



Prioritizing the Health of All Chicagoans

Chicago is a city of vast opportunity juxtaposed with vast inequity. For the city's affluent, jobs, housing, access to health care resources — and even a long life — are all but guaranteed. However, hundreds of thousands of citizens are living in areas that have been systematically depressed and disinvested in for decades. These Chicagoans are affected by worse health outcomes, high unemployment, structural inequity, and lifespans that can differ by as much as 30 years. In fact, a 16-year-old boy on the South Side of Chicago has only a 50 percent chance of living to the age of 65.

The outgoing administration has failed to fight for the health of all our citizens through a lack of investment in tangible solutions and an outright denial of the severity of health issues, such as lead in our drinking water. I am committed to investing in real solutions that will improve the health of our city, both immediately and in the long run.

By prioritizing public health policy we can make important strides toward reducing the health inequity that plagues our city and ensuring Chicago is a place that serves and provides opportunity for all its citizens.

We can do this by:

1. **Prioritizing mental health services by expanding capacity with behavioral health providers, increasing access to mental health services and fighting mental health stigma.**
2. **Eliminating lead contamination in the city's drinking water through assisting in the removal and replacement of all remaining lead service pipes, as well testing and providing resources for children affected by high concentrations of lead.**
3. **Treating violence as a public health crisis and working to both tackle the root causes of violence and prevent it from occurring in the first place.**
4. **Tackling racial disparities among children and adults affected by asthma through inter-agency cooperation and ensuring access to care.**
5. **Addressing Chicago's opioid crisis.**
6. **Reducing maternal morbidity and mortality rates.**
7. **Expanding access to health care through public health clinics.**

1. **Prioritizing mental health services**

First and foremost, increasing access to mental health services will be a mayoral priority and I will allocate funds accordingly from a graduated real estate transfer tax. For too long, city officials have only paid lip service to the need for comprehensive expansion of Chicago's mental health resources. Through the establishment of a budgeted mayoral priority, our goal is to establish that mental health services are crucial for the health and wellbeing of our communities. Since improving funding and support for mental health providers has not been prioritized, it has become more difficult to get these crucial services to populations in need.

We will address this by creating a task force of experts and stakeholders to recommend immediate improvements that can be made to the city's mental health care services and to create a long-term mental health plan for the city. We will partner with community mental health experts and organizations to put their field insights into practice. With dropping reimbursement rates, disinvestment from the state and a lack of growing financial support for mental health services, the city's vulnerable populations are in desperate need of investment. We will focus on providing sustainable, multi-year financial investments into solutions, rather than using one-time grants or limited short-term allocations.

A. Create pathways to increase capacity with behavioral health providers

The closure of six city-run mental health clinics in 2012,¹ and the privatization of another in 2016,² have left residents of many neighborhoods without options to seek care. Some communities are now seeking their own means to increase access to mental health services, such as through opening their own facilities. The Expanded Mental Health Services Act is a 2011 law that allows communities to open a mental health clinic so long as they initiate, fund and approve the project.³ The Kedzie Center that serves residents of Albany Park, Irving Park, North Park and Sauganash neighborhoods is the only one that is open to date. Community organizers in Logan Square helped pass a referendum to fund and open their own center.⁴ Other residents have begun using emergency rooms as alternatives to mental health clinics. From 2009 to 2013, there was a 37 percent jump in the number of people discharged from emergency rooms who had gone there for psychiatric treatment.⁵ The city has to do more to expand services. Officials cannot sit by and leave access issues in the hands of emergency rooms or community activists.

The city has a shortage of mental health practitioners, but many qualified individuals could fill these gaps through the right partnerships. My office will work with local universities to get staff, faculty and residents to provide medical services. Additionally, the city needs to invest in the capacity of mental health providers and in ways to attract and retain these providers. Ensuring they have the infrastructure and appropriate reimbursements to make a living is a crucial first step. My administration will work with local health providers — including those at private institutions and academic medical centers — to expand access to TeleHealth/Telepsych, services that allow people to get access to providers digitally through their computers or smart devices. We will also work to get mobile crisis response costs billed to Medicaid providers so more people can have greater, affordable access to the care they need.

B. Fund and promote programs that fight mental health stigma

Mental health stigma is a huge barrier to people seeking mental health treatment. Nearly everyone will struggle with some mental health challenges in their lifetime.⁶ By encouraging people to recognize signs of distress and mental health strain in themselves and others and seek early interventions, we can get care to those in need before their issues progress to a chronic level (which then becomes costlier and more complex to address).

As mayor, I will work to fund and expand supportive employment programs to help individuals with mental illnesses obtain and maintain jobs. Employment has been shown to improve recovery and to increase self-esteem, social integration, and participation in community activities.⁷ Participants in supportive employment programs routinely have fewer hospital visits and psychiatric hospital admissions. Additionally, I will encourage mental health agencies to use peer support programs, such as the Wellness Recovery Action Plan (WRAP),⁸ as research has found peer support programs help people manage their mental illness and set and achieve personal recovery goals.

2. Eliminating lead contamination in the city's drinking water

Chicago's fragile water delivery infrastructure is rapidly deteriorating, resulting in myriad negative consequences for its citizens. Most importantly, when lead from the city's outdated service lines leaches into drinking water, it can be disastrous for the health and wellbeing of residents, especially children. Mayor Emanuel's administration has failed the residents of Chicago by not systematically investing in or assisting with the removal of lead pipes, but rather leaving the problem in the hands of homeowners. As of 2016, Chicago had the most homes with lead service lines in the nation. Lead pipes were mandated in all homes built prior to 1986, and city officials estimate there may be as many as 300,000 homes with lead pipe service.⁹

According to the Agency for Toxic Substances and Disease Registry,¹⁰ there is no identified "safe" blood lead level in children. Medical research has established a connection between early childhood lead exposure and future criminal activity, especially violent crime. In children who have been exposed, lead inhibits their growing bodies from absorbing minerals essential to brain function and nerve development. Side effects of lead exposure include:

- Aggression
- Destructive and delinquent behavior
- Attention deficit hyperactivity disorder
- Criminal behavior
- Delayed learning and lower IQ
- Hypertension and renal effects
- Reproductive problem

A. Create and implement a plan to replace lead pipes — including service pipes — across the city

Lead poisoning, especially in children, leads to a ripple effect of illness and destructive behavior. We can save lives and save the detrimental effects on society by tackling the root of these problems by removing lead service lines. Most cities around the country have already implemented plans to replace their remaining lead pipes and incentivize replacement of private service lines. Chicago, however, remains woefully behind on prioritizing lead pipe removal. A total overhaul of our pipe system, while expensive, is crucial to ensuring the health of our citizens and the sustainability of our water infrastructure.

In 2018, the *Chicago Tribune* conducted a study of 2,797 homes in Chicago and found that lead appeared in 70 percent of water samples.¹¹ Tap water in three of every 10 homes sampled had lead concentrations above 5 parts per billion, the maximum allowed in bottled water by the U.S. Food and Drug Administration. Drinking water costs have doubled under Mayor's Emanuel's administration, but none of the money has been earmarked to replace lead service lines. Mayor Emanuel has borrowed more than \$481 million to overhaul the city's public water system, but none of that money was set aside to replace the city's lead service lines.

Utilities are considered to be in compliance with federal water quality regulations as long as 90 percent of the homes tested have lead levels below 15 ppb, a 1991 standard not based on public health concerns. Chicago conducts this type of testing every three years but only in the minimum required 50 homes, and typically those homes are on the Far Northwest and Far Southwest sides. These areas are less likely to be contaminated, and the Tribune found most of these homes were owned by water department employees or retirees. By contrast, the Tribune's robust analysis of testing kit results revealed that lead-contaminated water was found in at least one home in all 77 Chicago community areas.

My administration will work to right this wrong through a series of investments. We will add lead pipe replacement to municipal construction projects and earmark federal-state loans from the Drinking Water State Revolving Loan Fund to replace the remaining lead service pipes. We will also halt the installation of new water mains on streets with lead service lines, as this can actually exacerbate the problem and release high amounts of lead into the water. We will look to other cities that have conducted large scale lead replacement projects for funding ideas. These ideas include allowing utilities to use ratepayer money to cover the cost of replacing pipes on private property and providing financial incentives for qualifying homeowners to replace private lead water lines on their property through financial assistance, waiving or reducing applicable city fees and interest-free loans. Additionally, the city will provide access to free and low-cost filtration systems as a stop-gap for homes that need immediate relief from lead contamination, a step the Emanuel administration abruptly decided to take in November 2018 after more than five years of denying the existence of the lead problem.

B. Ensure children in at-risk neighborhoods have blood lead levels tested annually and make follow-up services available to those found to be affected by high levels of lead

Like most inequality that persists in this city, the majority of the community members most at-risk for lead poisoning are lower income, minority populations. These residents are more likely to live in dilapidated housing that may still contain lead paint and in neighborhoods at risk for aerial deposition into the soil from lead gas fumes or former industrial pollution. This legacy lead — combined with the persisting lead service pipe problem — means that many of our citizens are suffering from lead exposure. However, we have no way of determining who those people might be so we can equip them with the resources to combat this problem.

Mayor Emanuel's administration has made free lead water testing kits available. However, no educational campaigns were created to inform at-risk citizens of their availability. My administration will launch an ad campaign to educate residents about risks posed by lead and the resources available to address this problem. I also propose working with local hospital systems and medical schools to provide free, annual blood testing to children in at-risk neighborhoods to determine who has actually been harmed by the lead levels. We would also make affordable follow-up services and education available to those found to be affected by lead in attempt to curb the physical and behavioral side effects before they take a toll on our citizens.

3. Treating violence as a public health crisis

The American Medical Association and other leading national health associations have advocated for treating gun violence as a public health issue, but too few governments, including Chicago city government, have heeded this call.¹² That will change. My administration will treat gun violence as a public health issue, and we will work with communities to answer two big questions: Where does violence begin and how can we prevent it from happening? Instead of simply punishing offenders, we will work to address the root causes of violence, rely on science and data to develop and test solutions, and then implement the most promising solutions to reduce violence before it occurs.

A. Declare gun violence a public health crisis and offer funding to institutions and persons for essential research

The Centers for Disease Control and Prevention (“CDC”) cannot “advocate or promote gun control” pursuant to a 1996 amendment to a spending bill, known as the Dickey Amendment.¹³ Pushed by the National Rifle Association, the amendment has severely limited any national study of gun violence, and as a result has limited our nation in its ability to combat the root causes of violence with data-backed policy solutions. As mayor, my administration will lead the way to better understanding — in attempt to prevent and curb — our city’s study of gun violence by working closely with the institutions and persons engaged in this crucial research. In addition, I will lobby members of the Illinois congressional delegation to overturn the Dickey Amendment so the CDC can begin critical work necessary to tackle this complex issue.

B. Implement a comprehensive strategy for public safety in every neighborhood

In addition to supporting the study of our city’s violence so we might prevent it from occurring in the first place, I will implement a comprehensive public safety approach to rebuilding relationships among communities and police officers, addressing illegal guns and violence, and much more. You can view my comprehensive public safety plan [here](#).

4. Tackling racial disparities among people affected by asthma

A May 2018 study from the Respiratory Health Association reported startling results – racial disparities among Chicago children with asthma persistent and are damaging to the health and equality of our city. These asthma rates are yet another indication that our citizens are not being treated equitably and provided with the resources needed to thrive. The 2016 Healthy Chicago Survey estimated that “216,000 adults in Chicago have asthma, with the rate among African Americans nearly 75 percent higher than among Whites and almost 85 percent greater than the rate among Hispanic adults”.¹⁴ The report examined hospital discharge data for asthma-related emergency department visits and found asthma to be one of the leading causes of emergency visits for children under 17 years of age. The majority of these visits — 68.2 percent — were among African American children. This discrepancy has not happened by chance, but is in part due to the city’s history of isolating industrial waste to the south and west sides, as well as building highways over neighborhoods populated largely by people of color.

A. Establish an inter-agency working group committee to develop and implement a coordinated response to both childhood and adult asthma

We need to begin prioritizing our citizens' health and remedying this problem that has been spurred in large part by systemic disinvestment on our south and west sides. To this end, my administration will establish an inter-agency working group committee to develop and implement a coordinated response to both childhood and adult asthma. Several city departments and sister agencies either serve children with asthma or can influence exposure to asthma triggers. For example, a 2017 analysis at found that the largest predictor of asthma hospitalizations at all Chicago hospitals was the existence of housing code violations.

An inter-agency working group should include the Chicago Departments of Public Health, Family & Support Services, Planning & Development, Transportation, and Buildings, as well as the Chicago Public Schools, Chicago Housing Authority, and the Chicago Park District. My administration will charge this working group with developing and implementing a series of cross-cutting strategies to include: remediation, education, and data sharing. The cost to form this working group is low, and we will facilitate the development of cost-effective, evidence-based solutions by encouraging the various stakeholders to collaborate.

B. Support the Chicago Public Schools' efforts to ensure students with asthma have access to asthma medications during the school day

Asthma is among the leading causes of health-related absenteeism in Chicago and Illinois, where it accounts for over 300,000 missed school days. According to a recent University of Illinois survey of CPS school nurses, the most common barrier to proper asthma management among students is lack of medication (73 percent); two-thirds of the school nurses surveyed indicated that a stock asthma rescue medication policy would improve asthma management in schools.¹⁵ Other local research found that access to quick-relief asthma medications in school may be as low as 14 percent.¹⁶ Finally, according to CPS, there are approximately 100 asthma-related emergencies in schools each year. At a minimum, these result in calls to 911 and the dispatch of first responders, and in some cases, transport to emergency departments, resulting in costs that could be avoided through preparation and quick response.

My administration will partner with pharmaceutical companies to secure donated asthma medications for CPS children. The Stock Asthma Rescue Medication in Schools (Public Act 100-0726) policy was recently signed into law. This law now authorizes Illinois school districts to maintain a stock of asthma rescue medication and enables trained staff members to administer the medication in the event of an asthma emergency. While CPS is interested in piloting this policy, costs of asthma medications may prove prohibitive. Of the 10 states that have enacted similar polices, four allow school districts to enter into agreements or receive donations of asthma medication directly from pharmaceutical companies or other distributors. If enough medication cannot be acquired, the city will look to non-profits and grants to assist in acquisition. Schools receiving the medication should also be prioritized by their percent of asthmatic population.

c. Support the implementation of the City's Public Health Agenda Asthma Strategies

The city's Healthy Chicago Public Health agenda recognizes the vast racial disparities affecting children with asthma.¹⁷ The agenda offers several evidence-based strategies to address these disparities and reduce asthma, including:

- Implementation of home-based, multi-trigger, multicomponent environmental interventions for children and adolescents, many of whom live in substandard housing stock on the west and south sides with high levels of asthma triggers, including dander, rodent droppings, roaches, mold and dust mites
- Development of an asthma care implementation program that integrates care for children living with asthma in places where children live, learn, play and receive medical care. Elements of such a program include: community health workers, and school-based asthma management education for both students with asthma and their caregivers
- Strengthening community health worker education in chronic disease management
- Promotion and support of self-management programs like the Asthma Self-Management Program and ensure these types of programs are implemented in communities with a high burden of chronic disease

My administration will work to provide funding for community-based asthma management work. Funds will be allocated — in alignment with Healthy Chicago — through a competitive RFP process managed by the Chicago Department of Public Health and could begin at a modest level and, if efforts prove successful, be increased over time. Despite the existence of evidence-based strategies and the existence of such community-based programs in Chicago, the city has failed to make a financial investment in addressing asthma by factoring it into the annual budget. The up-front investment would likely pay for itself as asthma-related absenteeism among students with asthma and their parents, who often must miss work to care for their child, would drastically drop.

5. Addressing Chicago's Opioid Crisis

Chicago is not immune from the opioid crisis. In 2016, there were 741 opioid-related deaths in Chicago, or 26.8 per 100,000 individuals.¹⁸ This was almost twice the rate of suburban Cook County (13.7 per 100,000 individuals) and the State of Illinois (14.7 per 100,000 individuals).¹⁹ The increase in opioid-related deaths has been particularly acute among African-Americans and Latinos. Nationally, between 2014 and 2016 overdose deaths among African-Americans increased 84%, while Latino overdose deaths increased 53%.²⁰ In Chicago, the rate of overdose deaths in 2016 for African-Americans was 39.3% and 16.5% for Latinos.²¹

Chicago has made strides in addressing the opioid crisis, but there is more work to do. To begin, we must continue working with public health officials, healthcare providers and stakeholders to educate communities about opioids and treatment. This includes running targeted, multilingual public information campaigns, going to where addicts are to educate them about treatment

options and making sure that addicts who are not documented understand that their decision to seek treatment will not jeopardize their ability to stay in this country. It also includes the Chicago Department of Public Health continuing to provide training for medical professionals on safe opioid practices and harm reduction as well as opioid abuse disorder prevention, identification, and treatment.

The city also must increase funding for naloxone distribution and education so it is more widely available and people who are likely to encounter someone experiencing an overdose know how to access and use naloxone. Naloxone is a medication designed to reverse an opioid overdose that comes in inhalable and injectable forms, but it is most often distributed in injectable doses. This ignores the fact that certain communities use opioids differently. For instance, studies show that African-American opioid users more commonly use these drugs by nasal inhalation rather than via I.V. injection. As such, this group may be less likely to know how to administer injectable naloxone.²² By making inhalable naloxone more widely available and distributing it in a way that recognizes cultural differences in how opioids are used, we can increase the likelihood naloxone will be administered in the event of an overdose.

Working with local and state government, public health officials, healthcare providers and stakeholders, we must further increase access to substance abuse treatment services, including Medication-Assisted Treatment (“MAT”). MAT uses both FDA approved medications (methadone, buprenorphine, and naltrexone) and therapy to treat people with opioid use disorder. The medications decrease cravings and reduce physical dependence to opioids. When combined with individualized and group therapy they can significantly improve a patient’s likelihood of recovery. By expanding access, we can begin to make serious inroads in addressing Chicago’s opioid problem.

6. Reducing Maternal Morbidity and Mortality Rates

The Illinois Department of Public Health released its first Maternal Morbidity and Mortality Report on October 18, 2018. The report reviewed maternal deaths that occurred in Illinois and provided recommendations to improve maternal mortality and overall health. The report found that from 2008 through 2016, an average of 73 women died within one year of their pregnancy.²³ African-American women in Illinois are six times more likely to die of a pregnancy related condition as white women, and obesity contributed to 44% of Illinois pregnancy-related deaths.²⁴ Notably, the committee that prepared the report observed that 72% of the pregnancy-related deaths, and 93% of violent pregnancy-associated deaths could have been prevented.²⁵

The committee made a series of recommendations for preventing maternal death, such as improving communication between patients and providers, better coordinating care for women, ensuring that women are scheduled for a postpartum visit prior to being discharged from the hospital, and improving health literacy.²⁶ As mayor, I will instruct the Department of Public Health to work with local hospitals, healthcare providers and other stakeholders to ensure that these and other recommendations are followed so we can reverse this problem.

7. Expanding Access to Health Care and Creating Free Clinics in Underserved Communities

Many neighborhoods on Chicago's west and south sides lack access to medical services. In an effort to address these medically underserved communities, my administration will work to expand access to health care for the insured and uninsured. We will do this by restoring funding for public health clinics and by working with the city's medical and nursing schools and major hospital systems to create additional free medical clinics for the uninsured working poor, immigrants, homeless and insured Medicaid recipients.

Using a portion of the revenues generated from my proposed graduated real estate transfer tax, the city will fund public health clinics to provide health care and mental health services. In addition, the city will ask each medical school and hospital system in the city to make long-term financial pledges to support the creation and operation of free medical clinics. While these medical schools and hospital systems are not-for-profit corporations that are exempt from federal income taxes, the reality is that many of them are multibillion dollar organizations with considerable assets available to invest in surrounding communities. After securing sustained financial commitments from these organizations, the city will identify vacant or underutilized city-owned buildings or property in the most underserved neighborhoods to house the free clinics. After the properties have been identified, the city will work with trade unions, community workforce development and job training programs in the surrounding communities to identify local residents to provide skilled and unskilled labor to build or rehabilitate the clinics. When construction is complete, the clinics will be staffed by medical school students, medical residents, fellows, nurses and attending physicians.

A final note: I hope that this initial plan to address pressing public health issues can be an important part of moving our city in the right direction. I also hope it can spark an ongoing conversation about improving our health and access to health care. Please send your thoughts and ideas to info@lightfootforchicago.com and we will build on this plan together.

- ¹ <https://www.npr.org/2012/04/27/151546358/closure-of-chicago-mental-health-clinics-looms>
- ² <https://www.chicagoreporter.com/emanuels-privatizing-mental-health-clinic-in-roseland-raises-concerns/>
- ³ <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3300&ChapterID=34>
- ⁴ <https://blockclubchicago.org/2018/07/30/six-years-after-city-shut-down-logan-squares-mental-health-clinic-neighbors-unite-to-fund-a-new-one/>
- ⁵ <http://www.governing.com/topics/health-human-services/gov-chicago-mental-health.html>
- ⁶ <http://www.mentalhealthamerica.net/issues/state-mental-health-america>
- ⁷ <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2014.13070857>
- ⁸ <http://mentalhealthrecovery.com/wrap-is/>
- ⁹ <https://chicago.cbslocal.com/2016/12/08/2-investigators-cost-of-replacing-lead-service-lines-is-on-chicago-home-owners/>
- ¹⁰ <https://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=93&tid=22>
<https://www.chicagotribune.com/news/watchdog/ct-chicago-water-lead-contamination-20180411-htmllstory.html>
- ¹¹ <https://www.chicagotribune.com/news/local/politics/ct-met-rahm-emanuel-lead-pipe-replacement-study-20181101-story.html>
- ¹² <https://www.ama-assn.org/ama-calls-gun-violence-public-health-crisis>
- ¹³ <https://www.theatlantic.com/health/archive/2018/02/gun-violence-public-health/553430/>
- ¹⁴ <https://resphealth.org/wp-content/uploads/2018/05/Asthma-Report-Final.pdf>
- ¹⁵ Pappalardo AA, Stinson A, Bruscato R, Martin MA. (2018). Chicago Public School Nurse Opinions About School Asthma Care Coordination. JACI Abstract, AB216.
- ¹⁶ Gupta RS, Rivkina V, DeSantiago-Cardenas L, Smith B, Harvey-Gintoft B, Whyte SA. (2014). Asthma and food allergy management in Chicago Public Schools. Pediatrics, 134(4):729-36.
- ¹⁷ https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/HC2.0Plan_3252016.pdf
- ¹⁸ <http://www.cookcountyhhs.org/wp-content/uploads/2017/06/2016-Joint-Cook-County-Chicago-Opioid-Brief.pdf>
- ¹⁹ *Id.*
- ²⁰ Kaiser Health News, What explains the rising opioid overdose rate among Latinos (July 2, 2018) available at: <https://chicago.suntimes.com/health/what-explains-the-rising-opioid-overdose-rate-among-latinos>
- ²¹ <http://www.cookcountyhhs.org/wp-content/uploads/2017/06/2016-Joint-Cook-County-Chicago-Opioid-Brief.pdf>
- ²² Lakeida Chavis, Chicago's Black Communities Hit Hardest in Opioid Overdoses (June 27, 2018) available at: <https://www.wbez.org/shows/wbez-news/chicagos-black-communities-hit-hardest-in-opioid-overdoses/6b27bf86-aaf7-4969-ae6c-b6bc851ed8e4>.
- ²³ Illinois Maternal Morbidity and Mortality Report. Illinois Department of Public Health. (October 2018) available at: <http://dph.illinois.gov/sites/default/files/publications/maternalmorbiditymortalityreport2018.pdf>.
- ²⁴ *Id.*
- ²⁵ *Id.*
- ²⁶ *Id.*