health and well-being of every Chicagoan.

Healthy Chicago called on businesses, community organizations, faith groups and others to join us as we began to implement nearly 200 original, actionable strategies, built around 12 citywide health priorities. Just two and a half years later, I am proud to say our City has made tremendous progress. As you will see in this report, we have already implemented or began more than 90% of our original strategies and added 48 new strategies. But implementing strategies are only the beginning. As a result of this work, we are already seeing real change in Chicago.

We have guaranteed recess for every public school student, while providing new opportunities for 25,000 youth and their families to get active through our PlayStreets initiative. We launched ground-breaking public education campaigns – on topics including the importance of getting a flu shot and teen pregnancy prevention – that have sparked conversations in Chicago and around the globe. We piloted new initiatives to reduce heart disease and invested in new programs to ensure more women have access to quality mammograms. We passed new laws prohibiting the sale of flavored tobacco within 500 feet of our schools and regulating e-cigarettes in the same manner as traditional cigarettes, helping to keep them out of the hands of our youth. We also launched Enroll Chicago!, an outreach and education campaign to help more than 400,000 eligible and uninsured Chicagoans take advantage of the historic opportunities available to them under the Affordable Care Act.

Together, we are making a real difference in the health of our city. Together, we will make Chicago the healthiest city in the nation.

Rahm Emanuel
Mayor, City of Chicago
Dear Friends,

Like most any successful plan, Healthy Chicago is a call to action. It is a call to community-based organizations working in our neighborhoods and global corporations headquartered in the Loop. It is a call to academic institutions and houses of worship. It is a call to all our existing partners and potential new partners to join together so we can make real progress in the City we share and love.

As this report clearly demonstrates, you have answered the call. Together, we have launched new initiatives, forged new partnerships and found new ways to tackle old problems resulting in real change for our City. From helping to bring down obesity rates to raising immunization rates, we have already made a real difference improving the health and well-being of our neighbors.

But these successes are only the beginning. More work must be done to close continued health disparities and ensure every resident has the opportunity to live a healthy, active life. After two and a half years since our initial launch, we are looking forward to the next phase of implementation. And we are calling on you to join us again as we determine our next steps as a City.

We have made a great deal of progress already, but there is still more work to be done. Let’s get started.

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

First unveiled in August 2011, the Healthy Chicago public health agenda serves as a blueprint for community health improvement in Chicago. The agenda calls on public, private and community-based organizations to come together to implement policy, programmatic, and public awareness strategies to improve the health of Chicagoans through work in 12 priority areas.

At the time of its release, the Healthy Chicago agenda contained 193 strategies. These strategies represented a snapshot of planned actions, most of which would be undertaken by the Chicago Department of Public Health (CDPH). During the first year of implementation, 45% of the original strategies had been completed and work had begun on another 47%. In year two, momentum continued with additional successes on many of the original strategies and modifications to and/or the addition of 48 strategies. To date, as reflected below, 92% of all strategies have either been completed or are underway.

The achievements of Healthy Chicago can be largely attributed to four key factors:

- Partnerships with private, public and community-based agencies have facilitated the vast majority of Healthy Chicago successes to date. Often in tandem with efforts to promote policies, deliver programs, and advance technology, partnerships are the single greatest contributor to the public health victories described in this report.

- Policies have been promoted, supported, and developed across myriad priorities to create healthier environments and make the healthy choice the easy choice.

- Technology, including social media, has been employed to increase access to data, public health information and services.

- Public awareness tools have reinforced the need for strong policies, healthy environments and for residents to engage in healthy behaviors.

This report offers a review of year 2013 accomplishments that are collectively moving the needle towards the 16 Healthy Chicago health outcome targets and 12 priorities.
**INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)**

(Chicago, 1999-2009)

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (per 1,000)</th>
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<tbody>
<tr>
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<tr>
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</tbody>
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**2020 TARGET:** 7

**SOURCE:** Vital Records, Illinois Dept of Public Health

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**NUMBER OF TUBERCULOSIS CASES**

(Chicago, 1999-2012)

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<thead>
<tr>
<th>Year</th>
<th>Cases</th>
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<tr>
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</tr>
<tr>
<td>2012</td>
<td>900</td>
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**2020 TARGET:** 100

**SOURCE:** Tuberculosis Control Program, Chicago Dept of Public Health

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**PERCENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS**

(Chicago, 2000-2011)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
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<tr>
<td>2011</td>
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**2020 TARGET:** 0.5

**SOURCE:** Lead Poisoning Prevention Program, Chicago Dept of Public Health

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**ASTHMA HOSPITALIZATION RATE (PER 10,000 RESIDENTS AGED 5-64 YEARS)**

(Chicago, 2000-2011)

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (per 10,000)</th>
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<td>2007</td>
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<td>2010</td>
<td>23.1</td>
</tr>
<tr>
<td>2011</td>
<td>23.3</td>
</tr>
</tbody>
</table>

**2020 TARGET:** 15

**SOURCE:** Illinois Dept of Public Health; data are age-adjusted

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**PERCENT OF HIGH SCHOOL STUDENTS MISSING SCHOOL DUE TO SAFETY CONCERNS**

(Chicago, 2001-2011)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2005</td>
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</tr>
<tr>
<td>2006</td>
<td>10.8</td>
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</tbody>
</table>

**2020 TARGET:** 9

**SOURCE:** YRBSS, Centers for Disease Control & Prevention
TOBACCO USE

In many ways, 2013 was the year for tobacco policy. Partner engagement and Mayoral leadership led to unprecedented achievements and a momentum that has set the stage for continued success in year three of Healthy Chicago implementation. This is a prime example of the marriage of programmatic initiatives, a public relations and community engagement campaign and policy development that led to groundbreaking policies advancing tobacco control.

Highest Tobacco Tax in Nation

On November 26, 2013, the Chicago City Council voted to increase the cigarette tax by 50 cents, from $0.68 to $1.18 per pack. In March 2013, the Cook County cigarette tax increase of $1.00 took effect, as did the State’s $1.00 tax increase in June of 2012. With the City Council’s action, local, state and federal taxes now combine to make Chicago home of the largest cigarette tax the nation - $7.17 per pack.

The cumulative impact of the city, county and state tax increases will drive declines in smoking. The biggest health impact will be on children and low-income communities as they are the most price sensitive consumers. Research shows that smokers in low-income brackets are four times more likely to quit than those in high-income brackets. Following the enactment of the State and County tax increases, calls from Chicago residents to the Illinois Quitline spiked dramatically, and about 63% of these callers were African American.

Flavored Tobacco Products, including Menthol Cigarettes, Banned Near Schools

In August, 2013, at the request of the Mayor, the Chicago Board of Health convened the first of four town hall meetings to identify innovative, community-driven solutions to reduce menthol cigarette use among Chicago’s youth. The forums engaged residents and national content experts in conversation to reduce this preventable addiction before it becomes part of a young person’s life. Following the town hall meetings, the Board of Health and CDPH released a comprehensive report detailing the feedback from participants. The report also included youth feedback and policy recommendations from public health professionals, scientists and other content experts to help Mayor Emanuel create a more comprehensive menthol tobacco abatement strategy.

Mobilized by the strong response to the Town Hall meetings, the Mayor’s Office worked closely with CDPH and myriad other local and national organizations to introduce an ordinance prohibiting the sale of flavored tobacco products—including menthol products—within 500 feet of a school. The ordinance, adopted at the December 2013 City Council meeting, is unprecedented; no jurisdiction at any level—federal, state or local—had ever included menthol as a flavor in the many different laws that regulate flavored tobacco.

Chicago Regulates E-Cigarettes

On December 9th, the Chicago City Council Committee on Finance and the Committee on Health and Environmental Protection held a joint meeting at which a proposed ordinance to regulate electronic cigarettes was considered. After much debate, a second joint committee meeting, and advocacy
from myriad Healthy Chicago partners at the local, state and national levels, on January 15, 2014 the Chicago City Council voted to “be on the right side of history” and “stand with public health” and made Chicago one of the first big cities in the nation to regulate electronic cigarettes. The ordinance will protect Chicago’s youth by (a) requiring e-cigarettes to be placed behind sales counters, out of the reach of children; (b) prohibiting their sale to minors and applying penalties for violations; (c) requiring e-cigarette retailers to obtain a tobacco license; and (d) restricting use through the inclusion of electronic smoking devices under Chicago’s Clean Indoor Air ordinance.

More Smoke-Free Environments

On July 1, 2013, per the directive of the University of Illinois at Chicago (UIC) Chancellor, UIC became a Tobacco-Free Campus. This policy immediately affected UIC’s 27,500 students as well as faculty, staff, patients and visitors. UIC joins four other institutions of higher education and six hospitals in adopting smoke-free campus policies to express their commitment to making Chicago healthier.

The Chicago Housing Authority (CHA) also continued its smoke-free efforts in 2013. During the first year of Healthy Chicago implementation, four CHA complexes became 100% smoke-free (Kenmore, Pomeroy, Roosevelt Square I & II). In 2013, Sullivan Station and Dearborn Homes also implemented smoke-free policies, bringing the total number of smoke-free CHA developments to six and the total number of smoke-free units to 610. In the first year of Healthy Chicago implementation, over 3,200 units of multi-unit housing became smoke-free.

Increased Calls to Quitline

The Illinois Tobacco Quitline had a tremendously successful year in 2013, counseling over 8,700 Chicagoans in 2013 on how to successfully quit smoking. Over 24,000 calls were received - approximately 3,000 more callers and 10,000 more calls than 2012. Over 73% of callers were African American or Hispanic (>73%) and more than half of callers were uninsured. Knowing that nicotine replacement therapy, such as the patch or gum, make quit attempts more successful, the Quitline also provided access to a starter kit of therapy for uninsured callers.
Reinforcing Policies through Public Awareness Campaigns

Healthy Chicago tobacco public awareness campaigns serve to educate residents about the health risks of smoking and how, in some cases, they are intentionally targeted by marketing efforts. They also serve to help to garner support for legislative initiatives to prevent and control tobacco use. In 2013, CDPH launched two mass media campaigns. Take Pride, Leave Cigarettes was designed to reach LGBT women of color, a group known to be most resistant to cessation efforts. The second campaign, Burned, is the first known public health campaign targeted to menthol users.

Chicago’s Leadership Recognized

The City’s tobacco control efforts have benefited from the leadership at the very top—Mayor Emanuel. In December, the African American Tobacco Leadership Council honored the Mayor with its Visionary Elected Leader Award for his efforts to curb the use of flavored tobacco products and e-cigarettes among Chicago’s youth.
OBESITY PREVENTION

Citywide Food Plan Adopted

In January 2013, The Chicago Planning Commission adopted a formal plan to make neighborhoods healthier places to live by improving access to healthier foods. A Recipe for Healthy Places presents six community-based planning strategies to support healthy eating and now serves as an official roadmap for city planning and policymaking. Under development since the summer of 2011, the plan was coordinated by the Chicago Departments of Housing and Economic Development, Public Health, and Family Support Services, with support from the Consortium to Lower Obesity in Chicago Children.

Healthy Vending Efforts Expand

The installation of healthy vending machines began at all City-owned and occupied buildings in February 2013. Unlike the prior machines, 75% of cold beverages options must contain 25 calories or less per eight ounces; all hot beverages must contain 25 calories or less; all beverage selections (except water and seltzer) are limited to 12 ounces; at least 75% of food options must contain 250 calories or less, at least five food options in each machine must contain 250 mg or less of sodium per serving, and at least one food item in a machine must be both gluten- and nut-free. Building on this initiative, the Chicago Healthy Vending Challenge was launched in March 2013. The challenge called on Chicago’s businesses and organizations to follow the City’s lead in providing healthy choices in food and beverage vending machines. Early commitments to take the challenge came from a number of critical partners including the YMCA, Blue Cross Blue Shield, Vanguard Hospitals and Lurie Children’s Hospitals.

The City’s transition to healthy vending machines follows similar efforts by the Chicago Public Schools and Chicago Park District. Following its 2011 conversion to healthy snack vending machines, in November 2013, the Chicago Park District converted its beverage vending machines to offer only low or no-calorie options.

Nutrition and Physical Education Improvement in Schools

Building on numerous successes in 2012, CPS continued its efforts to combat overweight and obesity among students through 2013. Under its Healthy CPS grant, the Chicago Public Schools committed to strengthening physical education through curriculum development, technical assistance, and stronger leadership. Launched in February 2013, the physical education (PE) Scope and Sequence serves as a curriculum roadmap for PreK-12 physical education. It also serves as a guide that illustrates the range of topics and skills to be taught and in what sequence. The Scope and Sequence can be modified to meet the needs of each CPS school, including issues with facilities, equipment, student body, and personnel.

CPS’s efforts were bolstered in October when the U.S. Department of Education awarded the District a competitive $2.25 million grant (over a three-year period) under the Carol M. White Physical Education Program. Funds will help support the District’s efforts to expand physical education and professional development for PE teachers and strengthen health and nutrition education programming. CPS will use these resources to institutionalize several changes already
underway, including: (a) implementing the 30+20+10 program (30 minutes of daily PE, 20 minutes of daily recess and 10 minutes of classroom physical activity breaks) at 100 elementary schools; (b) launch four years of daily PE at all high schools; (c) provide on-site coaching to PE teachers; (d) build technological infrastructure to collect and assess student fitness levels; and (e) coordinate and strengthen health education throughout the District with a focus on integrating nutrition education throughout the school day and the school building. During the 2013-2014 school year, these efforts will be piloted in five high schools and 27 elementary schools.

And as of December 2013, 119 CPS schools had been certified as Healthy Schools through the USDA’s Healthier US School Challenge. The challenge is a voluntary certification initiative established in 2004 to recognize those schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity.

Other CPS accomplishments included: (a) trainings on effective recess practices to increase physical activity; (b) the identification of 25 schools to participate in a comprehensive nutrition education pilot; (c) audits of 101 school gardens and the launch of pilots of two schools for the Eat What You Grow School Garden Program which served over 300 pounds of produce to students and (d) the recruitment of 10 elementary schools to participate in a project to increase access to water.

Expansion of Urban Farms

The City of Chicago moved to expand its growing network of urban farms when it announced a partnership with Growing Power, to launch a new “Farmers for Chicago” program designed to provide land and training for urban residents interested in getting into the agricultural business. The city will initially make available up to 5 acres of city-owned vacant lots that will be offered to local nonprofits, which will team up with Growing Power to train local farmers and help them install needed equipment. About 15 acres overall operate as farms or are about to break ground, including a Growing Home farm on Wood Street that reportedly grew and sold more than 13,000 pounds of organic produce, earning $45,000. The city has provided about $750,000 annually in recent years for related programs, including urban beekeeping and distribution of fresh foods in neighborhoods without many grocery stores.

More Opportunities for Biking

With an initial 700 bicycles and 65 docking stations, Chicago launched its bike share system, Divvy, on June 28, 2013. Managed by the City’s Department of Transportation, the program is designed to provide residents and visitors a transportation alternative for short trips. Divvy leverages Chicago’s public transit system to help commuters complete the first or last few miles of their trip. By December, the system had expanded to a fleet of 2,035 bikes and 300 docking stations, with another 100 stations planned for 2014. Since the Divvy launch, 763,790 trips have been take and over 1.7 million miles travelled. Annual memberships were sold to 12,133 persons, and another 131,984 24-hour passes were sold.

Largest Scale Study of Childhood Obesity in Chicago

The Chicago Public Schools and CDPH released a February 2013 report, Overweight and Obesity in CPS Students. The largest scale study of childhood obesity in Chicago, the report used 59,794 de-identified student physical exam records of
students enroll in kindergarten, sixth and ninth grade in the 2010-2011 school year. The analysis found that the overall prevalence of obesity for the three grades was 25%, with the highest prevalence found among sixth graders (29%) and ninth graders (25%). Prevalence of 20% among the Kindergarten cohort shows a continuing downward trend from prior estimates. A subsequent analysis considering data from the 2011-2012 school year found prevalence among kindergarteners had decreased to 19.1%.

Produce Carts (and Jobs) Continue to Expand

In the first year of Healthy Chicago implementation, ordinances were amended to support the launch of the NeighborCarts initiative—an entrepreneurial effort to bring produce to low food access communities and job opportunities to the unemployed. In 2013, the program continued to grow with a total of 15 carts in operation, with another 15 anticipated in 2014. Through the fall of 2013, 15-20 vendors worked through transitional opportunities on the carts. More than 40 residents were also trained in retail sales. A partnership between the program sponsor, Neighbor Capital, and Streetwise ensures that those most in need of jobs are engaged in changing the map of food deserts in Chicago.

Playstreets Reaches More People

Following a successful inaugural year, Blue Cross and Blue Shield of Illinois continued their support of PlayStreets in 2013. Introduced in 2012, PlayStreets brings together CDPH, Active Transportation Alliance, LISC-Chicago, World Sport Chicago, and community partners to provide children and adults safe, supervised outdoor spaces for structured and unstructured play and physical activity. In 2013, the 61 PlayStreets events reached more than twice as many participants (13,173) than in the prior year. Welcome additions to 2013 PlayStreets was Catholic Charities’ Mobile Meals and Summer Snacks program, offering healthy snacks, and the involvement of the Chicago Children’s Museum mobile museum programming. In total, more than 100 unique groups (block clubs, advisory councils, city agencies, and community based organizations) helped make the 2013 PlayStreets events successful.
Complete Streets Guidelines Puts Pedestrians First

On April 13, the Chicago Department of Transportation (CDOT) unveiled newly developed Complete Streets design guidelines to insure that Chicago’s roadways are designed and built in a balanced way to improve safety for all users. Chicago is among the first cities in the nation to decisively place pedestrians first, while also providing safe access for bicyclists, transit users, trucks and automobiles. The Complete Streets Chicago: Design Guidelines incorporate best practices from around the world and reevaluates how Chicago designs, builds and maintains its streets with a primary emphasis on walking, bicycling and public transit. It also has been developed in tandem with its sister publication, Sustainable Urban Infrastructure Guidelines and Policies, which provides guidance on creating streets that are intended to be more efficient, more economical, and mitigate some of the effects of climate change.

Million Hearts Campaign

In February 2013, CDPH and AT&T teamed up to launch a new citywide heart disease prevention campaign that promotes heart health through the use of wireless technology, social media and viral marketing. The focal point for the campaign is “Heart Health Mobile,” the winning mobile app of the Million Hearts Risk Check Challenge that allows smartphone and tablet users to assess their risk for heart disease, including risk of a heart attack or stroke, and monitor their progress towards heart health goals. The app can be downloaded at http://www.hearthealthmobile.com.

Keeping Hearts Healthy

Keep Your Heart Healthy, an innovative public private partnership designed to identify Chicago residents most at risk for developing heart disease and work with those individuals to empower them to make life changes, reducing their risk moving forward. The initiative is a collaboration between CDPH, Northwestern University, the Greater Humboldt Park Community Diabetes Empowerment Center, and Family Focus and is funded by a generous grant from the GE Foundation. Launched in February 2013, by year’s end 1,128 screenings for heart disease and stroke had been conducted.

Healthier Eating at Midway Airport

In early July, health administrators, city officials, and restaurant owners gathered at Midway Airport to celebrate a new partnership aimed at improving healthy food options for travelers. For the more than nine million passengers that fly through Midway Airport every year, fresh, innovative, and tasty or “F.I.T.” menu options are now available at 12 F.I.T. City-designated restaurants. A public health initiative sponsored by Building a Healthier Chicago (BHC), F.I.T. City ensures that all participating restaurants achieve its five criteria. Some of these standards include: a minimum of two menu items whose grain component contains whole grain as the first ingredient; no menu items with artificial trans fat, and non-deep fried fruit or vegetable is offered as an option for all meals that include French fries or chips.
Dearborn Street, before and after bike lanes
HIV PREVENTION

Principal Notification Law Repealed

Following Chicago’s lead, on May 23rd, the Illinois General Assembly voted to repeal Section 2a of the Communicable Disease Prevention Act that required health departments to reveal the identity of students who test positive for HIV to their principal. In addition to relieving health departments of the burden to disclose to school districts, the repeal means that principals no longer have the authority to share the names of students who have tested positive for HIV with other school personnel. In a February 2013 letter urging the General Assembly to take action, the Chicago Board of Health noted that due to increased knowledge of HIV since the law’s passage 25 years ago, there were no legitimate reasons for keeping the law on the books.

Supporting a Continuum of Services

A primary function of CDPH is to support and maintain a continuum of services for persons at risk for acquiring HIV and for those who are living with the disease. Working with the Chicago Area HIV Integrated Services Council (CAHISC) to establish priorities, in 2013 CDPH used local and federal resources to allocate $36 million in grants to a network of over 70 agencies. Funded activities included HIV counseling and testing, other prevention services, housing assistance, and a range of medical and support services to persons living with HIV.

Increasing Condom Availability

In 2013, CDPH distributed over nine million condoms at 476 locations, 204 of which were added that year. Distribution locations range from service sites of more traditional HIV service providers to barber shops. These partnerships have not only increased access to condoms in high need communities, but have also served to increase awareness of the benefits of condoms and normalize condom use.

New Surveillance Report Highlights Progress and Challenges

A new HIV surveillance report was developed in late 2013 and released in January 2014. The report reveals that over the past decade, reported HIV and AIDS cases have decreased by 46% and 43% respectively. Chicago youth are the only population group which continue to see a rise in new HIV infections. Recent linkage to care efforts by CDPH and partner and paying off as 84% of persons diagnosed with HIV in 2010 were linked to medical care within three months. However, work remains as less than half of all people living with HIV are taking HIV medications or are virally suppressed.

Remaining Relevant and Other Trainings

In collaboration with HealthHIV, CDPH hosted the Remaining Relevant in the New Reality training in 2013. Nearly 75 leaders and decision makers from more than 40 different agencies in the Chicago metro area attended the training. The two-day Remaining Relevant training is designed to maintain and enhance the viability of community-based and AIDS service
organization in the new HIV health care landscape. A team of expert consultants—with backgrounds in health policy, quality management, HIV payment systems, HIV clinic fiscal solvency, program planning, and strategic partnership development—provided training participants with tools and resources to transform their organizations. Participants received step-by-step guidance to develop health reform readiness plans and marketing plans to health insurers, assess and/or compute costs of program services, and develop strategic partnerships. Chicago participants engaged in discussions around a variety of timely issues including (a) the impact of health care reform and new national strategies impacting the health care service delivery landscape, (b) HIV and primary care workforce challenges, the changing role of community agencies in expanded health care service delivery, and techniques to support business planning and strategy development.

Additionally, CDPH provided in-person and online training and workshops to 2,466 people. Core trainings offered included HIV Prevention Counseling and Partner Services, ARTAS - Linkage to Care, Motivational Interviewing (MI) for HIV Positive People, Couples HIV Testing and Counseling, Outreach, Comprehensive Risk Counseling and Services (CRCS), American Red Cross HIV Education and Prevention, STI, Hepatitis, Tuberculosis, Community Promise, and Assuring the Quality of HIV Prevention Counseling and Treatment as Prevention Medical Updates.

**Bridge Worker Program Piloted**

The National HIV/AIDS Strategy places a strong emphasis on HIV treatment as a means for prevention. Many of the national goals focus on engagement that, when sustained, will lead to viral suppression and ultimately reduce HIV transmission. In Chicago, 2013 work focused on engaging the estimated 40% of people living with HIV who are not in care or have fallen out of care. Specially trained disease intervention specialists, known as Bridge Workers, seek out those out of care individuals and attempt re-engagement into care. A small pilot of this program was conducted with patients that had previously received HIV care services at two CDPH HIV Primary Care Clinics, located in Englewood and Uptown. Using HIV surveillance CD4/Viral Load data along with medical record appointment data, 85 out of care individuals were identified. Multiple attempts were made to reach the clients and for 35% of them, some form of contact was made. Of those contacted, 60% (17) were linked to care by the bridge worker or reported being in care. The pilot project helped identify key activities that will be used to develop the citywide initiative of re-engagement in care to be implemented in the Spring of 2014.
Adolescent Health

Promoting Sexual Health through Policy Change

In February 2013, the Chicago Board of Education passed a new sexual health education policy that made CPS the largest urban U.S. school district with an established and comprehensive sexual health education curriculum specifically designed for every grade level, ensuring age-appropriate material and minimum instructional minutes for each grade across a broad scope of family and sexual health education topics. The policy has a three-year implementation plan, with year one focused on building capacity and teacher training. In year two, implementation will begin, and compliance will be addressed in year three. The expanded requirements, which include an “opt-out” provision for parents who do not want their child to participate in the program, will affect the approximately 400,000 students who comprise the third largest public school system in the country. Consistent with the new policy, 555 CPS teachers were trained to deliver sexual health education in the 2013-2014 school year.

Following the City’s lead, on May 22, 2013, the Illinois General Assembly passed House Bill 2675, a bill that amends the state’s Comprehensive Health Education Act (105 ILCS 110/). Enactment of this legislation requires that medically accurate, developmentally and age-appropriate curricula be implemented in schools that choose to teach sex education. The benefits of abstinence are emphasized but contraception to prevent pregnancy and sexually transmitted diseases are included. The amendment also strikes previous language that privileged monogamous heterosexual marriage.

In June 2013, the Illinois Department of Public Health amended the State administrative code pertaining to the treatment of minors for sexually transmitted infections (Section 693.130). The amendment allows minors age 12 and older to consent to vaccinations for HPV. Prior to the amendment, minors age 12 and over were already able to consent to STI treatment. This change came in response to input provided by CDPH and other stakeholders in the Fall of 2012.

Continued Efforts to Prevent Teen Pregnancy

In May, CDPH launched Unexpected, its cutting-edge 2013 teen pregnancy prevention campaign that garnered extraordinary attention-grabbing images to spark conversations among adolescents and adults on the issue of teen pregnancy and to make the case that parenthood is more than just a girl’s responsibility. The ads were displayed on CTA buses, trains, platforms and bus shelters. The Unexpected teen pregnancy prevention campaign earned media in nearly every local and national news outlet and made headlines worldwide.

In 2013, partnerships to prevent teenage pregnancy continued. As reported in the 2012 Healthy Chicago Annual Report, the Teen Pregnancy Prevention Initiative is jointly administered by CPS, the lead grantee, and CDPH and focuses on...
improving Chicago youth’s life skills, healthy behaviors, and community engagement to reduce teen pregnancies. Last year, year three of the grant, CPS implemented the Teen Outreach Program (TOP), a positive youth development program, involving more than 7,500 students in 44 public high schools. More than 3,000 students organized into service learning clubs and completed more than 60,000 hours of community service in addition to the TOP curriculum. More than 200 TOP students went on to complete summer training to become Peer Health Ambassadors.

During the first year of Healthy Chicago implementation, the number of high schools participating in the School-Based Sexually Transmitted Infections Program increased from 12 to 28. In collaboration with CPS, CDPH was able to expand the program in the 2012-2013 school year to 42 schools. More than 11,000 students received STI educational information, 6,915 opted to be tested for disease. Of these students, 545 tested positive for chlamydia, 137 were positive for gonorrhea, and 65 tested positive for both infections.

**Action Plan for Healthy Adolescents**

In 2013, CDPH convened its Adolescent Health Access Committee, a group of more than 50 health, policy, and education experts that finalized Chicago’s Action Plan for Healthy Adolescents. Aligned with both the Healthy Chicago agenda and Healthy CPS Action Plan. The plan identifies more the 60 strategies to improve adolescent health in Chicago in areas including nutrition and physical activity, behavioral health, sexual and reproductive health, disease prevention, and access to care

**New Health Website for Teens**

In collaboration with CPS and other stakeholders, CDPH launched a new website 2013 devoted exclusively to adolescents and the adults who care about them. BeYouBeHealthy.org features youth friendly information about health, sex, reproduction and relationships, a blog written by and for students, and a data repository designed to help parents, researchers, and policy makers visualize empirical trends in adolescent health. The site design and content is updated on a monthly basis and incorporates feedback from students, parents, teachers, clinicians, and community partners. In partnership with Mikva Challenge, CDPH launched BeYouMedia.org in 2013, which is a companion health blog written by students for students.

More Schools Participating in STI Initiative

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Expanding Mammography on City’s South Side

In 2013, the City worked to expand mammography services in communities that have the highest rates of premature breast cancer deaths. In November, CDPH awarded funding of $200,000 to Roseland Community Hospital. In addition to maintaining funding for the City’s existing mammography screening clinics, including the clinic in Roseland, this new investment in Roseland Community Hospital to expand mammography services will allow nearly 5,000 women in total to be served through the City’s mammography program—a nearly 40 percent increase in the total number of women currently receiving services through CDPH’s breast health program.

Engaging Communities

The Beyond Pink Chicago Community Advisory Group continued to meet in 2013, providing ongoing support to CDPH’s breast cancer disparities initiative. In July, group members participated in media training. Through the training, group members learned how to engage an audience through storytelling, with the goal of supporting women in obtaining screening. CDPH then worked to provide members with opportunities to tell their stories through local media.

In June, the Southside Cancer Disparities Initiative, a partnership of University of Chicago Comprehensive Cancer Center and Chicago State University, held a Community Town Hall, “The Emancipation of Health Disparities: A Juneteenth Conversation”, at Chicago State University. The purpose of the Town Hall was to illicit feedback from the community on the content of Chicago State’s new cancer disparities curriculum. The Chicago Department of Public Health and University of Chicago Urban Health Initiative participated in panel discussions. Approximately 150 people attended.

Ensuring Screening for Uninsured, Underinsured and Publicly-Insured Women

In response to a crisis in funding for uninsured women’s mammograms, the Metropolitan Chicago Breast Cancer Task Force (Task Force) developed Beyond October, an initiative to promote breast cancer screening beyond Breast Cancer Awareness month and to encourage women to get screened year round. In 2013, the Task Force secured over 1,315 free screening mammograms and additional diagnostic mammograms from over a dozen generous area hospitals.

In June, Sinai Health System and Sinai Urban Health Institute were awarded $250,000 from the Avon Foundation for another year of the Helping Her Live program. The funding is used to recruit, educate, empower and navigate uninsured and underinsured women in North Lawndale, Humboldt Park, East and West Garfield Park and Austin through the mammography process. Community Health Educators (Navigators) work with women and healthcare facilities to obtain annual screenings, eliminate delays in obtaining test results, and ensure appropriate follow-up.

Screen to Live (STL) is a community-based outreach, education and navigation program serving Englewood and West Englewood, and poised for expansion to Roseland and Chatham in 2014. The program, which is a collaboration of the Metropolitan Chicago Breast Cancer Task Force and the
Chicago Department of Public Health, targets uninsured, underinsured, and publicly-insured African American women aged 40 and over, and facilitates access to the full continuum of breast health services. In 2013, STL educated women through grassroots breast cancer events, navigated women to free, high quality screening and follow-through with quality diagnostics and care as needed. Since the summer of 2012, STL educated 4000 women and navigated 255 women through completed mammograms.

**Statewide Mammography Quality Improvement**

In 2013, the Metropolitan Chicago Breast Cancer Task Force also launched the nation’s first statewide mammography quality surveillance program within the state Medicaid program. Close to 80% by Medicaid volume of mammography facilities have signed up to participate. The project is a critical component in the effort to lower breast cancer disparities and improve survival rates for all women.

In December 2013, the Task Force published their first peer-reviewed paper on mammography quality in the American Journal of Roentgenology. This paper reviewed mammography quality data that the Task Force had collected in recent years and showed that many mammography providers across Metropolitan Chicago cannot show that they meet many mammography quality benchmarks. The paper is a wake-up call for the nation about the need to do a better job measuring quality of mammography, and will inform efforts to do the hard work of putting quality improvement efforts into place.

**Moving Forward**

Because poor diet, lack of physical activity and obesity contribute to breast cancer progression, in 2013 the University of Illinois at Chicago’s Institute for Health Research and Policy partnered with the Chicago Park District to implement its Moving Forward community-based weight loss program to improve breast cancer survival rates. The goal of the weight loss intervention is to address health behavior change at an individual level while acknowledging the importance of culture, family lifestyles, community traditions and social support. Women in the program will receive a free 12-month membership to a participating park district location where they will attend twice weekly exercise and educational sessions. Participants in the control group will learn about general health topics. At the end of the program, all participants will receive a 12-month free membership to the Chicago Park District. Eligible program participants include African American breast cancer survivors who have completed treatment at least six months ago, are overweight, are physically able to participate in moderate physical activity and are not currently in a structured weight loss program may be eligible to participate in the study.
Enroll Chicago!

In July 2013, CDPH and Healthy Chicago partner Health & Disabilities Advocates released a profile of the city’s uninsured residents. The profile documented and mapped just over 500,000 uninsured Chicagoans and considered characteristics that could inform outreach and insurance enrollment efforts including income level, race/ethnicity, disability status, and HIV status.

In October 2013, as enrollment began nationwide, the City launched Enroll Chicago! an initiative designed to maximize the capacity of City agencies to support insurance enrollment efforts through partnerships with community-based, larger private organizations, and the State of Illinois. Ten City agencies and sister agencies have come together to provide education and enrollment services to their clients. Over 100 Chicago Public Library adult service librarians were trained by Health and Disabilities Advocates to respond to inquiries by the general public and make referrals to enrollment agencies. Through December, 66 educational events had been held by partners at 32 library branches, with many more sessions scheduled for 2014.

Onsite enrollment is being provided by partners at 11 Department of Family & Support Services community and senior service centers, at two CDPH HIV clinics, and at 11 Chicago Housing Authority locations. And the Chicago Department of Cultural Affairs and Special Event held a highly successful enrollment event for uninsured artists in December, with support from CDPH, Get Covered Illinois, Enroll America, and several other partners. Get Covered Illinois navigators and Enroll America also provided enrollment support at seven CDPH flu-clinics in the fall. Partnerships established with the Mayor’s Office for People with Disabilities, the Chicago Police Department’s CAPS program, the Department of Aviation, Chicago City Colleges, and the Department of Business Affairs and Consumer Protection have led to planned activities beginning in early 2014.

While insurance enrollment efforts under the Affordable Care Act (ACA) are primarily focused on adults, Enroll Chicago is also committed to increasing Medicaid coverage for children whose eligibility, in many cases, pre-dates passage of the ACA. In 2013, with City funding and a generous grant from Atlantic Philanthropies, CDPH awarded a competitive grant of $1.5 million over two to LISC-Chicago to support Medicaid enrollment for uninsured children. Beginning in February, 2014, LISC-Chicago will work with four community based partners and begin enrollment activities.

The Enroll Chicago! team also focused on supporting the Cook County Health & Hospitals System (CCHHS) CountyCare initiative, a Medicaid expansion program for adults and early roll-out of the Affordable Care Act (ACA) in Cook County. Between February and December, a total of 65,000 adults were enrolled in CountyCare and 127,000 applications were initiated. Seventy percent of enrollees are from Chicago.

Engaging Small Businesses

In 2013, the Michael Reese Health Trust committed just over $300,000 for Health & Disabilities Advocates, The Campaign for Better Healthcare, and the Small Business Majority to work with CDPH to develop and implement a strategy for reaching small businesses and advancing their insurance enrollment.
efforts. Planning began in the fall and the implementation phase of the Enroll Chicago Small Business Initiative is expected to launch in early 2014.

Expanded Student Health Services

During the 2011-2012 school year, 200,000 CPS students were provided with vision screenings; 30,000 students failed. Due to lack of access, information and/or resources, most of those 30,000 received neither a follow-up vision exam nor received glasses. In collaboration with CPS, CDPH launched a $1.4 million program to provide free follow-up optometry exams and eyeglasses as needed. In 2013, expanded services were provided at 225 schools; 13,968 comprehensive follow-up exams were provided and 8,327 pairs of glasses were provided to students at no cost. In 2014, the City’s investment in this program increased to $2 million.

During the 2012-2013 school year, CDPH contracted with local dentists who provided services to 121,479 elementary and middle school students, a 7% increase from the prior school year. Serving 595 schools, the dentists placed 356,736 sealants on these children’s teeth to prevent them from decay. This represents an 18% increase in both the numbers of schools served and the number of sealants placed. In August, 2013, oral health services were expanded to include CPS high schools, making the program available to all CPS students.

Other CPS activities to increase access to care for students in the 2012-2013 school year included school-wide diabetes, food allergies and asthma trainings to nurses and school staff, and the training of over 400 Diabetes Delegated Care Aides (DCA’s), and the approval of 130 DCA’s to support students last year.

Mental Health Reforms Working

During the first year of Healthy Chicago implementation, CDPH actively engaged in transforming its mental health service delivery system and strengthening citywide efforts. In 2012, CDPH’s 12 mental health centers were consolidated to six sites to improve the delivery of City services. As of August 2013, CDPH clinics had 2,440 active clients and has maintained the capacity to serve 4,000 residents annually. Additionally, CDPH made its second $500,000 investment in psychiatry services that resulted in more than 5,000 psychiatric visits being delivered by eight community partners in the first three quarters of 2013. Another $500,000 was committed for this purpose in 2014.

With an increased focus on partnerships, in 2013, HRDI assumed service delivery at the City’s former Auburn Gresham location and Thresholds began offering mental health services at the former Woodlawn center. Additionally,
in September, a $4 million investment was made by the Illinois Children's Healthcare Foundation (ILCHF) to increase access to mental health services for children through the Healthy Minds, Healthy Children, Healthy Chicago initiative. ILCHF awarded $2 million each to Erie Family Health Center, in partnership with Community Counseling Centers of Chicago (C4), and Metropolitan Family Services, in partnership with University of Illinois Hospital & Health Sciences System Mile Square Health Center. Funding over a five-year period will support the creation of a sustainable system of integrated primary and mental health services in the greater Englewood and Humboldt Park areas.

**Continued Improvements in Primary Care**

In July 2012, CDPH transitioned its primary care operations and services to seven federally qualified health centers (FQHCs), all of whom are delivering services at original CDPH locations. With 71,000 patient visits during 2013, FQHC partners have increased access and services to Chicagoans in need. Indeed, patient access increased by 33% in 2013. Many of the FQHC partners have expanded services available on-site, with a special focus on prevention. Examples of these services include podiatry and weight management and urgent care. Patients also now have access to extended evening and weekend hours and a direct link to the CountyCare network. Additionally, a number of FQHCs are connected with local academic centers including Mile Square Health Center, an affiliate of the University of Illinois, and Erie Family Health Center, an affiliate of Northwestern University. As such patients at these sites can be referred quickly and easily to nationally recognized hospitals. Importantly, CDPH has maintained its public health service presence in their original locations.
HEALTHY MOTHERS AND BABIES

Towards Baby-Friendly Hospitals

In 2013, Rush University Medical Center began the process to become a baby-friendly hospital. The Baby-Friendly Hospital Initiative (BFHI) was created in 1991 by the World Health Organization and UNICEF to foster maternity care practices that promote and support breastfeeding, which has many health benefits. Through the CDC’s Healthy Places obesity prevention project, CDPH and the Consortium to Lower Obesity in Chicago Children (CLOCC) worked with HealthConnect One and the Illinois Chapter of the American Academy of Pediatrics to assist Chicago maternity hospitals in improving their support and promotion of breastfeeding through implementation of the BFHI. Fifteen Chicago hospitals are in the process of implementing the ten steps to become baby-friendly.

Further bolstering breastfeeding promotion efforts was the Hospital Infant Feeding Act, which was passed by the Illinois General Assembly in 2012 and took effect in 2013. Under this Act, all Illinois maternity and delivery hospitals are now required to have an infant feeding policy that promotes breastfeeding. All applicable hospitals also must routinely communicate the infant feeding policy to staff in the hospital’s obstetric and neonatal areas and post the hospital’s policy electronically. A Hospital Breastfeeding Toolkit was developed to help guide all Illinois maternity hospitals through the process of implementing a breastfeeding quality improvement initiative. The toolkit reflects lessons learned, identifies challenges and illustrates strategies discovered during the implementation of federally-supported efforts in Chicago and Cook County under the Communities Putting Prevention to Work grant program. The Toolkit can be found at http://www.ilbreastfeedingblueprint.org.

Free Car Seats for New Mothers

In 2013, Chicagoans continued to benefit from a partnership between CDPH and Lurie Children’s Hospital. Through their Injury Prevention and Research Center, Lurie’s provided car seat safety instruction and car seats to more than sixty families enrolled in CDPH’s Women and Children’s Health (WCH) Programs. The Injury and Prevention Center also conducted several child safety sessions for WCH program participants. In addition, more than 1000 safety bags have been provided for families to support safe home environments.

Preparing to Screen for Fetal Alcohol Spectrum Disorders

In 2013, Healthy Chicago partners, including CDPH’s WIC program staff, participated in specialized training designed to reduce fetal alcohol spectrum disorders by increasing the number of pregnant WIC clients that abstain from alcohol consumption. The training prepared staff to deliver a brief alcohol intervention using A Step to a Healthier Baby Workbook. The brief intervention is delivered providing clients with feedback aimed at increasing awareness of the negative consequences of drinking, advice focused on identifying risky situation and action aimed at reducing consumption, and assistance with formulating drinking reduction goals. These efforts are part of the Illinois Department of Human Services’ plans to integrate alcohol screening through an empirically
validated brief intervention initiative. The program will begin in Chicago and across the state in 2014.

**WIC & Public Health Nurse Services**

In 2013, CDPH provided nearly 115,000 visits to women, infants and children enrolled in the Department’s WIC Supplemental Food and Nutrition Program. The WIC program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. CDPH public health nurses provided 14,121 home nursing visits to pregnant women and new mothers. Nurses are utilizing preconception and inter-conceptional care standards for these visits to educate clients on the most current information on their pregnancy and well-baby care.

**Developing a Care Coordination Model**

CDPH’s Women and Children’s Health (WCH) Division utilizes a care coordination model to identify a client’s health needs and coordinating services to meet those needs. A main component of the model is the integration of the WCH nursing, support, and nutritional services. In 2013, 95% of the clients that qualified were enrolled in WCH nursing and nutritional services. Collaboration with other CDPH programs and other community partners such as FQHC’s are key components of the model, enabling clients to receive primary care and other wrap-around service such as mental health and housing services.
COMMUNICABLE DISEASE CONTROL AND PREVENTION

Promoting Disease Control through Social Media

In April, CDPH and the Smart Chicago Collaborative teamed up to create a more savvy and innovative way for Chicagoans to stay safe and healthy by developing Foodborne Chicago, a web app that identifies Tweets related to possible cases of food poisoning in Chicago. The Twitter user who first makes the public comment is connected to the app’s online form where they can initiate a formal complaint using the City’s Open311 system, triggering CDPH’s team to conduct an investigation. As of August 2013, the effort had prompted 33 restaurant inspections. CDPH is now partnering with the Civic Consulting Alliance, AllState, and the City’s Department of Innovation and Technology to develop a model by which the establishments most likely to fail inspection can be predicted. This will enable CDPH to utilize public health resources more effectively and protect the public’s health. FoodBorne Chicago is now live at http://foodbornechicago.org and on Twitter at @FoodBorneChi.

Working with a volunteer from Smart Chicago Collaborative, CDPH developed a flu shot finder which quickly served as the flagship application for helping Chicagoans quickly and easily find locations near them where flu shots were being dispensed. Soon after being developed, this application was replicated and implemented in Boston, Philadelphia, and San Francisco, using local data.

In January 2013, CDPH turned to Twitter to get the word out that it was not too late to get a the flu vaccine. CDPH’s Immunization Medical Director led a Twitter Chat which reached nearly 178,000. She fielded questions from several followers, including the Mayor who asked for “advice for people who shake a ton of hands.”

Strides in Tuberculosis Control

As reported in the first Healthy Chicago annual report, in 2012, CDPH transferred responsibility for clinical TB care to the Cook County Health and Hospital Systems, while retaining its focus on core public health functions of disease surveillance and TB case contact investigations. In 2013, CDPH further strengthened its efforts by consolidating Tuberculosis field staff to streamline communications and create synergies between nurse case management and field operations—including directly observed therapy. In 2013, provisional reports reveal there were 136 TB cases reported in Chicago, the lowest number of cases ever reported.

Carbapenem-resistant Enterobacteriaceae Task Force

In May, 2013, CDPH convened Chicago area experts in an effort to establish a multidisciplinary regional approach to detection and response to the emerging threat of Carbapenem-resistant Enterobacteriaceae (CRE). CRE are a family of bacteria that are difficult to treat because of high levels of resistance to antibiotics. The CRE Task Force aims to improve capacity for CRE laboratory detection, improve
inter-facility communication and offer guidance to prevent and control CRE in health care settings. In 2014, the Task Force will expand to address statewide capabilities as part of the Illinois Detect and Protect initiative.

Preparing for Communicable Disease Emergencies

In June 2013, CDPH organized a Disaster Epidemiology Training, which was attended by staff from other CDPH programs and other regional health departments. The workshop goal was to build capacity for conducting disaster surveillance and the Community Assessment for Public Health Emergency Response (CASPER). Speakers from the Centers for Disease Control and Prevention (CDC) and Texas Department of Public Health provided the workshop for approximately 35 local and regional partners to gain information, provide input, and consolidate planning on critical disaster epidemiology activities. Topics covered included CASPER, morbidity/mortality surveillance, responding to a radiation emergency and disaster surveillance.

National Recognition for Healthy Chicago Partners

On May 15, 2013, the CDPH Immunization Program received the “Immunization Coalitions/Public Health/Community Campaign Award” at the National Adult and Influenza Immunization Summit on behalf of the Vaccinate Chicago Week partners. Vaccinate Chicago Week partners implemented several community-based interventions with activities focused on increasing demand for influenza vaccines, reminding healthcare providers to keep administering influenza vaccines and enhancing access to influenza vaccination services. Healthy Chicago partners who participated in this December 2012 event included Walgreens, Blue Cross Blue Shield of Illinois, University of Chicago Hospitals, Chicago Area Immunization Campaign and the Illinois Chapter of the American Academy of Pediatrics. In 2013 this effort was expanded statewide and implemented as Vaccinate Illinois Week under CDPH’s leadership.

For the second year in a row, Chicago received the Centers for Disease Control award for city/county with the most improved estimated vaccination coverage for the vaccine series protecting against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and several other diseases. From 2007 to 2012, coverage levels among preschool aged children increased from 60.0% to 74.2%.
HEALTHY HOMES

Taking on Petroleum Coke

In 2013 there were several news reports about the petroleum coke storage piles on the southeast side of Chicago. Petroleum coke, or “petcoke,” is a solid carbon material that resembles coal. Facilities that store and handle this material are required to take measures to prevent the offsite dispersion of dust. To ensure that health of residents who live near these facilities, CDPH drafted regulations requiring large storage terminals in the city to fully enclose petroleum coke, coal and other bulk materials. The facilities will also be required to operate dust suppression equipment constantly, maintain air pollution monitors around the perimeter of the sites and take more aggressive steps to prevent runoff from washing into the river. The draft regulations were shared at a public hearing in mid-January 2014 and following a public comment period are expected to be finalized and issued by CDPH in the Spring.

Helping Children with Asthma

During the first year of Healthy Chicago CDPH and the University of Illinois Hospital & Health Sciences System (UIHHSS) partnered to develop a pilot program to address the use of emergency rooms by children with uncontrolled asthma. That model included visits to patients’ homes by CDPH’s Healthy Homes staff to help families identify and reduce asthma triggers. That effort will be a key component of a new $4 million federal grant awarded to the University in late 2013. Under the three-year grant by the Patient-Centered Outcomes Research Institute, UIHHSS will coordinate a multi-center trial to investigate treatments for uncontrolled asthma in minority children. The trial, called the Coordinated Healthcare Interventions for Childhood Asthma Gaps in Outcomes Trial, or CHICAGO Trial, could help thousands of children living with asthma in Chicago. In addition to the home visits, the effort will also provide emergency physicians with decision-support tools to help them follow established guidelines for prescribing oral and inhaled corticosteroids and faster-acting “rescue” medications, and provide patients and their parents or guardians with guidance on how to self-manage asthma and arrange for follow-up with a primary care provider. Other partners in the CHICAGO Trial include seven other universities and medical centers and five other organizations committed to respiratory health and wellness.

Lead-Safe Renovation Ordinance

On May 8th, Chicago City Council approved an amendment to the demolition and renovation ordinance (Chicago Municipal Code Chapter 11-4) that aims to protect public health and the environment by reducing the risk of exposure to dust and debris that may be contaminated with lead-based paint or asbestos-containing material. the U.S. EPA's Renovation, Repair and Painting (RRP) Rule, which has been in effect since 2010. By ensuring that projects permitted in the city are performed in compliance with the federal rule, this ordinance will help to limit exposure to lead hazards and prevent lead poisoning before it happens. The amendment also clarifies and strengthens notification procedures regarding demolition that contains asbestos, which will protect individuals who may come in contact with these materials.
More Opportunities for Safe Pharmaceutical Disposal

In September 2013, the pharmaceutical disposal drop box program, a partnership between CDPH and the Chicago Police Department, expanded to all Chicago police stations. The program allows residents to properly dispose of expired and unused prescription and over-the-counter drugs. Since the program was initiated in 2008, the drop boxes were located in just five police stations across the city.

Available 24-hours a day year-round, Chicago’s pharmaceutical disposal program offers residents a convenient and environmentally friendly alternative to flushing medicines into the wastewater stream or placing them in municipal landfills. The main goals of the program are to help avoid unintended use, reduce or prevent recreational pharmaceutical use and to keep contaminants out of Chicago’s public waterways. By using the police facilities as a drop-off location, controlled substances can be deposited safely and destroyed under the observation of sworn law enforcement officials.

Tackling Bed Beds

Community agencies partnered with City departments and Aldermen Suarez, Osterman, and Silverstein in the development of an ordinance to control and prevent the spread of bed bugs. The ordinance, which passed City Council in June and took effect in December 2013, outlines both landlord and tenant responsibilities that will help in bed bug eradication.

The ordinance requires that landlords provide a brochure on bed bugs to tenants when signing a new or renewing an existing lease or other rental agreement. CDPH developed this brochure and made it available to landlords by posting it the department’s website. The ordinance also requires governing associations of condominium or cooperative buildings to prepare a pest management plan for the detection, inspection and treatment of bed bugs. In early 2014, CDPH will develop a sample plan that governing associations can use as a template.
VIOLENCE PREVENTION

Serving At-Risk Youth

In February 2013, the City announced an increase in funding for programs that serve at-risk CPS students, including jobs, life skill training, guidance, and safe alternatives to drugs, gangs and violence. The new funding was invested in Becoming A Man (B.A.M.) and Greencorps Chicago programs and allowed an additional 2,000 students to be served. B.A.M., a school-based counseling, mentoring, violence prevention and educational enrichment program, has been shown to reduce violent crime arrests, increase graduation rates, and reduce failing grades. Greencorps Chicago expanded a proven program to create 600 summer jobs, including training, for at-risk students attending 15 CPS high schools.

In addition, in 2013 One Summer Plus, an anti-violence program providing youth from low-income, high-crime neighborhoods with employment, therapy, and mentoring, allocated $1.7 million to 11 nonprofits. This City of Chicago and Cook County partnership supported over 3,000 youth aged 14 to 21 from 23 neighborhoods across Chicago. The University of Chicago Crime Lab completed a study demonstrating that among youth participating in the 2012 program, crime arrests were reduced by 51 percent.

Childhood Exposure to Violence (CEV) Awareness Week

CEV week, proclaimed April 15-19 by Mayor Rahm Emanuel, is designed to raise awareness and reduce the impact of childhood exposure to violence. The campaign theme, Every Person. Every Day, conveys the important role that everyone plays in CEV prevention. In 2013, activities were expanded, with the National Safe Start Center co-promoting the event. CEV week also had a broader media presence with the inclusion of Twitterchat, which reached 40,617 people. There were 314 Tweets, 41 participants, and 314,645 impressions in timelines during the chat. Events took place all week around Chicago, culminating in Community Spirit Awards, which honored local individuals and organizations for their efforts to prevent CEV.

Promoting Healthy Teen Dating

In 2013, the Chicago Dating Matters Initiative (CDMI) completed its first year of implementation. Funded through the CDC, CDMI aims to prevent dating violence and promote healthy relationships among youth in high-risk urban communities. During the 2012-2013 school year, CDMI was implemented in ten 8th grade classrooms in five schools in Police Districts 7 and 9 on Chicago’s south side. Using evidence-based and evidence-informed curricula, Between Friends conducted student and parent training. Thirteen Youth Brand Ambassadors, hosted a series of events to communicate positive messages, model positive behaviors and plan activities that reinforce Dating Matters™ messaging.

Teen dating violence was also the focus of state legislation with the passage of HB3379. Among other types of health education, the law states that teen dating violence must be included in grades 7-12. The legislation directs each local school board in Illinois to adopt a policy that prohibits teen dating violence; incorporate teen-dating violence into training for school employees and for students in grades 7-12; establish procedures for responding to teen dating violence.
incidents; identify school officials responsible for receiving reports related to teen dating violence; and notify students and parents of the teen dating violence policy. The law took effect on July 1, 2013.

**Addressing Violence through Policy and Legislation**

In January 2013, Mayor Rahm Emanuel announced the revitalization and decentralization of the Community Alternative Policing Strategy (CAPS) program to enhance prevention efforts within communities. Decentralizing CAPS resources allows community policing decisions to be made at the district level, tailoring programs to individual community needs. Under the new policy, every officer is being trained in community policing strategies, such as procedural justice and police legitimacy. Each police district has been assigned a CAPS Sergeant and two police officers, along with a community organizer and a shared youth services provider.

In July, the Chicago City Council passed a measure designed to ensure that Chicago's children and youth are safe throughout the school day, and as they travel to and from school. The ordinance created student safety zones---Safe Passage routes, areas within 1,000 feet of school buildings or nearby parks, and school buses. The ordinance increased penalties for persons convicted of carrying guns or dangerous weapons in these safety zones, which include fines and at a minimum, a mandatory 30-day jail sentence.

**Addressing Domestic Violence**

Every year in Chicago, the Chicago Police Department (CPD) answers approximately 200,000 domestic calls for service. These incidents result in 30 to 40 domestic violence homicides annually. In December, 2013, Mayor Emmanuel and the Cook County State's Attorney announced the creation of an inter-governmental task force to address domestic violence in the City of Chicago. Other members include the CPD and the City's Department of Family and Support Services. The task force will specifically focus on three goals: developing and implementing state-of-the-art training for Chicago Police Officers; developing a more proactive law enforcement response to high-risk domestic violence incidents; and increasing services for domestic violence victims and their families. The task force will build off the work of the Domestic Violence Coordinated Response Council, which has developed policy and practice in response to domestic violence in Chicago for years. In addition to these efforts, the Chicago Department of Family and Support Services supports operation of a citywide domestic violence helpline, linking callers to needed resources. In 2013, the helpline answer 24,723 calls for assistance.
PUBLIC HEALTH INFRASTRUCTURE

CDPH First Big City Health Department to Become Accredited

In August 2013, the Chicago Department of Public Health achieved national accreditation through the Public Health Accreditation Board (PHAB), becoming the largest local health department to attain this status nationwide and the first accredited health department in Illinois. The national accreditation program, jointly supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, sets standards against which the nation’s more than 3,000 governmental public health departments can continuously improve the quality of their services and performance. To receive accreditation, a health department must undergo a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets or exceeds a set of quality standards and measures.

App development and Predictive Analytics

In 2013, CDPH and Healthy Chicago partners collaborated to take advantage of the public health opportunities presented by recent advancements in technology. As noted in the Communicable Disease Control section, social media applications have been developed to facilitate identification of restaurant complaints and to locate places where flu shots can be obtained. In 2014, work has already begun on an app to identify condom distribution sites.

CDPH has also launched innovative predictive analytics pilots that are improving resource utilization and health outcomes, creating an opportunity for data to be actionable. In addition to the effort to predict food establishments likely to fail their inspections (described earlier in this report) CDPH is also working with various data sources to identify subsets of the population that are electricity dependent. We would use this information to help guide our emergency response efforts and resource allocation to these populations during large-scale disasters and emergencies. Additional efforts are focused on predicting the women most at risk for pre-term birth and poor outcomes, targeting our case management services to these women.

Chicago Partnership for Public Health Releases Plan, Changes Name

The Chicago Plan for Public Health System Improvement 2012-2016, completed by the Partnership for Healthy Chicago and the Chicago Department of Public Health, identified three priority areas to improve Chicago’s public health infrastructure: (a) forming new partnerships and strengthening current collaborations to improve coordination of public health efforts, with special focus on CDPH’s Healthy Chicago agenda; (b) collaboration among public health and non-traditional partners to expand efforts on social determinants of health; and (c) Partnership work to strengthen access to data.

The Partnership, originally established by CDPH in 1998, is responsible for developing Chicago’s State-required community health needs assessment and implementation plan and focuses its effort on strengthening Chicago’s public health
infrastructure. This work helped position CDPH to gain its public health accreditation.

**Healthy CPS Action Plan Released**

In February 2013, CPS and CDPH released the Healthy CPS Action Plan. Healthy CPS contains 60 detailed, district-wide strategies to improve the health of Chicago Public Health students. The plan builds on and aligns with the Healthy Chicago agenda by outlining specific goals for student health in areas including: tobacco use, obesity prevention, HIV prevention, adolescent health, access to care, communicable disease control, healthy moms and babies, and school health infrastructure.

**LGBT Health Advisory Council Established**

In early April 2013, 16 community leaders were appointed to the new Chicago Lesbian, Gay, Bisexual and Transgender (LGBT) Health Advisory Council. The Council is tasked with providing insight and input for City leaders determining policy affecting the health and well-being of Chicago’s LGBT population. Specifically, the Council will aid CDPH and other partners in implementing the city’s LGBT Health Action Plan, which was launched in 2012 and outlines 22 specific strategies to improve the overall health of Chicago’s LGBT community. The Council’s first official action, was to send a letter urging state lawmakers to vote in favor of the Religious Freedom and Marriage Fairness Act. In the letter, council members provided evidence of the relationship between equality under the law and better public health. After a failed first effort, the marriage equality bill was ultimately passed and signed into law in November 2013.

**Continued partnership with LISC-Chicago**

In 2012-2013, CDPH convened a series of eight roundtable discussions with neighborhood leaders in 2012-2013. During meetings in Chicago Lawn, Humboldt Park, Little Village, South Chicago, Englewood, Albany Park, Logan Square, and Washington Park, Commissioner Choucair and neighborhood leaders discussed how the City and community organizations can partner to improve access to mental health care, decrease infant mortality, prevent violence, and address unhealthy housing, among other issues. These events were in partnership with Local Initiatives Support Corporation (LISC)’s New Communities Program. A broad range of community organizations participated including Bickerdike, Holy Cross Hospital, Metropolitan Family Services, Claretian Associates, Cure Violence, Southwest Organizing Project, and Swedish Covenant Hospital. These dialogues are ongoing and CDPH continues to partner with LISC and the New Communities Program on multiple priority projects.

**Data, Data and More Data!**

In June 2013, CDPH posted over 20 datasets to the City of Chicago’s open data portal to make data easier to access. Among the data posted were environmental permits and demolition notifications, condom distribution sites and tuberculosis cases. In 2012, when the portal was first developed, 18 public health datasets were posted. These data were also made available on the Chicago Health Atlas website through a partnership with CDPH, the Chicago Community Trust, CHITREC at Northwestern University and the Smart Chicago Collaborative. The Chicago Health Atlas
uses the data from CDPH, U.S. Census, hospital discharges, and electronic health records from a few hospitals to create Chicago and community area profiles and maps to help people visualize data.

In January 2013, the Chicago City Council passed an ordinance granting the City’s Health Commissioner the authority to enter into agreements with public and private entities for the sharing and other use of public health-related data. The ordinance has increased CDPH’s ability to both receive and share data to inform public health interventions.

Preparing Chicago

In July, a public education campaign, Prepare Chicago, was launched with an integrated marketing mix of radio and TV public service announcements, and outdoor ads via billboards, CTA, Metra and Pace displays. The campaign highlighted three best practices for Chicagoans to be prepared for large-scale emergencies and natural disasters, including “Prepare Your Family”, “Prepare Together” and “Prepare to Help.” Prepare Chicago already was featured on Univision TV and WCIU-TV.

The Collaborative Healthcare Urgency Group (CHUG) continued to strengthen efforts to assist long-term care facilities by engaging them to address gaps in long-term care preparedness, response and recovery planning for evacuations and other emergencies. CDPH trained these providers in a variety of topics including, but not limited to: emergency operations planning, shelter in place, hazard vulnerability analysis, patient movement, and evacuation planning. Additionally, through CDPH’s Emergency Preparedness Office, over 44 trainings reached 2,100 healthcare professionals in 2013. Topics included: medical surge, psychological first aid, community preparedness, decontamination, inventory management, and national incident command system trainings.

Growing the Public Health Workforce

Three University of Illinois at Chicago colleges/schools (public health, nursing, liberal arts and science), the Chancellor’s Office, and the Chicago City Colleges received a grant from the National Institute of Health to increase the number of public health workers, nurses, and research scientists from underrepresented populations. The grant, the UIC Bridges to the Baccalaureate in Biological and Behavioral Sciences, facilitates the transition of qualifying students from two-year institutions in Chicago to baccalaureate programs at UIC. Chicago City Colleges will offer the three pre-requisite courses in public health, phasing in over three years. In academic year 2014-2015, courses will be offered at Malcolm X College, with Wilbur Wright College and Harold Washington College following over the next two years. This collaboration will increase access to public health education at the undergraduate level and prepare qualifying students to more seamlessly transfer to the UIC public health baccalaureate program.
MOVING FORWARD

It has been over two years since the release of Healthy Chicago. As noted in the Introduction, over 91% of initial and new strategies have either been completed or are well underway. And while work continues in those areas and promising shifts in data are occurring, there have been significant changes in the public health policy and technology landscapes over the past two years. Through this report, partners can reflect on the progress made and successes to which they have collectively contributed. Yet CDPH believes there is also value in working to identify new strategies in order to take advantage of the opportunities presented by the changing landscape and recent successes. Towards that end, in early 2014, CDPH will support a process to create a Healthy Chicago 2.0. This process will specifically focus on the 12 Healthy Chicago priorities and characterized by three advancements:

- CDPH staff teams will be convened which cut across organizational lines to include: programmatic, policy, epidemiology/informatics, and communications capacities;
- Healthy Chicago partners in each of the priority areas will be engaged in time-limited, focused planning sessions, and;
- A health equity lens will be applied and integrated into each of the priority areas to increase the opportunities for addressing social determinants of health—a critical step to achieving a truly Healthy Chicago.

For those interested in participating in this effort, please send an email to healthychicago@cityofchicago.org.
To find these and other Healthy Chicago reports visit www.cityofchicago.org