



Committee on Health and Human Relations: Update from Chicago Department of Public Health

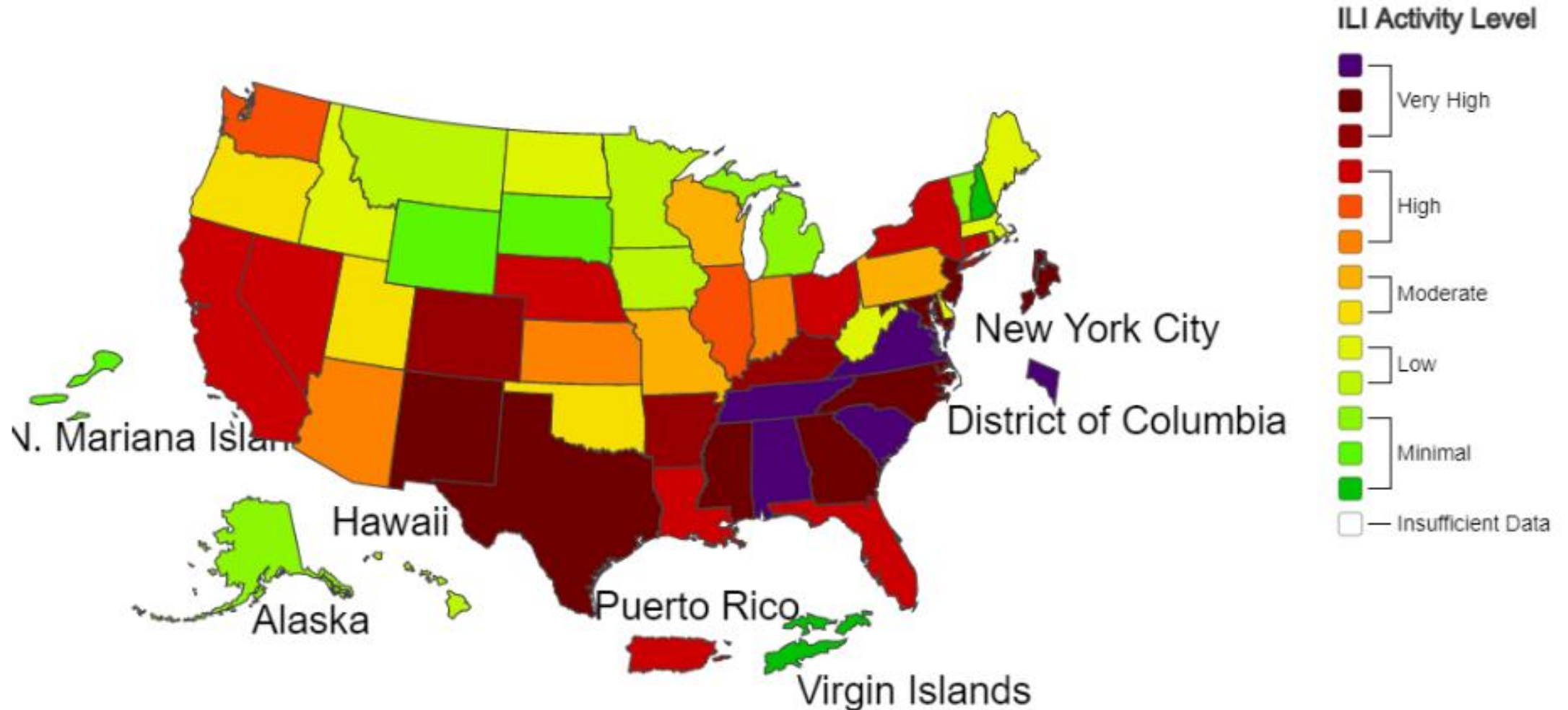
November 28, 2022

Dr. Allison Arwady, Commissioner

- Infectious Disease Update
- Substance Use/Fentanyl Overview
- HIV Funding Background

Influenza-Like Illness Activity across the U.S.

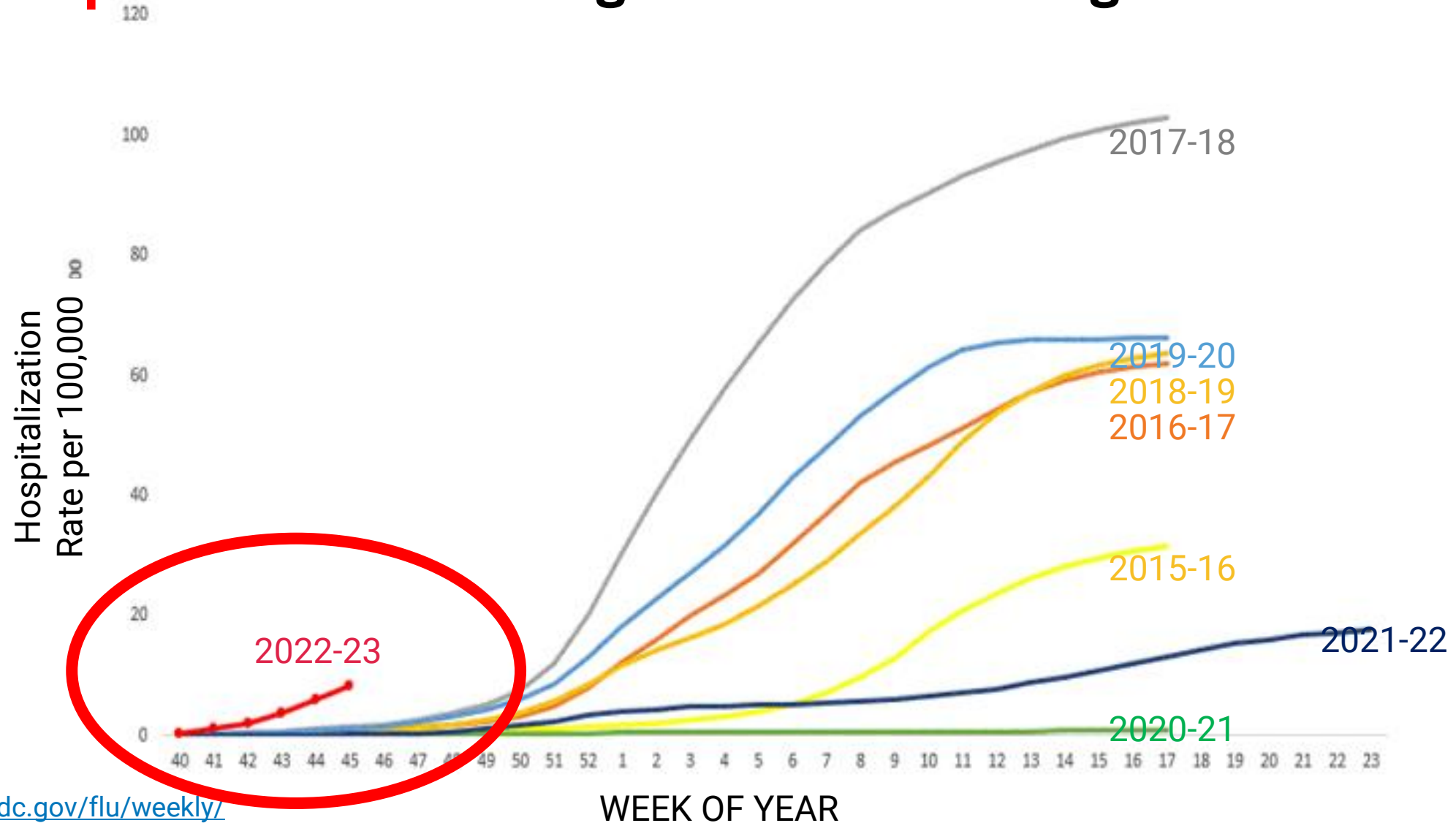
2022-23 Influenza Season Week 45 ending Nov 12, 2022



National: Cumulative Rate of Lab-Confirmed Influenza

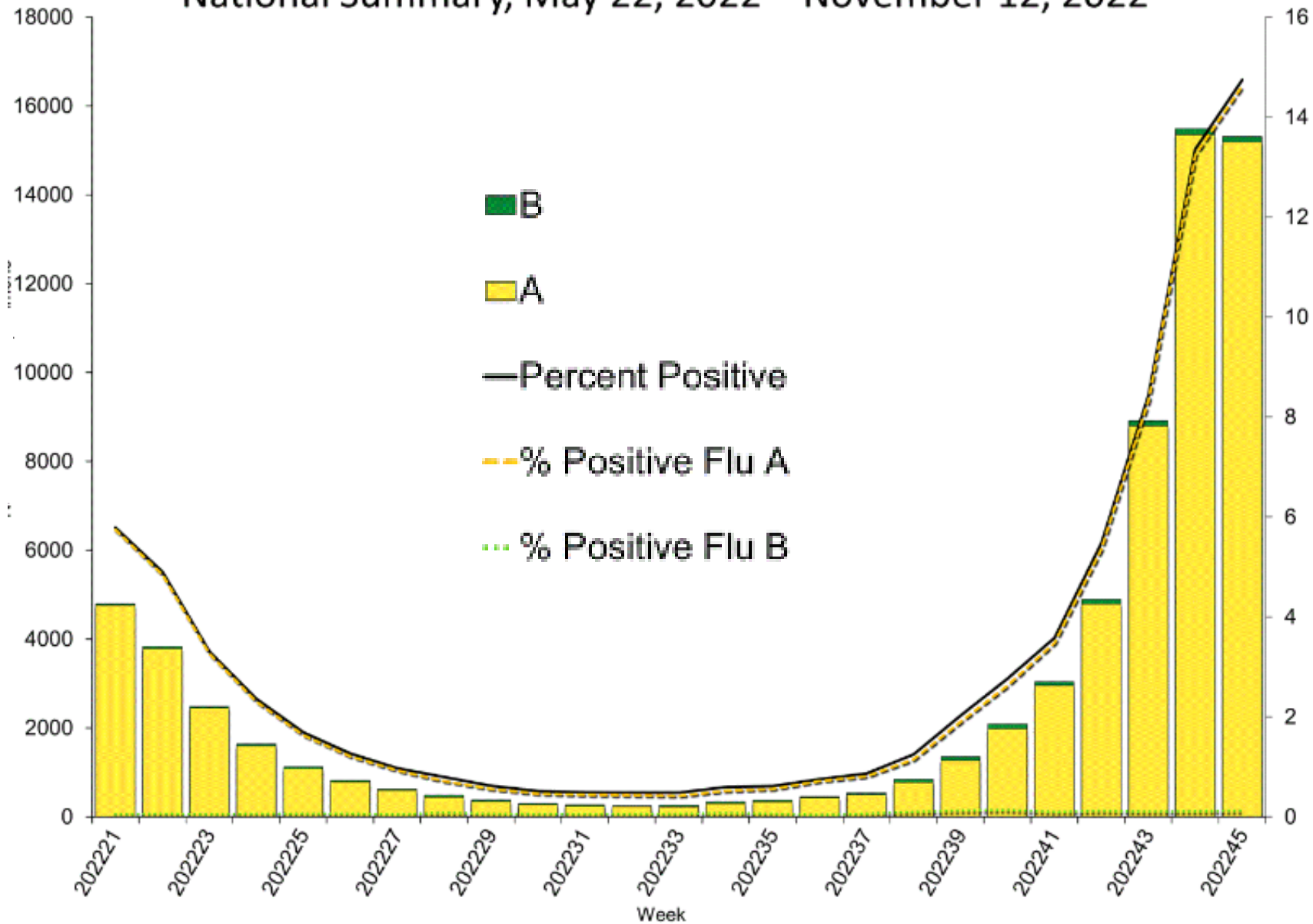


Hospitalizations among all cases of all ages



Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, May 22, 2022 – November 12, 2022

Number of positive specimens

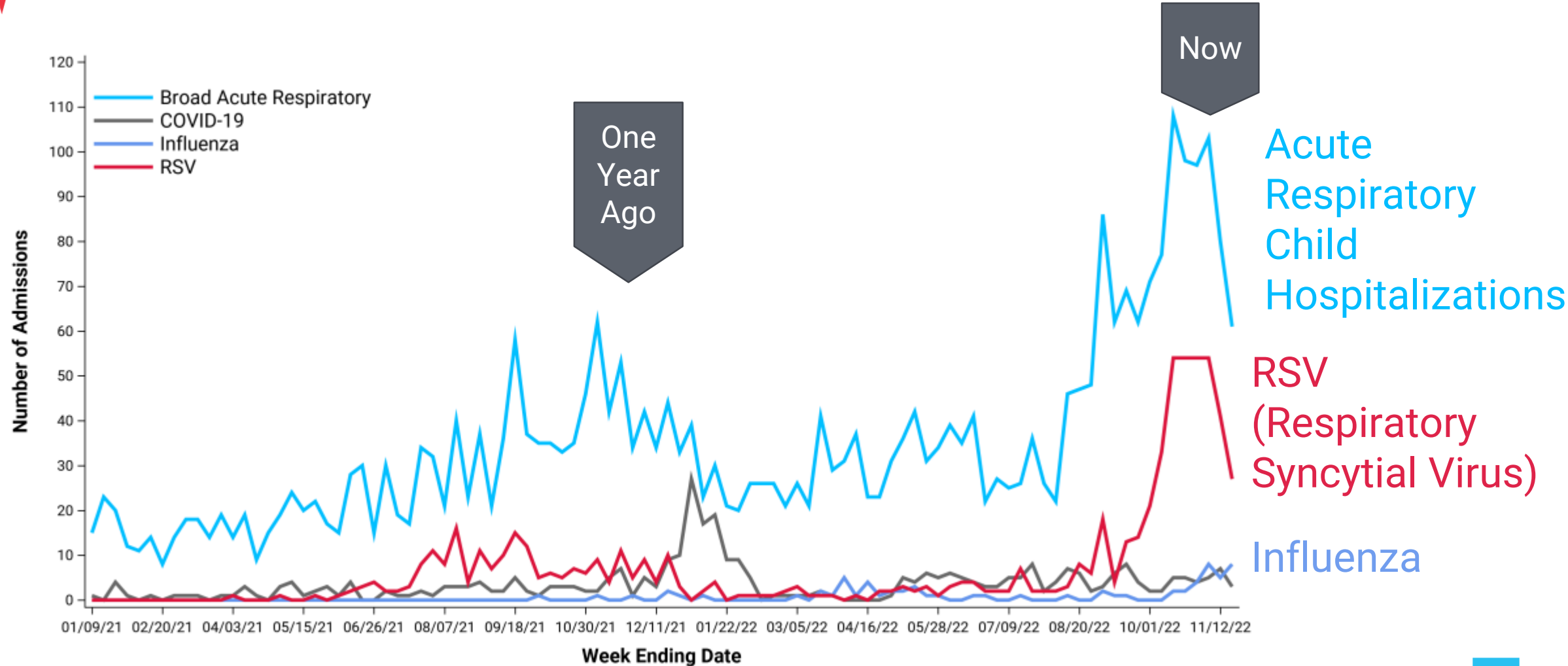


Percent Positive

Chicago: Starting to see needed decline in **child** respiratory illness hospitalizations, though still extremely high



Pediatric Admissions at **Chicago Hospitals** due to Acute Respiratory Illnesses: January 2021–present



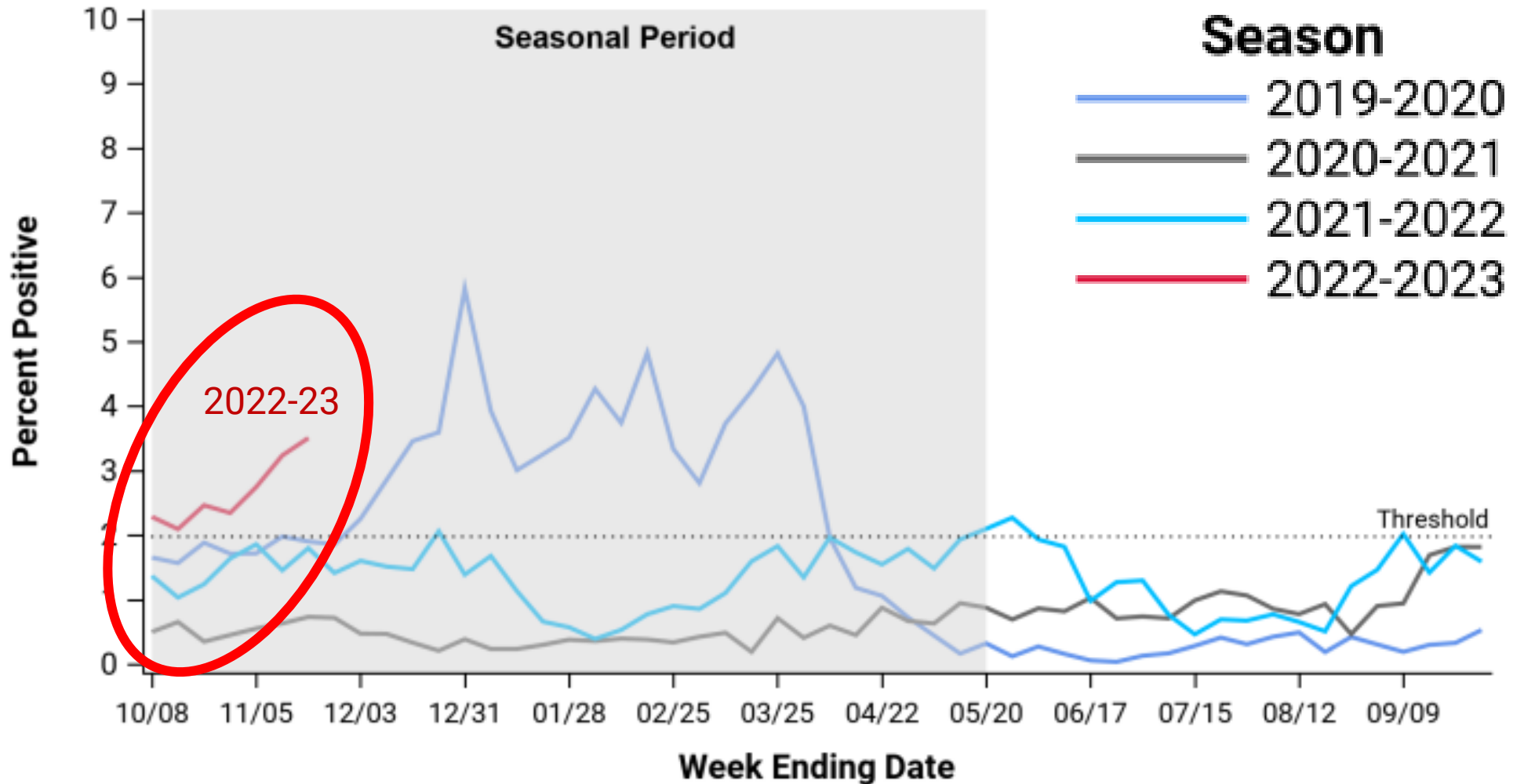
Acute Respiratory Child Hospitalizations

RSV (Respiratory Syncytial Virus)

Influenza



Chicago: Percent of outpatient visits for influenza-like illness steadily increasing. similar to national trends



CHICAGO | COVID-19 Summary

Data current as of Nov 25, 2022.

Data are updated M-F at 5:30 p.m., except for City holidays. All data are provisional and subject to change.

SUMMARY CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

Learn how to use this dashboard.

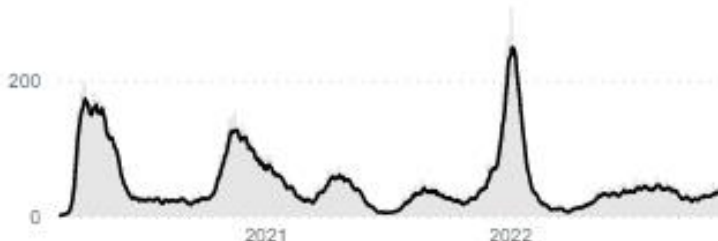
LABORATORY-CONFIRMED CASES

397 ▼ 403 (-1%) 719,939 14.7
Current daily avg Prior week Cumulative Daily rate per 100,000



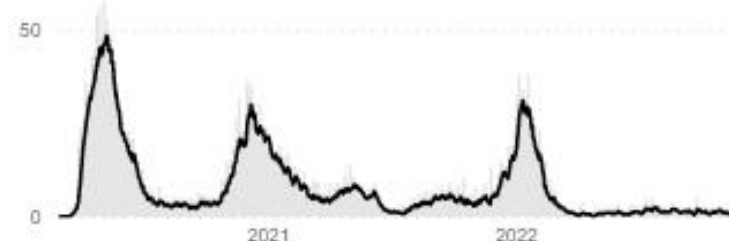
HOSPITALIZATIONS

33 ▼ 34 (-2%) 49,011 1.2
Current daily avg Prior week Cumulative Daily rate per 100,000



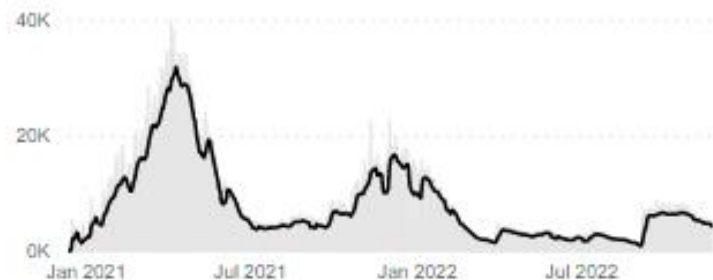
DEATHS

0.00 ▼ 0.71 (-100%) 7,939 0.0
Current daily avg Prior week Cumulative Daily rate per 100,000



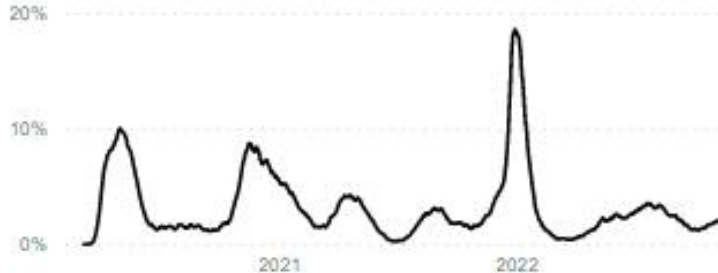
VACCINATIONS ADMINISTERED

4,292 ▼ 5,593,884 71.2% 79.7%
Current daily avg Cumulative Completed series At least one dose



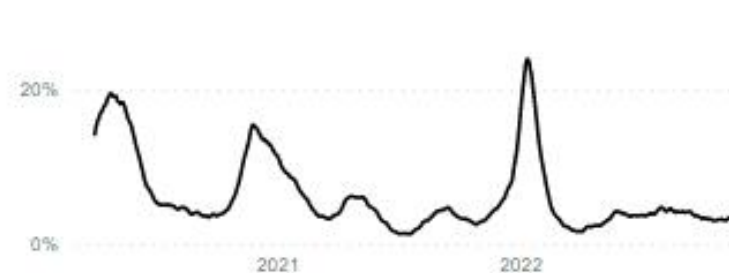
EMERGENCY ROOM VISITS

2.0% ▲ 1.9%
Current daily avg Prior Week



HOSPITAL BEDS IN USE

3.3% ▼ 3.6%
Current daily avg Prior Week





Our local risk based on CDC COVID-19 Community Levels is:

Medium

	New cases per 100,000 population (last 7 days) <i>[Goal is <200]</i>	New admissions per 100,000 population (last 7 days) <i>[Goal is <10]</i>	Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) <i>[Goal is <10%]</i>
City of Chicago	107	8.7	3.4%
Cook County (including City of Chicago)	115	10.2	3.7%

Chicago metrics are calculated based on Chicago-level data.

Cook County metrics are calculated by the CDC and posted on the [CDC Community Levels website](https://www.cdc.gov/communitylevels/).

Data current as of 11/25/2022.



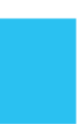
MEDIUM

In “Medium” risk, the Chicago Department of Public Health recommends individuals:

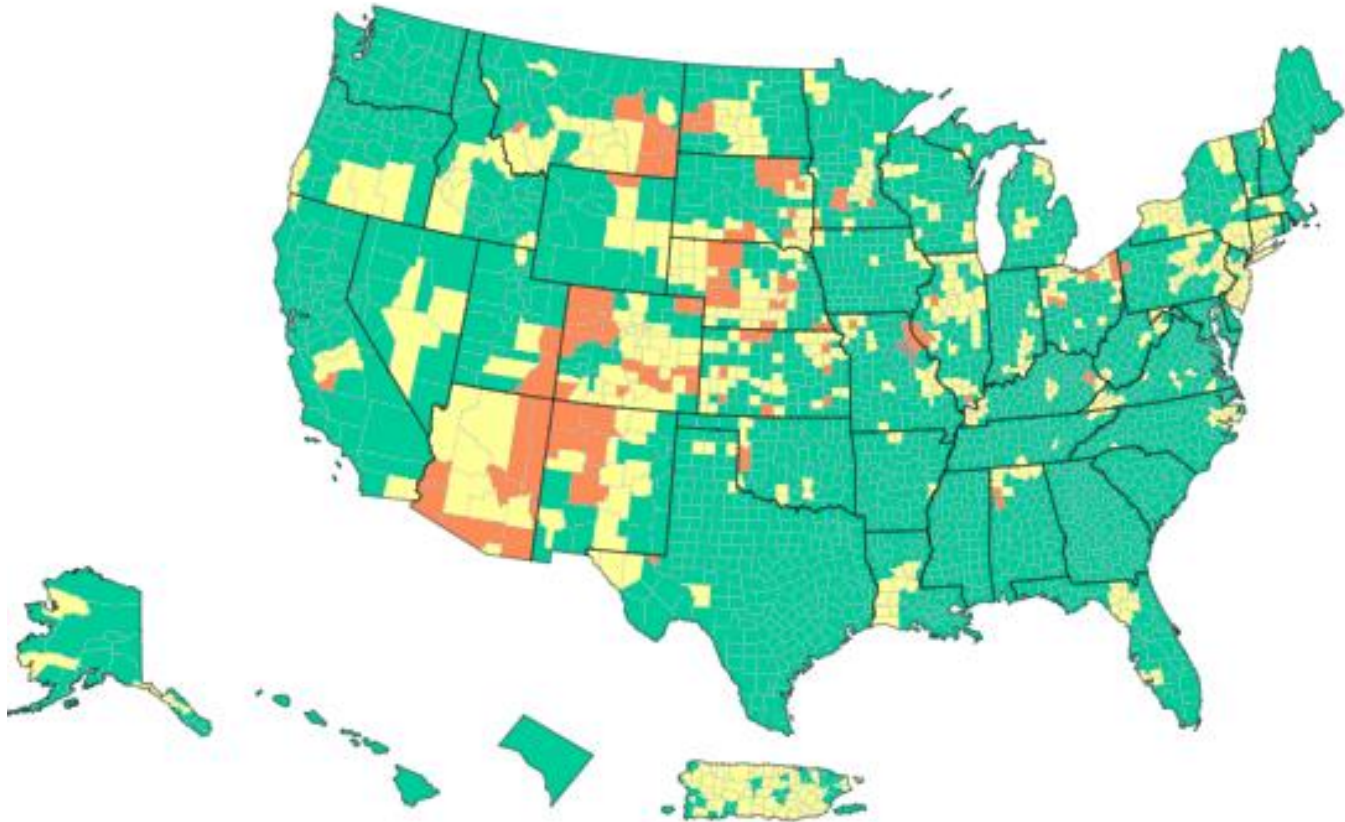
- Stay up to date* with **COVID-19 vaccines**
- Wear a face mask in indoor public settings where vaccine status is not known
- Get **tested** if you have symptoms
- Follow all isolation and quarantine guidance, including wearing a face mask
- If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions

*Up-to-date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

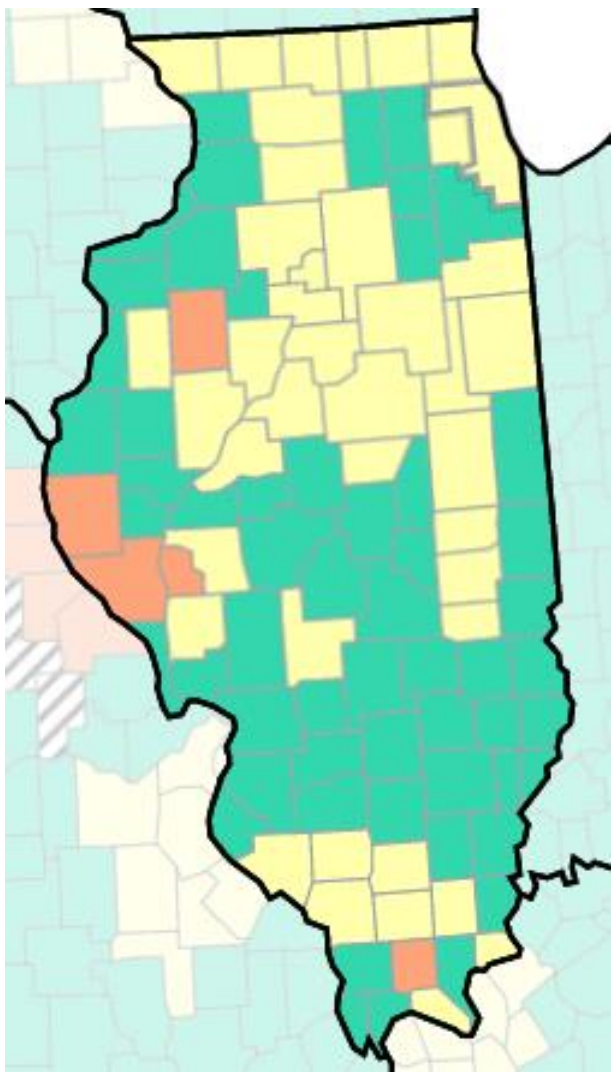
Last week, **3.7%** of U.S. Counties reported **High** COVID Community Level and **18%** reported **Medium** Level.



Low Medium High

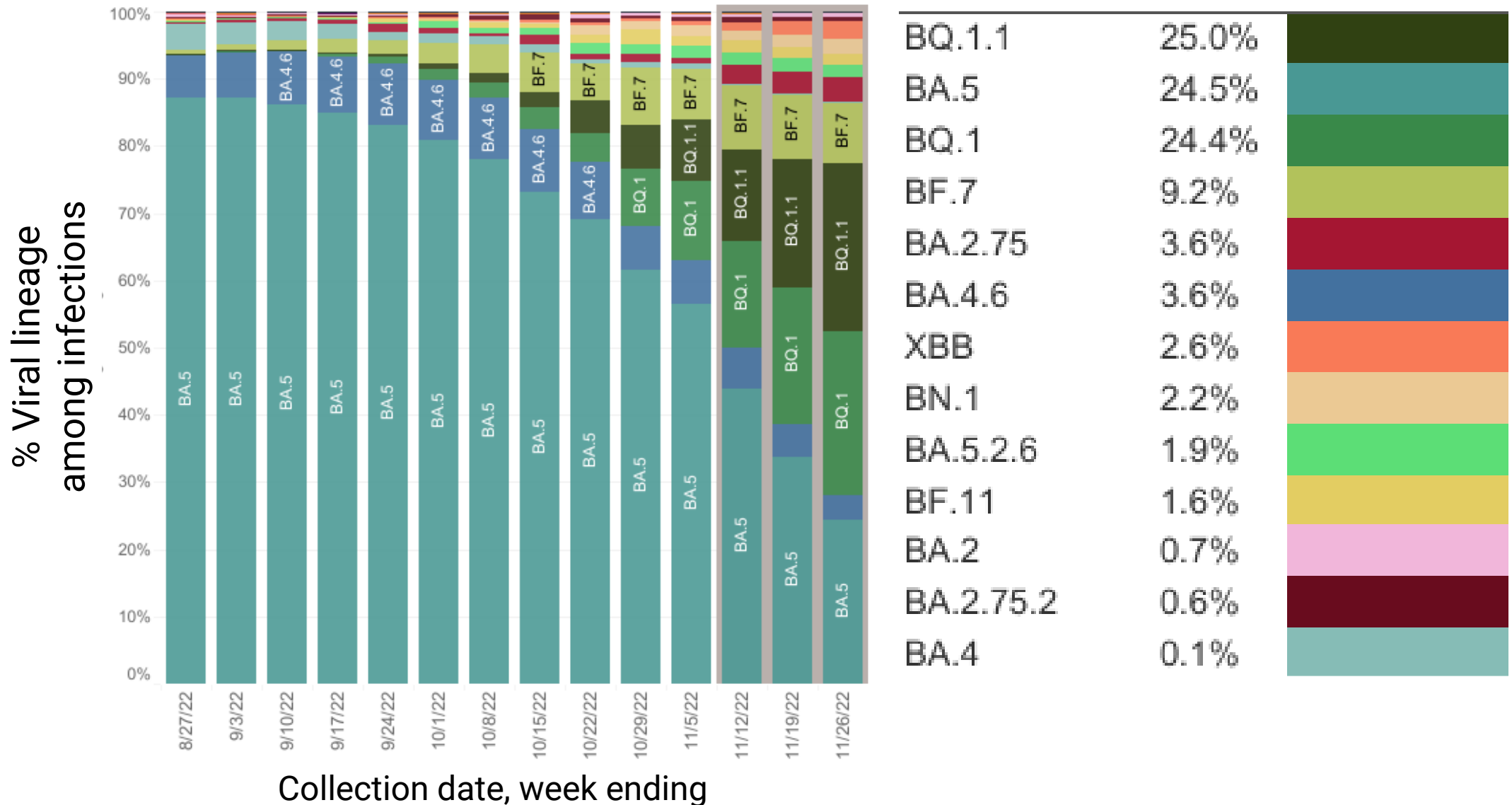


GU AS MP VI



Variant Surveillance, Midwest Region

Continued evolution of more infectious **Omicron** subvariants





THINK YOU'RE UP TO DATE WITH YOUR COVID VACCINES?

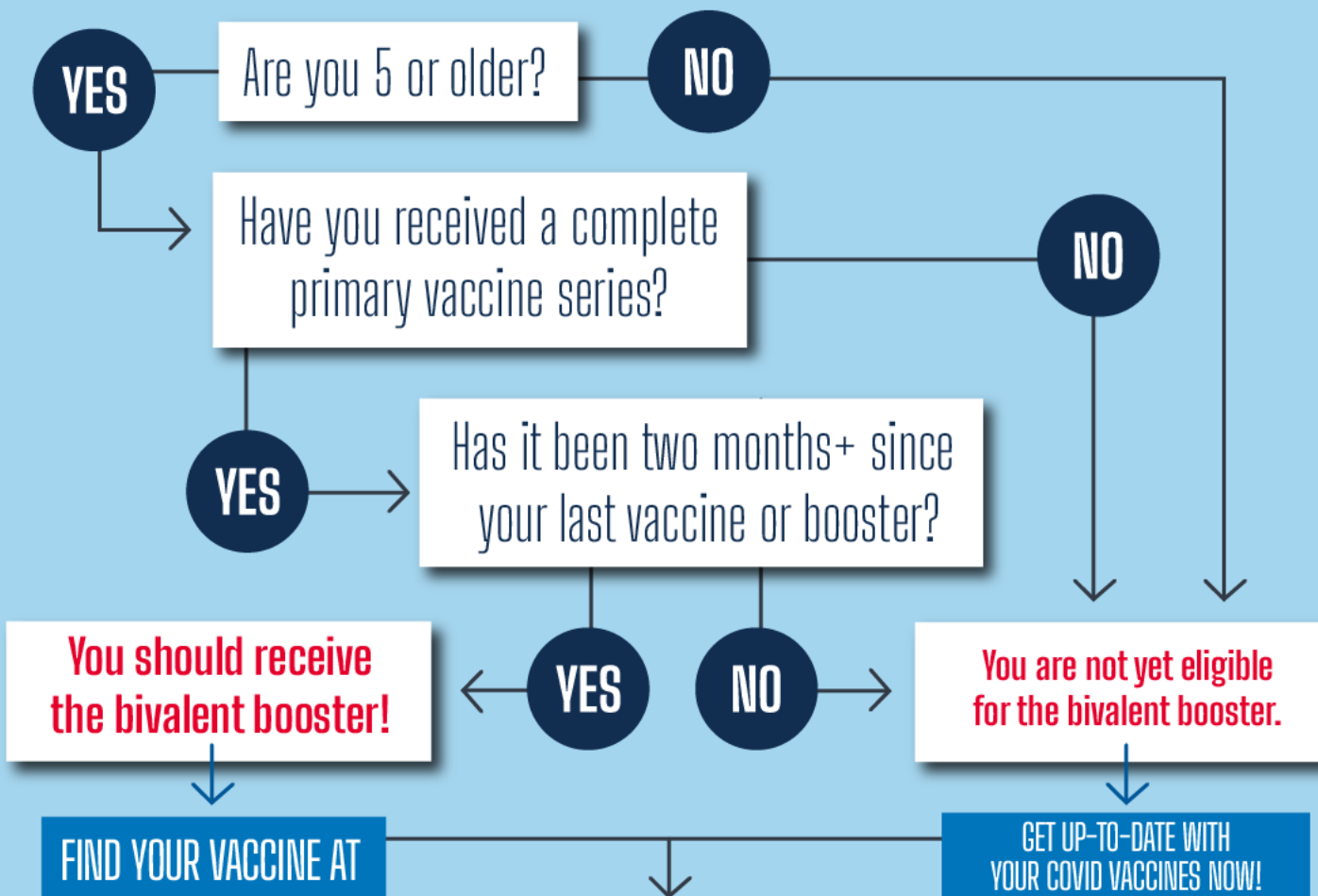
IF YOU HAVEN'T
BEEN VACCINATED
SINCE LABOR DAY...



Previously vaccinated Chicagoans age 5+ are eligible for the new bivalent booster and the best protection against Omicron.



DO I NEED TO GET A COVID BIVALENT BOOSTER THIS FALL?



chicago.gov/covidvax





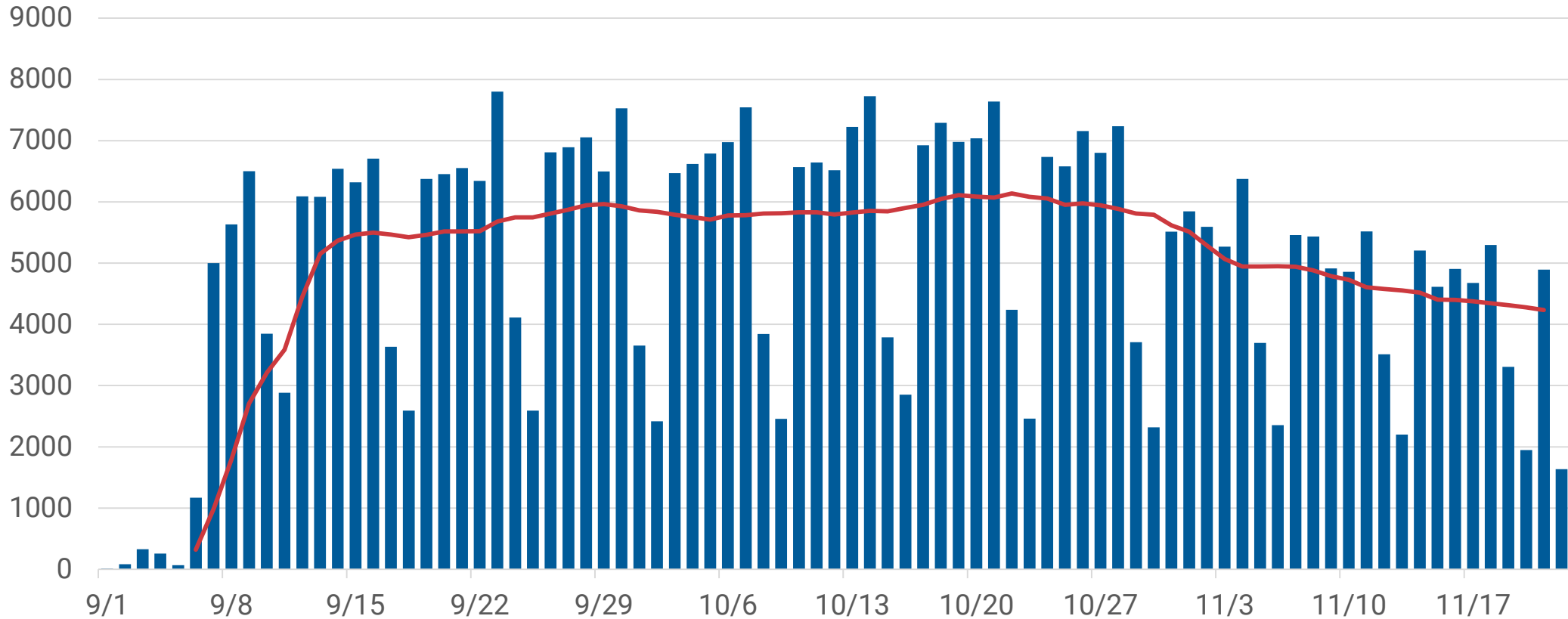
Higher Updated Booster Coverage among Chicagoans than Nationwide Estimates—but too low everywhere

People with an Updated (Bivalent) Booster Dose	Percent of US Population	Percent of Chicago Population
Population ≥ 5 years	12.1%	15.3%
Population ≥ 12 years	13.1%	15.9%
Population ≥ 18 years	13.9%	16.8%
Population ≥ 65 years	31.3%	31.6%



Over 436,000 doses of the updated boosters have been administered to Chicagoans since authorization (up from 387,000 last week)

The 7DRA doses administered decreased from ~4,500 last week to ~4,300 this week





Demographics of Chicagoans who received an updated COVID-19 vaccine (N=412,948)

Age Group	Count	(%)
5-11 yrs	9520	2.3%
12-17 yrs	14044	3%
18-29 yrs	46724	11%
30-39 yrs	76275	18%
40-49 yrs	57922	14%
50-59 yrs	58986	14%
60-69 yrs	70623	17%
70-79 yrs	53270	13%
80+ yrs	25584	6%

Race-ethnicity	Count	(%)
Latinx	66141	16%
Black, non-Latinx	76316	18%
White, non-Latinx	218220	53%
Asian, non-Latinx	34645	8%
AIAN, non-Latinx	2099	1%
NHPI, non-Latinx	960	0%
Other, non-Latinx	6956	2%
Unknown	7611	2%

Sex	Count	(%)
Female	225389	55%
Male	185283	45%
Unknown	2276	1%

Overall, **22% (+1%) of Eligible Chicagoans** have received an updated, Fall 2022 COVID booster

	No. of Chicagoans eligible for updated vaccine (est.)*	No. of eligible who received updated vaccine	Percent eligible who have received updated vaccine
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Race/Ethnicity

Latinx	519,886	66,141	12.7%
Black, non-Latinx	434,460	76,316	17.6%
White, non-Latinx	645,740	218,220	33.8%
Asian, non-Latinx	143,698	34,645	24.1%

Age Group

05-11 yrs	97,794	9,520	9.7%
12-17 yrs	127,373	14,044	11.0%
18-29 yrs	355,458	46,724	13.1%
30-39 yrs	353,884	76,275	21.6%
40-49 yrs	276,536	57,922	20.9%
50-59 yrs	254,879	58,986	23.1%
60-69 yrs	216,049	70,623	32.7%
70-79 yrs	127,026	53,270	41.9%
80+ yrs	66,446	25,584	38.5%



GET YOUR UPDATED COVID BOOSTER & FLU SHOT AT HOME



In-home vaccination is available to all Chicago households at no cost. Up to 10 people can be vaccinated, so invite your family, friends, or neighbors to get vaccinated together.



EVERYONE 6 MONTHS AND UP IS ELIGIBLE FOR THE AT-HOME PROGRAM

In-home appointments are available four days a week, Saturday through Tuesday, 8:00 am – 6:30 pm.

VACCINES AVAILABLE

- Primary series Moderna (age 6 months through 5 years) and Pfizer (age 6 months and older).
- New Pfizer bivalent boosters (age 5 years and older).
- Flu shots are available as long as one person receives the COVID-19 vaccine.



REGISTRATION ENCOURAGED ★ WALK-INS WELCOME
All clinics are Saturdays from 9am-2pm

LOCATION:	DATE:	REGISTER AT:
Malcolm X	November 5	rebrand.ly/MalcolmXCollege
Truman	November 12	rebrand.ly/TrumanCollege
Kennedy-King	November 19	rebrand.ly/KennedyKing
Wright	December 3	rebrand.ly/WrightCollege
Olive-Harvey	December 10	rebrand.ly/Olive-Harvey
Daley	December 17	rebrand.ly/DaleyCollege

THIS SATURDAY

The new COVID-19 bivalent booster is available!

Types of vaccines: Flu, COVID-19 primary series from Pfizer and Moderna starting 6 months+, and Pfizer bivalent boosters from 5 years+





Need a vaccine or a booster?
Have questions?

visit

CHI.GOV/COVIDVAX

or call

312-746-4835



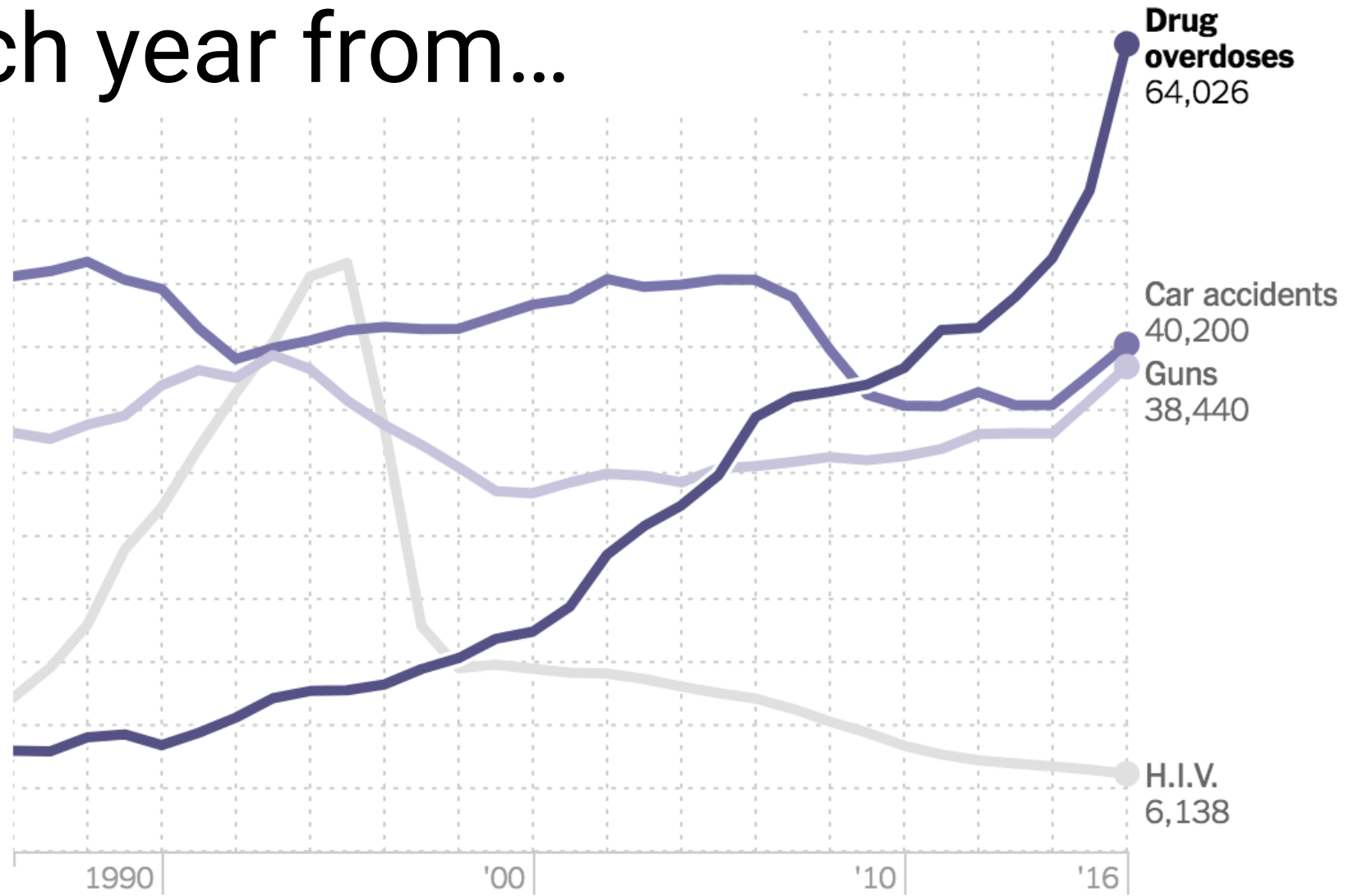


Understanding Substance Use, Overdose & Recovery

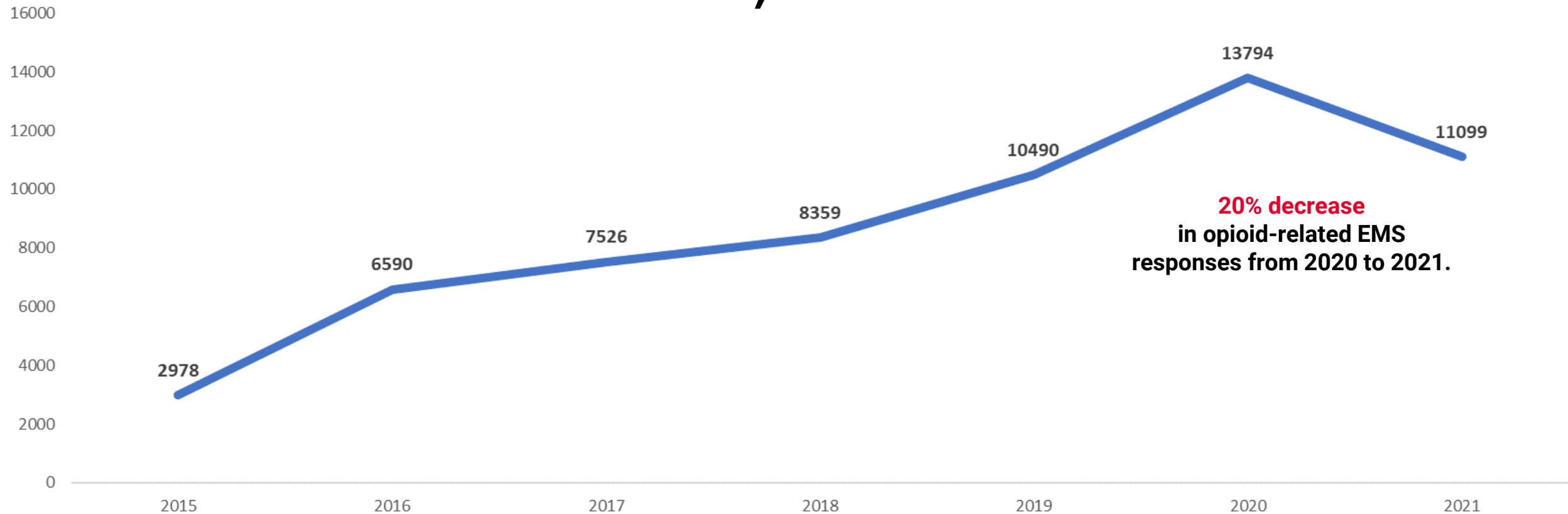
Chicago Department of Public Health
Office of Behavioral Health



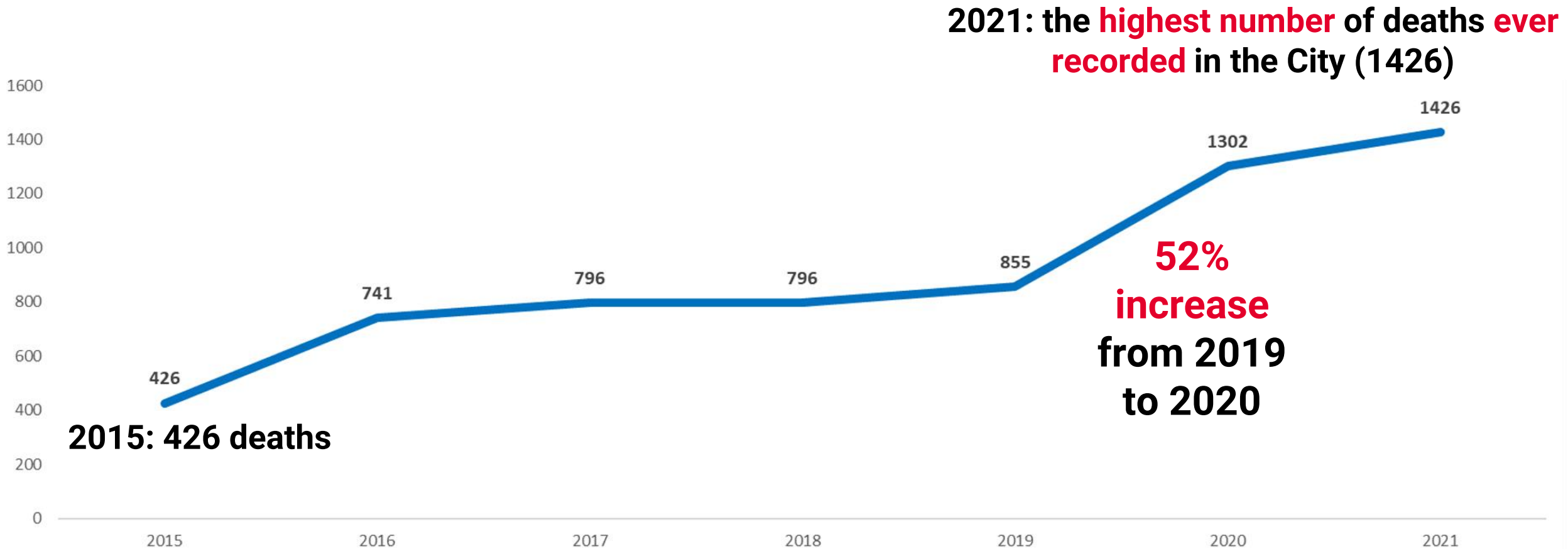
Americans who die each year from...



In 2021 there were **more than 11,000** opioid-related overdose Emergency Medical Services (EMS) responses in Chicago—down from more than **13,000** in 2020

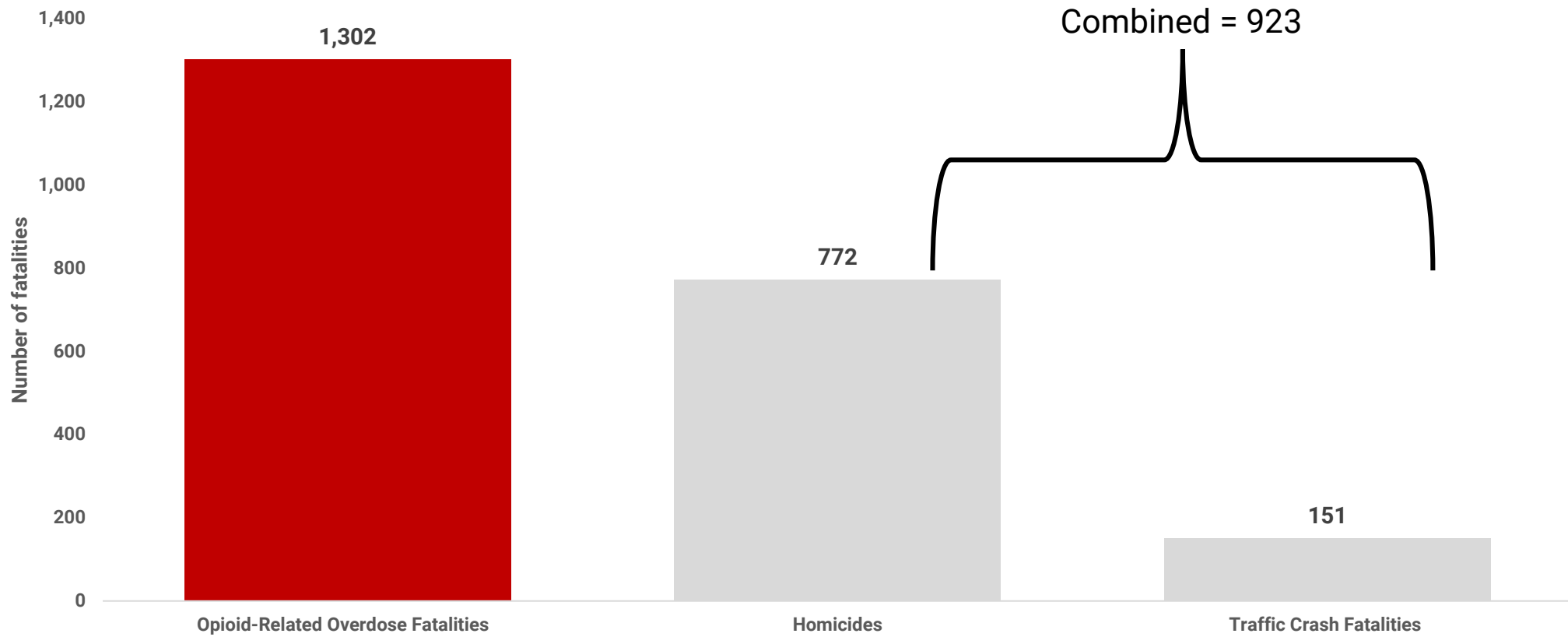


BUT 2021 saw the highest number of opioid-related overdose deaths ever in Chicago: over 1,400 deaths



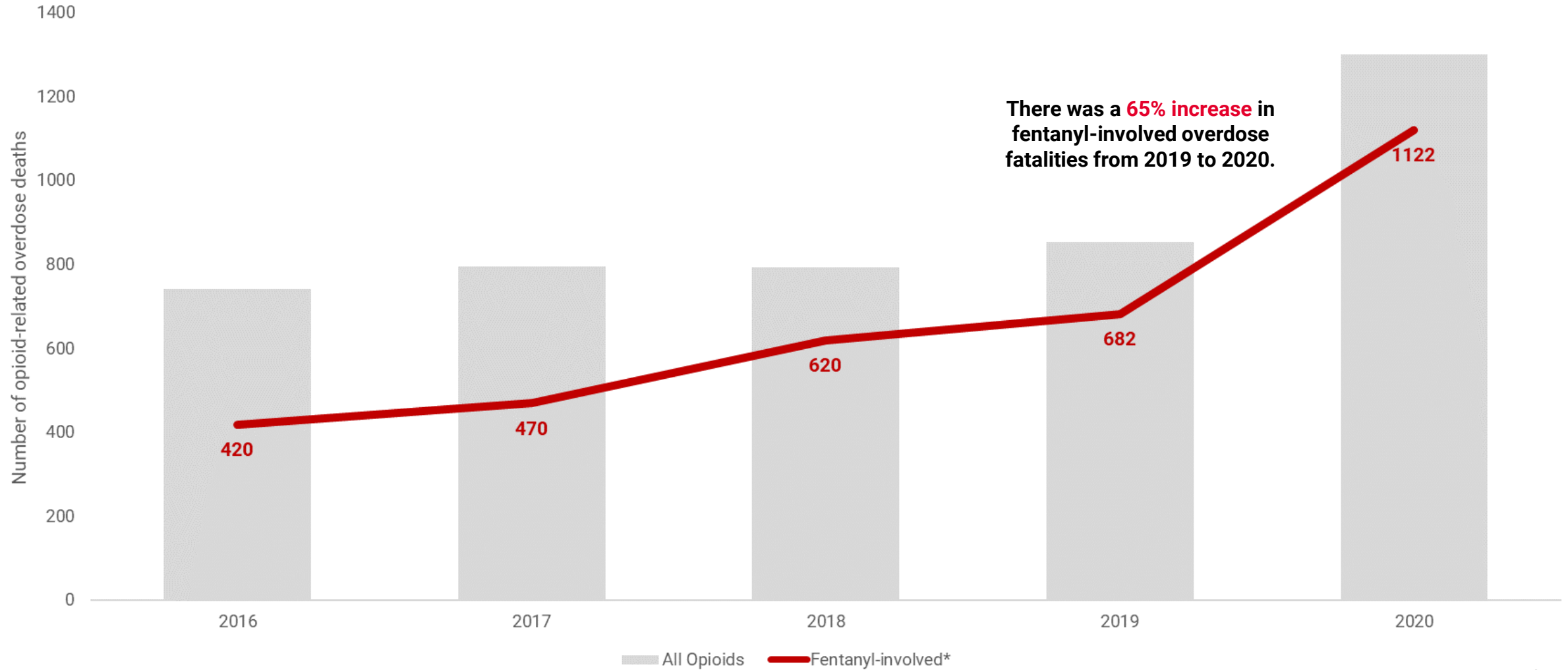
In 2020, there were more opioid-related overdose deaths in Chicago than **homicides and traffic crash fatalities**

★ **combined.** This is also true for 2021 and to-date in 2022, though data is still preliminary.



C

In 2020, *Fentanyl* was involved in **86%** of opioid-related overdose deaths in Chicago



Data Source: Cook County Medical Examiner's Office, as of 1/26/22; data is subject to change.

*"Fentanyl-Involved" deaths may involve other opioids in addition to fentanyl

WHAT IS AN OPIOID?

- ▶ Opioids are a type of drug used to temporarily reduce pain
 - Attach to opioid receptors in the brain and body, cause cells to release signals of reduced pain and increased pleasure
 - At high doses, opioids slow breathing
- ▶ Opioids are legally prescribed to treat pain: oxycodone, hydrocodone, morphine, codeine, **fentanyl**
- ▶ Opioids can also be illegally manufactured and sold heroin, **fentanyl**, carfentanil

**Fentanyl is both
prescribed
legally
(generally as
patches) and
illegally
made**

WHAT IS AN OPIOID OVERDOSE?



An **opioid overdose** occurs when too many opioids flood the brain, overwhelming the opioid receptors and causing a person to stop breathing



What is fentanyl?



- 50-100 times as potent as morphine, most illicitly produced
- Common adulterant in heroin, with or without user's knowledge; increasingly cut with other drugs (e.g. cocaine, ecstasy).



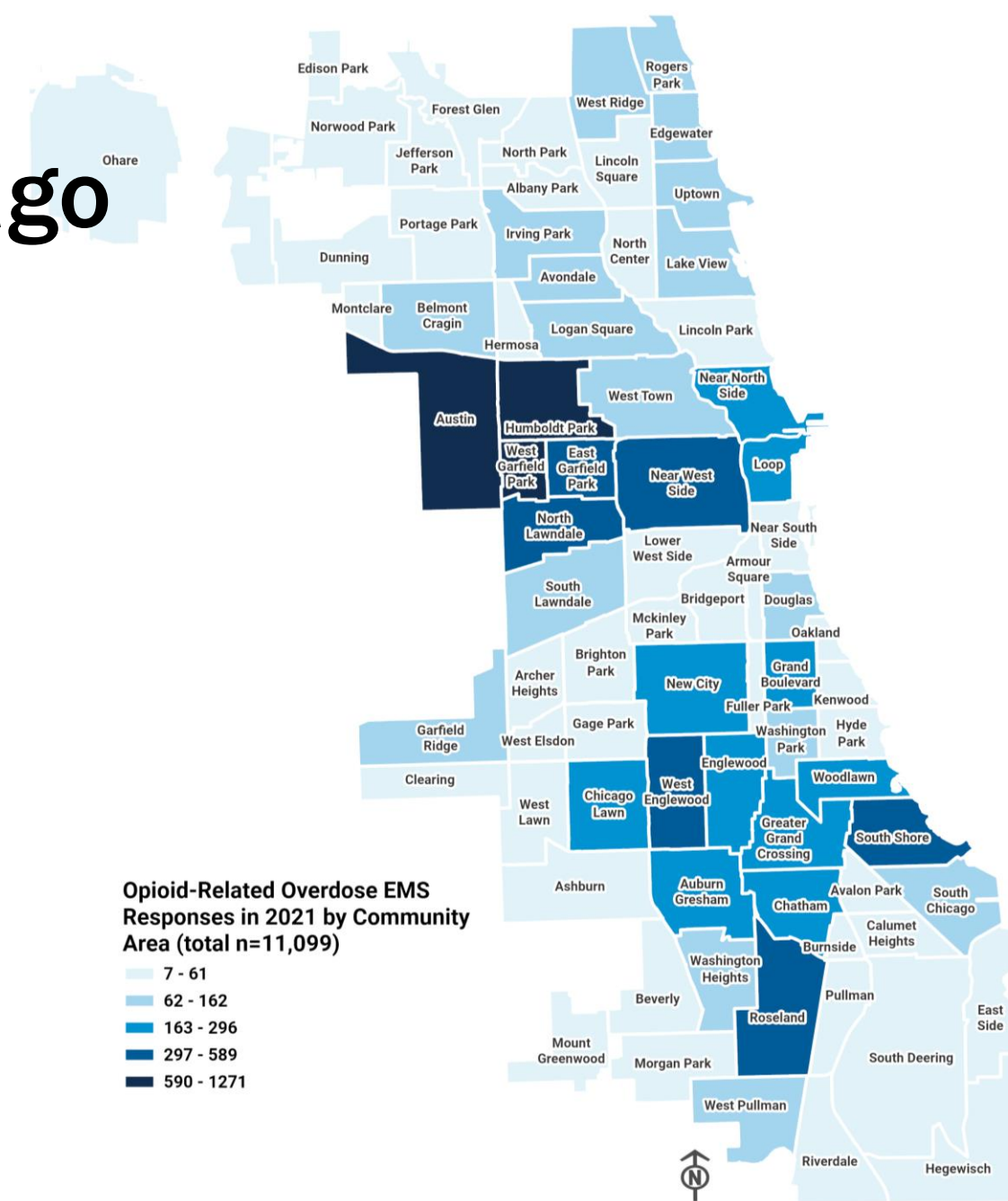
On the left, a lethal dose of heroin; on the right, a lethal dose of fentanyl.

NEW HAMPSHIRE STATE POLICE FORENSIC LAB

Newer analogues: carfentanil...100 times the potency of fentanyl (10,000x morphine)

Overdose affects every community area in Chicago

- ▶ **100%** of Chicago's community areas had an opioid-related overdose EMS response in both **2021** and **2022**.
- ▶ In **2020**, **97%** of Chicago's community areas were home to at least one resident with a fatal opioid-related overdose.
- ▶ In **2020**, the most opioid-related overdose deaths occurred in the following community areas:
 - **Austin** (n=97)
 - **Humboldt Park** (n=64)
 - **North Lawndale** (n=49)

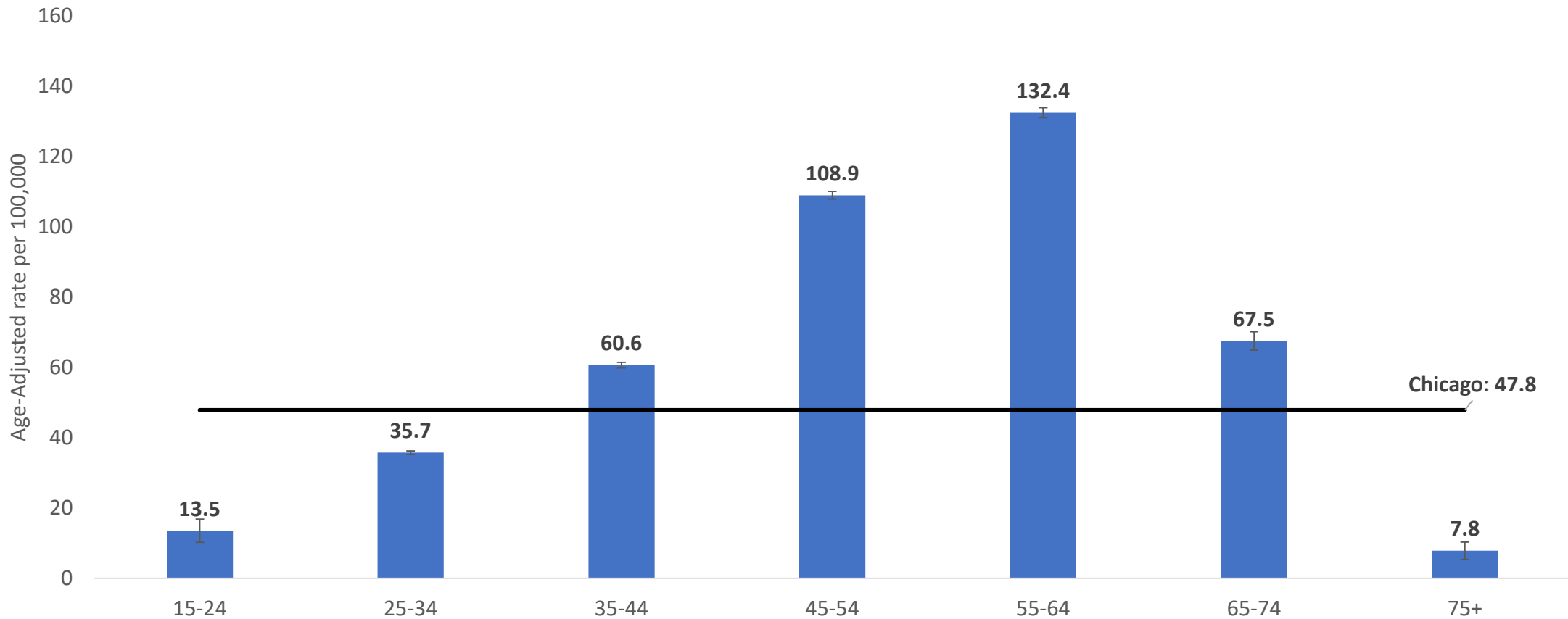


WHO IS MOST AT RISK OF OVERDOSE?

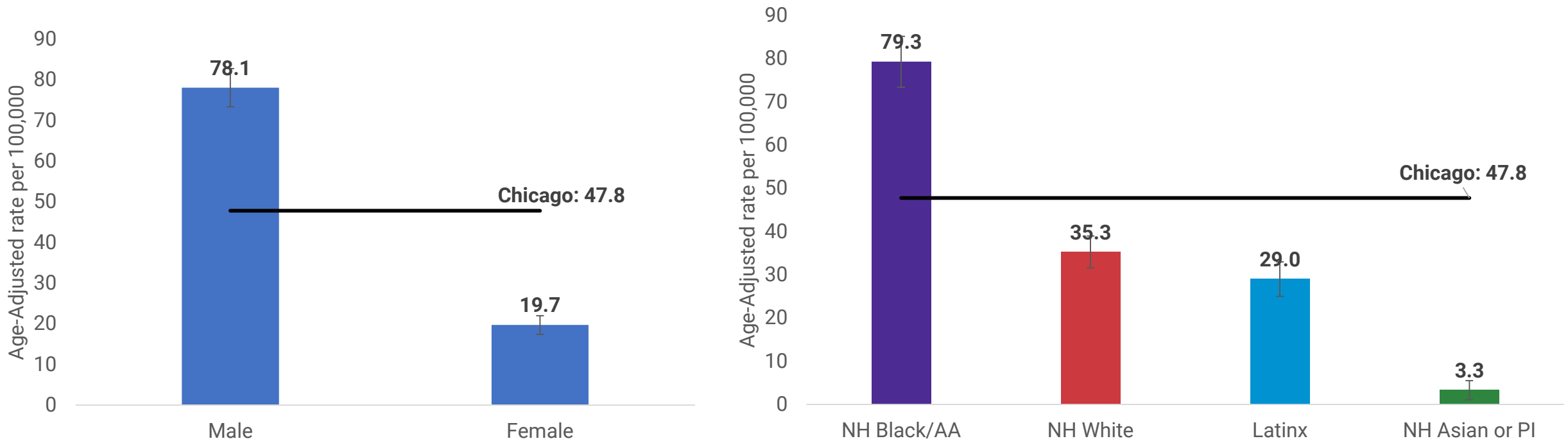
★ Anyone can experience an opioid overdose, but some groups have especially elevated risk:

- ▶ **People recently released from incarceration:** Research has found that people recently released from jail or prison are **40-120 times more likely to die** from an opioid overdose than the general public.
- ▶ **People leaving "detox" or abstinence-based treatment facilities:** Evidence indicates that **the majority of people who enter detox begin using again** ("relapse") soon after discharge (often within 1 week)
- ▶ **People who have recently given birth:** The three leading causes of pregnancy-associated death are homicide, suicide, and drug overdose. Estimates vary by state, but indicate **10-40% of pregnancy-associated deaths** are attributed to drug use and overdose. Most involve opioids together with other substances

In 2020, opioid-related overdose death rates were highest among 45-64-year-old Chicagoans.



In 2020, opioid-related overdose death rates were highest among **males** and **Black non-Latinx** Chicagoans



WHAT WORKS

Evidence-Based Harm Reduction, Treatment & Recovery



CDPH's Harm Reduction, Treatment, Prevention and Recovery Services

Medication Assisted Recovery: opioid treatment hotline

Narcan distribution and training

Fentanyl test kit distribution and education



Medication Assisted Recovery (MAR) is ★ The Standard of Care for Opioid Use Disorder

Medication Assisted Recovery:

Buprenorphine, **methadone**,
or **naltrexone** to treat opioid use disorder, in
some cases in combination with behavioral
therapies like counseling or group therapy.

MAR is the standard of care for opioid use
disorder, but an estimated **87% of people
nationwide with an opioid use disorder do
not receive MAR.**



Brand names of buprenorphine include **Suboxone** (pictured above), **Subutex** (tablets) and **Sublocade** (extended-release injection).

Naltrexone is often referred to by its brand name **Vivitrol**.

Evidence Clearly Indicates MAR Is An Effective Treatment *And* Harm Reduction Intervention

Compared to behavioral therapy alone, MAR:

1. Decreases illicit opioid use
2. Retains patients in treatment
3. Reduces mortality: *patients on buprenorphine have a 40-80% lowered risk of fatal overdose compared to those not receiving buprenorphine treatment*

NOTE: "detox" or supervised withdrawal is NOT an effective treatment and **INCREASES** the risk of overdose if no linkage to next level of care

To Increase Access To MAR, CDPH launched MAR NOW Program in May 2022



MAR MEDICATION
ASSISTED
RECOVERY

is a safe and effective treatment
for opioid use disorder.

With the MAR NOW Program, MAR is
available to anyone in Chicago, regardless
of insurance status, income, or ability to pay.

Call **833-234-6343**
and ask for **MAR NOW**
to receive immediate treatment 7 days/week.

 **CHICAGO**
MAYOR LORI E. LIGHTFOOT

To request fentanyl test strips, email
OSU.CDPH@cityofchicago.org

The program connects individuals to immediate treatment, including telephonic buprenorphine prescription.

Since May, MAR NOW has connected **140 people** to methadone, buprenorphine, or naltrexone within 24-48 hours of calling the line.

99% of people calling for home induction on buprenorphine successfully completed induction.

The Chicago pilot's success led to statewide expansion in September 2022.

Chicago Department of Public Health citywide communication materials



cta Tagline Here
 For travel information: transitchicago.com
 312-836-7000
 TTY: 312-836-4949



HELP IS HERE. NOW.

DIAL 833-234-6343

Ask for **MAR NOW** and get immediate opioid treatment.



Overdose is preventable.



DID YOU KNOW

YOU CAN GET SAFE AND EFFECTIVE OPIOID USE DISORDER TREATMENT AT HOME?

BUPRENORPHINE

is a medication that treats opioid use and reduces the risk of overdose.

You can receive a prescription over the phone to start treatment at home, today.

Call **833-234-6343** and ask for **MAR NOW** to start.



To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

Recovery is possible.

- **MAR NOW** is a 24/7 accessible hotline for opioid use disorder that connects you directly and immediately to a treatment provider
- Call the Illinois Helpline any time at **833-234-6343** and ask for MAR NOW
- You can receive medications over the phone, a same-day appointment in-person, and assistance with transportation and follow-up care
- All Chicagoans are eligible, regardless of insurance status, documentation, or ability to pay



To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

La recuperación es posible.

- **MAR NOW** es un acceso a la línea de apoyo para el desorden de uso de opioides disponible 24/7 que te conecta con un proveedor de salud para tratamiento inmediato
- Llame a la línea de apoyo de Illinois en cualquier momento al **833-234-6343** y pregunte por MAR NOW
- Puede recibir medicamentos en el momento a través de una llamada telefónica para citas el mismo día en persona y asistencia con transportación y citas de seguimiento
- Todo Chicagoano es elegible independientemente de su capacidad de pago, seguro médico o estado migratorio



Para pedir pruebas de bandas para fentanilo, mande un correo a OSU.CDPH@cityofchicago.org

HELP IS HERE. NOW.



MAR NOW is a new hotline that connects you directly to a provider for opioid use disorder treatment.

Call **833-234-6343** 24/7 and ask for MAR NOW. You can receive medication over the phone, or a same-day appointment for treatment.

MAR (Medication assisted recovery) involves the use of medications to treat opioid use disorder. MAR reduces the risk of overdose and can reduce withdrawal symptoms. It is safe, effective, and with MAR NOW it is *available to all Chicagoans*, regardless of ability to pay, insurance status, or documentation.

In 2020, there were **more opioid-related overdose deaths** than homicides and traffic crash fatalities combined in Chicago

MAR treatment can **reduce overdose risk by up to 50%**

1,302 people died of an opioid-related overdose in Chicago in 2020, the highest number ever recorded.

Overdose is preventable.



To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

IS OPIOID USE CAUSING PROBLEMS FOR YOU?

Buprenorphine and methadone stop withdrawal symptoms and cravings, and effectively reduce illicit opioid use.

	BUPRENORPHINE	METHADONE
WHEN CAN I START?	12-24 Hours after last opioid use	Immediately
HOW DO I TAKE IT?	Dissolve a film or pill in your mouth once/day. You can receive a prescription to start at home without going to a clinic first.	Take one dose/day at approved programs. Usually you have to go in person to receive the dose, but some take-home dose may be permitted.
HOW DO I LONG TAKE IT?	Most effective when used for 9+ months.	Most effective when used for at least 1 year.
HOW DO I GET IT?	CALL 833-234-6343 and ask for MAR NOW (medication assisted recovery now). Everyone in Illinois is eligible.	
DO I NEED INSURANCE?	No. Through the MAR NOW program, anyone call access these medications with or without insurance. Just CALL 833-234-6343 to get started.	



HELP STARTS HERE.





Know the signs of **opioid overdose** and call 911 if someone is overdosing

- a) Slow, shallow breathing
- b) Choking
- c) Limp body
- d) Pale/blue/cold skin
- e) Falling asleep or lack of consciousness
- f) Very small pupils

USE NARCAN WHILE YOU WAIT FOR THE AMBULANCE!

HOW CAN YOU PREVENT FATAL OVERDOSE?



Naloxone reverses an opioid overdose.

- Narcan is the brand name of the medication naloxone
- Naloxone is **not addictive, harmless to someone who is not overdosing** on opioids, and has **no potential for misuse**

Illinois law allows:

- Nonmedical persons to administer naloxone without civil or criminal liability.
- Individuals to seek emergency medical help for an overdose without risking criminal liability for possession (Good Samaritan Law)
- Trained pharmacists to dispense naloxone through standing order.

CDPH distributes this kind of nasal naloxone (Narcan) to the general public



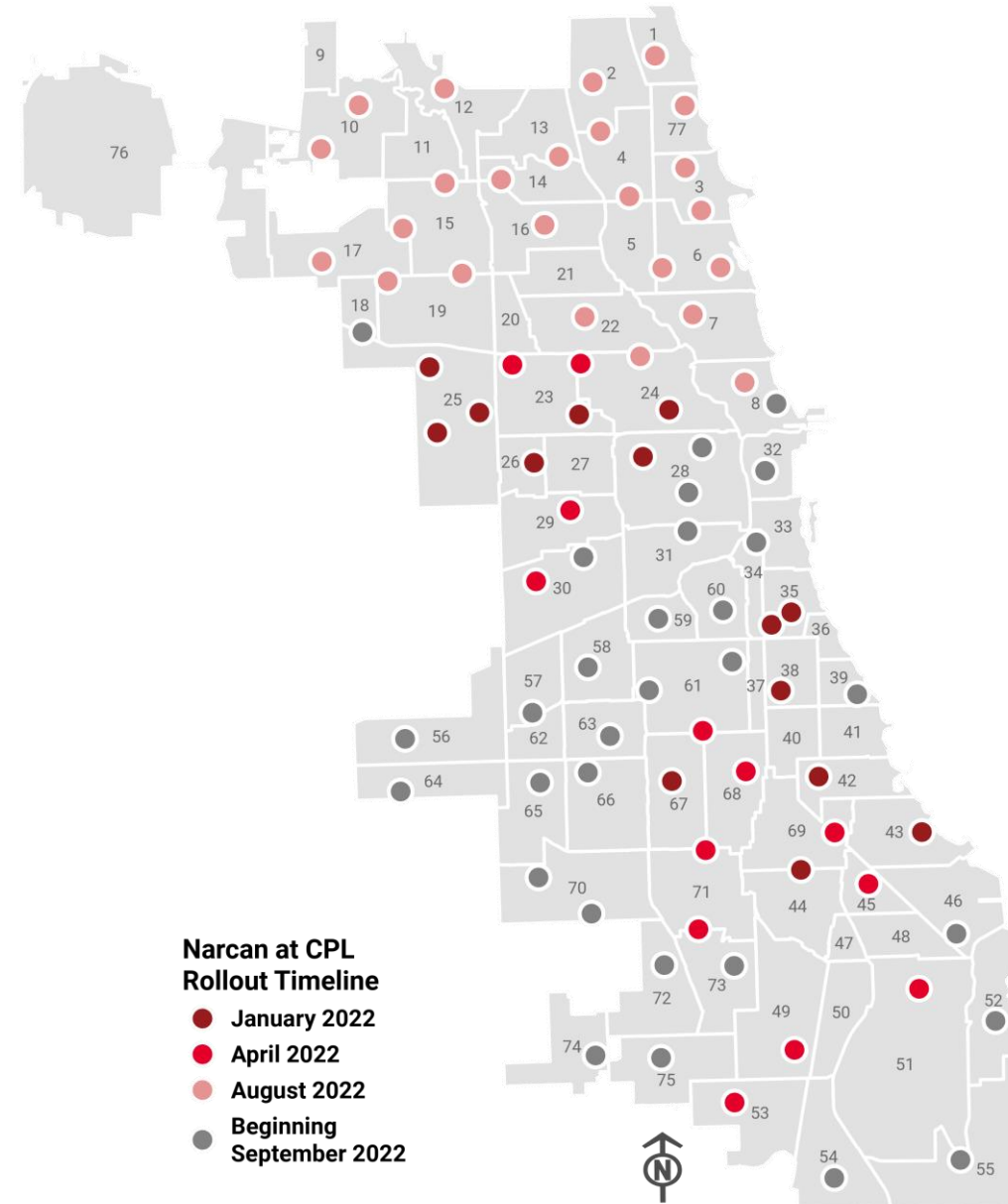
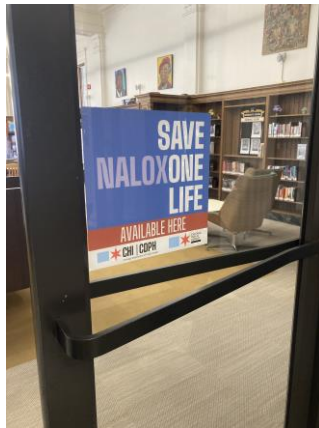
Narcan nasal spray

You can carry Narcan and make it available to the public in your offices. Email osu.cdph@cityofchicago.org for more information.

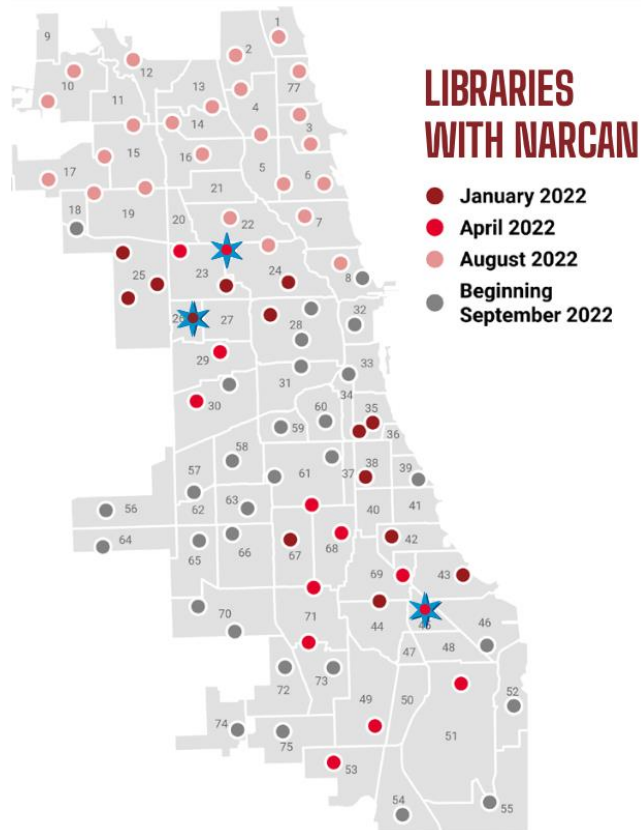
NARCAN AT LIBRARIES

★ CDPH works with CPL to provide Narcan for free to residents. The program began in January 2022 in 14 libraries and expanded to **51 libraries** in August 2022.

Between January – October, the program distributed **over 1,700 Narcan kits** to the community.



Narcan box and information at Chicago Public Libraries



EDITORIALS COMMENTARY

Public libraries are stepping up to save lives amid the opioid epidemic

The Chicago Department of Public Health and the Chicago Public Library will make Narcan, an overdose reversal medication, available at 14 branches in areas devastated by drug overdoses.

By CST Editorial Board | Jan 10, 2022, 8:00pm CST



NALOXONE IS NOW AVAILABLE at select Chicago Public Libraries

Naloxone (Narcan) is a safe and legal medication that reverses an opioid overdose.

If you or a loved one is struggling with substance use, the Illinois Helpline for Opioids & Other Substances is here for you.
call **1-833-2-FINDHELP** or text **"HELP"** to **833234**



 **CHICAGO**
Mayor Lori E. Lightfoot



COMMON MYTHS ABOUT NARCAN & OVERDOSE



MYTH: Naloxone encourages drug use

Naloxone saves lives by reversing opioid overdoses. There is no evidence that having access to naloxone encourages or enables drug use.

 To request fentanyl test strips, email
 **CHI** OSU.CDPH@cityofchicago.org

MYTH You can overdose from touching fentanyl

You **CANNOT** overdose just from touching fentanyl. However, fentanyl is extremely powerful and you may need more naloxone to reverse an overdose that involves fentanyl.

 To request fentanyl test strips, email
 **CDPH** OSU.CDPH@cityofchicago.org

Fentanyl Test Kit Distribution



CDPH began distributing fentanyl test strips in October 2021 and has distributed **over 77,000 fentanyl test strips** to individuals and organizations citywide.



Fentanyl test kit community build and overdose awareness



STAY SAFE THIS WEEKEND.



FENTANYL IS FOUND
IN COCAINE, MDMA,
AND OTHER DRUGS
- **NOT JUST HEROIN.**

Email osu.cdph@cityofchicago.org
to get fentanyl test kits and Narcan.



Fentanyl test strips are an easy to use tool that can detect the presence of fentanyl in substances in a few minutes

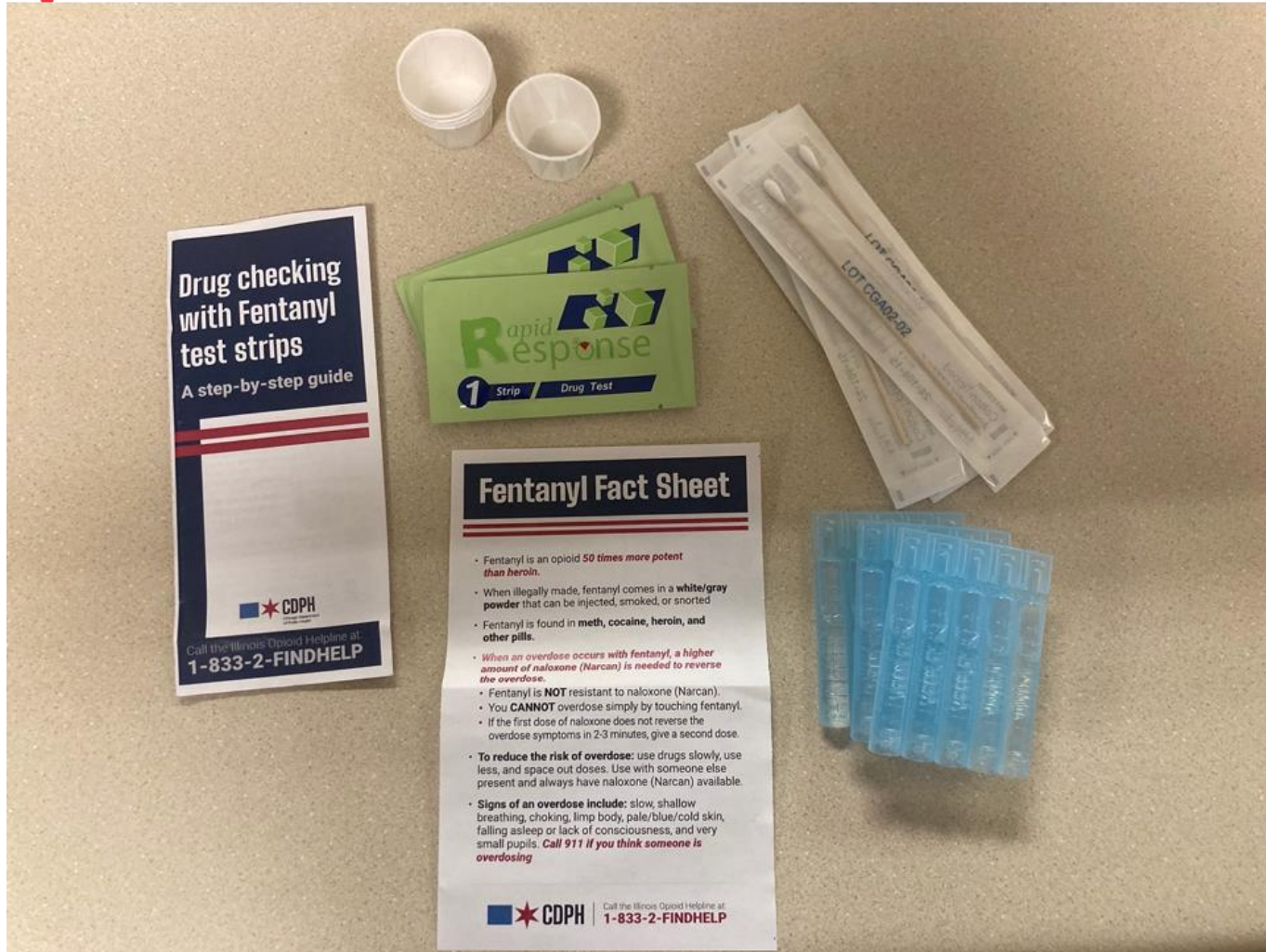
This is a fentanyl test strip



To request test strips, email
OSU.CDPH@cityofchicago.org



CDPH Fentanyl Test Strip Kits



Kit Contents

Step-by-step guide to using FTS

Fentanyl fact sheet

fentanyl test strips

ketchup cups

stir sticks

sterile water

+ Positive test



One line means fentanyl detected.

■ Negative test



Two lines means no fentanyl detected.

What is Chicago's Narcotics Arrest Diversion Program (NADP)?



NADP offers treatment instead of criminal charges for people arrested for select drug-related offenses in Chicago.

The program provides a supportive intervention for individuals with substance use disorders apprehended by CPD, instead of punishment.



SINCE THE PROGRAM LAUNCH IN 2018

OVER 900 people have been diverted

79% of those diverted start treatment and **52% remain engaged for at least 30 days**

Those diverted are **44%** less likely to be re-arrested

  NADP effectively targets people with histories of
  substance use

900+
diverted

70+
walk-ins

87% used heroin in the last year

80% of those who use, use daily

50% used heroin the day of their arrest

27 average age of earliest heroin use

Mental Health & Substance Use



Co-occurring disorders are defined as the existence of at least one independent major mental disorder and one independent substance use disorder (SUD)

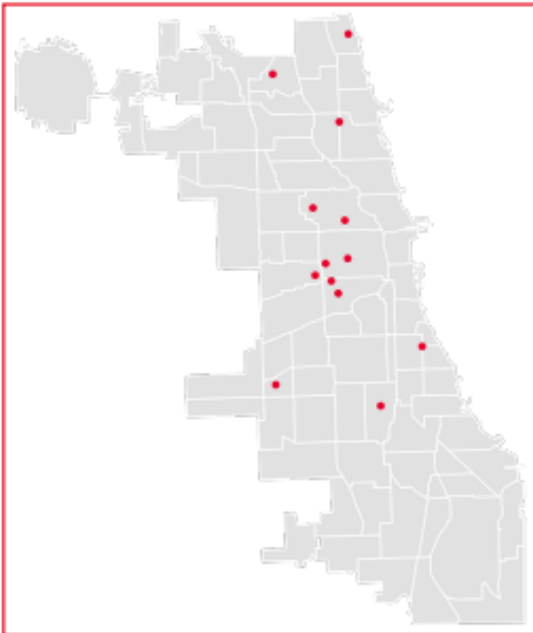
1. Common risk factors can contribute to both serious mental illness and SUD
2. Mental health conditions can contribute to the development of an SUD
 - Sometimes people with mental health conditions seek to self-medicate with substances
3. Substance use can contribute to the development of mental health conditions
 - Substance use can trigger brain changes in development or function that make it more likely for someone to develop a mental health condition

Over half of people with a serious mental illness also have a serious substance use problem.

Mental Health & Substance Use

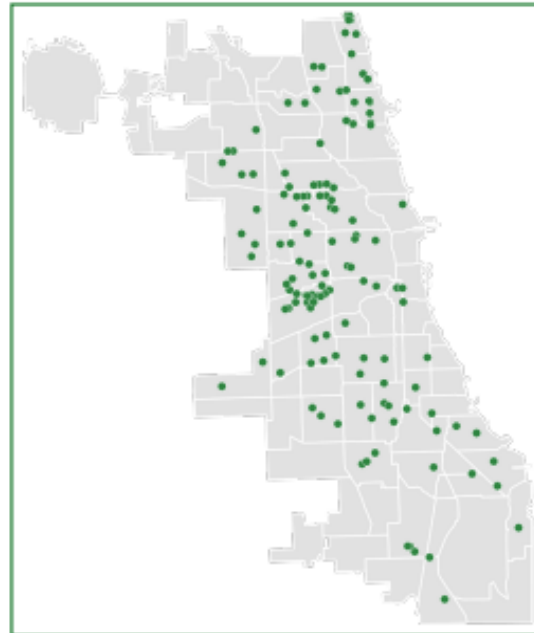
CITY FUNDED MENTAL HEALTH SERVICES

2019 INVESTMENTS

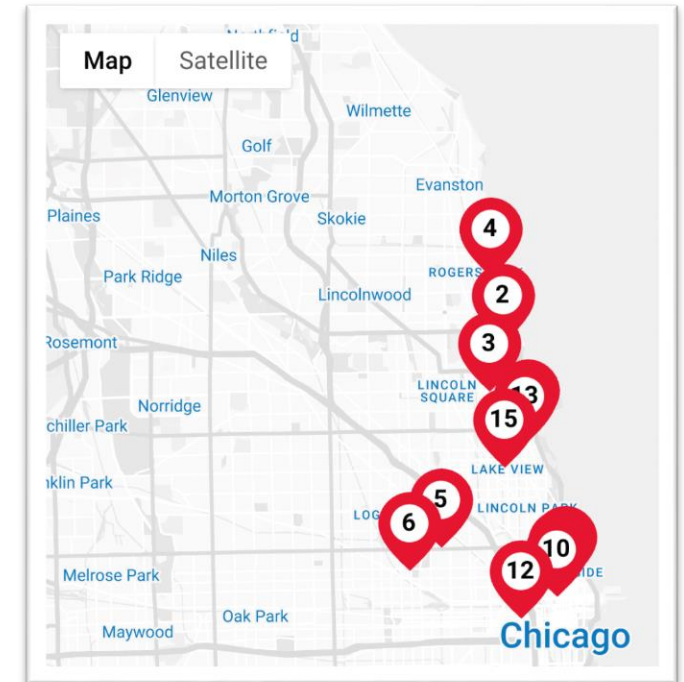


- Budget - \$12M
- 3,651 people receiving services per year
- 13 organizations funded
- 11 neighborhoods

2022 INVESTMENTS



- Budget - \$89M
 - 60,000 people receiving services per year
 - 50 organizations funded
 - 77 neighborhoods*
- *Projected by the end of 2022*



UN[★]SPOKEN
 FOR MORE INFORMATION, PLEASE VISIT:
MentalHealth.chicago.gov



Behavioral Health Conditions are More Common in Unsheltered Populations

Approximately half of people experiencing homelessness have a mental health condition

- About 50% of people experiencing homelessness have **depression**
- Approximately 33% of the homeless population is affected by **severe mental illness** (schizophrenia, schizoaffective disorder, bipolar disorder or major depression)
- People with severe mental illness are reported to be 10 to 20 times more likely than the general population to become homeless

Victimization and trauma among unsheltered populations is high, particularly among those with severe mental illness

- **35% of men and 40% of women** reported experiencing a violent attack while living in unsheltered locations
- Multiple studies report that the lifetime rate of victimization of people with SMI experiencing homelessness ranges from **74% to 87%**



Behavioral Health Conditions are More Common in Unsheltered Populations

Drug overdose is a leading cause of death among people experiencing homelessness

In a study of 60,000 adults experiencing homelessness in Boston between 2003-2017, 24% of deaths during the study period were attributed to overdose (90% involving opioids). The drug overdose death rate in this group was **12 times higher than the Massachusetts general population.**

Estimates vary but indicate that between **30-60% of people experiencing homelessness have a substance use disorder**



Language Matters.

How we talk about substance use, overdose, treatment, and recovery can have direct impacts on the care people receive.

Of the over **20 million** people in the United States with a substance use disorder, only about **10%** receive treatment.

- Stigma is one of the primary reasons that people with substance use disorder do not get the treatment that they need.
- Stigma can be societal, structural, personal

LANGUAGE MATTERS!

Language can impact how people access and experience substance use care. What you say matters.



INSTEAD OF



USE

Abuse	»»	Use
Addict / Junkies / Abuser	»»	Person with substance use disorder
Alcoholic	»»	Person with alcohol use disorder
Clean / Sober	»»	Person in recovery
Dirty	»»	Used, (screen) positive/negative
Habit / drug habit / drug problem	»»	Substance use disorder
Replacement or substitution therapy	»»	Medication assisted recovery
Detox	»»	Withdrawal management
Relapse	»»	Return to use

To request fentanyl test kits and Narcan, email:
osu.cdph@cityofchicago.org

#EndOverdose



CDPH can provide you with free posters, cards, window clings, and digital assets promoting this Language Matters information. Email osu.cdph@cityofchicago.org to access.



CDPH HIV Funding

Allison Arwady, MD, MPH
Commissioner

★ Chicago continues to make excellent progress against HIV: Goal is Getting to Zero

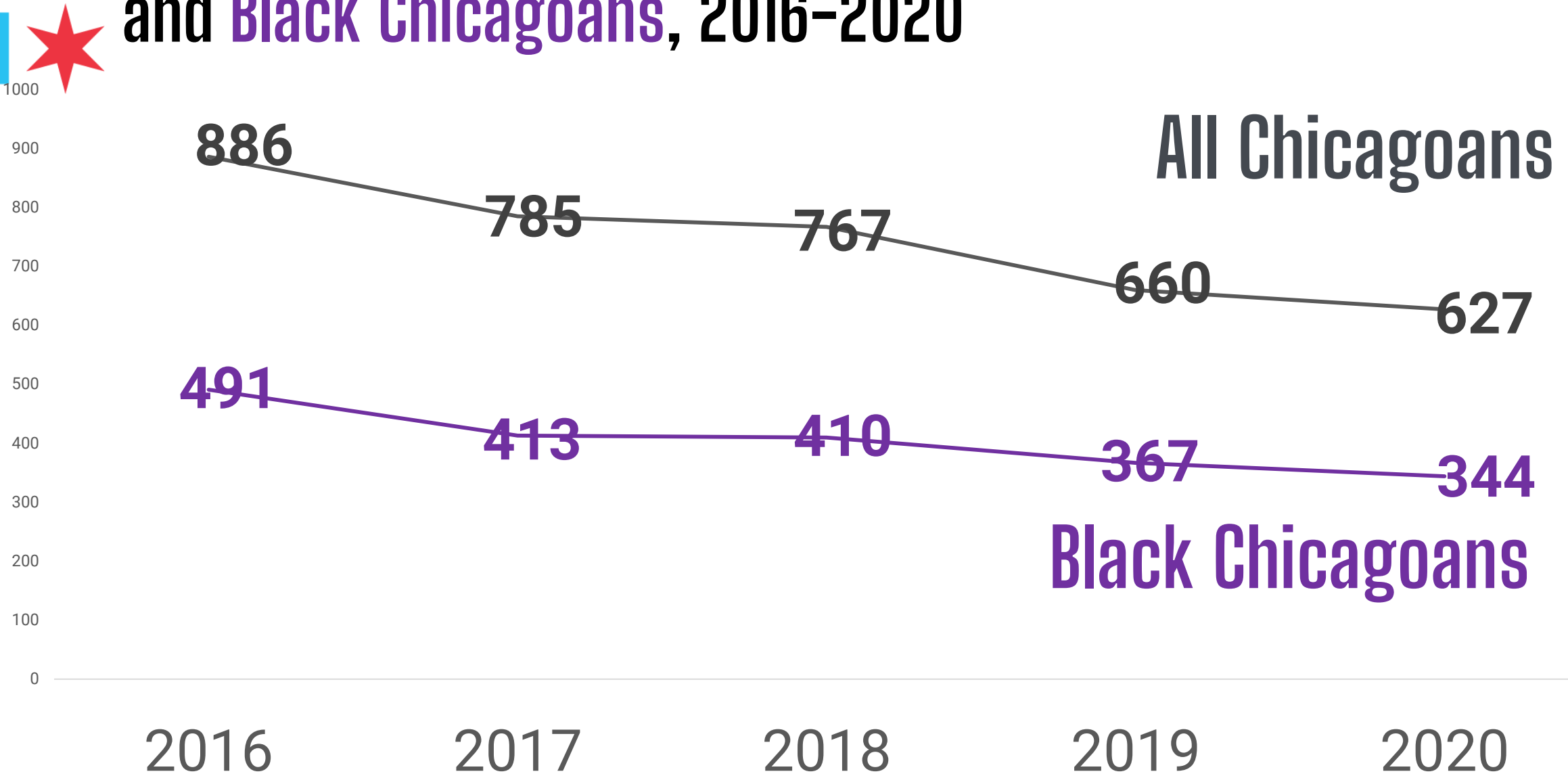


Good News: In 2020 (the latest year with official data): Chicago had the **fewest new HIV diagnoses** since 1987

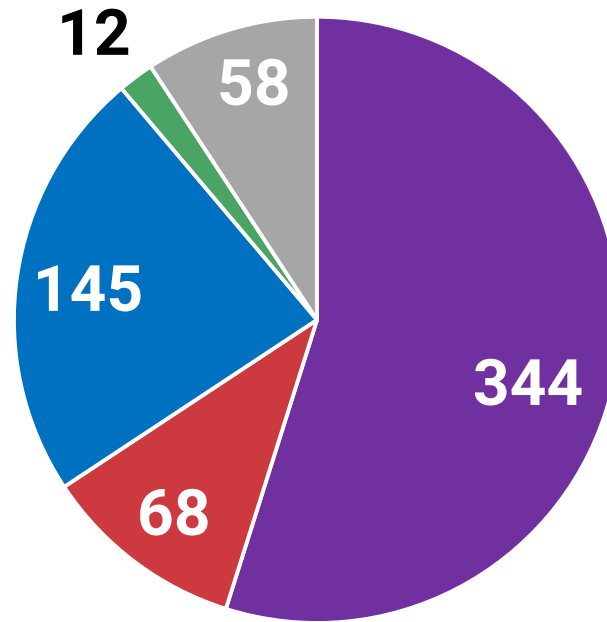
This was true for **all age groups.**

This was true for **Black, White, and Latinx Chicagoans.**

HIV Diagnoses by Year of Diagnosis—All Chicagoans and Black Chicagoans, 2016–2020



However, **Black Chicagoans** continue to make up the **majority (55%) of new HIV diagnoses** in Chicago in 2020



■ Non-Hispanic Black

■ Non-Hispanic White

■ Hispanic

■ Non-Hispanic Asian/PI

■ Other

Background: HIV Funding in Chicago



- ~\$43M invested in HIV programs annually across Chicagoland
- 93% of Chicago's HIV funding is federal
- Federal funding has legislative requirements:

A) Primarily funds two priorities for people living with HIV

1) medical care/treatment (because getting and staying on medications is key to Getting to Zero)

2) long-term housing

B) Requires local planning council to set priorities and allocate funding

★ Background: HIV funding cycle and planning council

- HIV programs funded on a **five-year cycle** (current: 2019-2023)
- Current funding priorities for five-year cycle were set by planning council over 25-month planning process in 2017-2018.
- In last cycle (2018), 73% of planning council members were Black or Latinx, and 35% were persons living with HIV.
- Planning council will similarly set updated priorities/funding allocations for next cycle in **2023**. Must follow this council's decisions, by law.
 - New: same planning council will set priorities for other sexually transmitted infections, tuberculosis, and hepatitis
 - Will be recruiting membership for council in early 2023 (will share applications with interested aldermen)

★ Background: Current HIV Programs in Chicago

- Because of federal requirements, majority of HIV funding must support medical care and long-term housing programs for people living with HIV
 - Limited funding available to support other, non-clinical services
- ~70% of clients served by CDPH HIV programs are Black and Latinx
- Majority of HIV services are provided on the City's south and west sides
- Current programs are achieving impressive outcomes
 - Of ~15,000 people with HIV served through CDPH-funded health homes in 2020, >90% were virally suppressed (compared to ~60% in the population overall)



Background: Funding Black-led Organizations in Chicago

- CDPH currently funds **17 Black-led organizations** (directly and through sub-contract)
 - Average direct award: \$303,000
 - Direct award range: \$92,500 - \$895,000
- Many CDPH-funded Black-led organizations have seen increases in HIV funding in current cycle of funding. E.g.
 - Chicago Black Gay Men's Caucus from \$95K in 2018 to \$287K today
 - Alliance Care 360 from \$87K in 2018 to \$774K today
 - Brave Space Alliance from \$0 in 2018 to \$250K today



CDPH-funded Black-led Organizations in Chicago

- Access Community Health Center
- Affinity Community Services
- Alliance Care 360
- Brave Space Alliance
- Chicago Black Gay Men's Caucus
- Children's Place Association
- Christian Community Health Center
- Community Supportive Living Systems
- Friend Family Health Center
- Human Resources Development Institute
- Lawndale Christian Community Health Center
- Project Vida
- Sinai Health Systems
- South Side Help Center
- Transforming Re-entry Services
- Unity Parenting and Counseling
- Universal Family Connections



Why doesn't more funding already go to Black-led organizations?

CDPH recently funded an externally moderated forum of Black-led organizations to identify priorities, needs, and challenges.

Some known challenges:

- Many Black-led organizations **do not provide the services** that CDPH is required to fund with federal dollars, based on federal requirements and planning council priorities—direct medical care and long-term housing.
- Some organizations, including Black-led federally-qualified health centers, **have not applied** for CDPH HIV funding.
- City contract policies require organizations seeking funding to **manage upfront costs while awaiting reimbursement**, which some organizations (not just Black-led organizations) report as a barrier to seeking larger contracts



Our goals are aligned: Funding more Black-led organizations in Chicago.

CDPH and IDPH are actively meeting with Black-led organizations to identify collaborative solutions that:

1. Expand funding opportunities where possible,
2. Provide technical assistance in the funding application process,
3. Provide capacity building assistance to strengthen core infrastructure,
4. Explore opportunities for smaller organizations to expand services to include areas where more funding is available,
5. Explore alternative funding pathways, including partnerships, and
6. Build long-term relationships with Black-led federally qualified health centers and housing providers that haven't previously applied for CDPH funding.

A new fund would need to be created from new corporate dollars.

Q&A

Thank You!



[Chicago.gov/Health](https://chicago.gov/Health)



HealthyChicago@cityofchicago.org



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