2022 EPLAN

Evanston Process for the Local Assessment of Needs

Table of Contents

Letter from the Director **3**

Acknowledgements **5**

Evanston Health Priorities **6**

Health Equity Framework **8**
- Our Definition of Health 8
- Geographic Approach 8
- Racial Equity Approach 9
  - Historical Roots of Racial Inequity in Evanston 10
  - Data Visibility among the Hispanic/ Latino Population 11

Evanston at a Glance **12**

Life Expectancy Across Evanston **13**

Living Conditions that Shape Our Health **14**
- Physical Environment 15
- Economic Environment 26
- Service Environment 39

Health Behaviors **50**

Health Outcomes **54**

Mortality **66**

Summary of Patterns: Health Inequity Across Our Community **72**

Outlining Change: Community Health Improvement Plan **73**
- Advance Health and Racial Equity 74
- Improve Mental and Emotional Wellbeing 77
- Strengthen Climate Resilience 80
- Measuring Impact 83
- Methodology 84
  - Assessment Framework 84
  - Community Collaboration and Alignment 84
  - Community Input and Engagement 85
  - Prioritization 86
  - Implementation and Next Steps 86

References **87**

June 29, 2022

JoAnn Bardwell
IPLAN Administrator
Illinois Department of Public Health
Attn: IPLAN Program
Office of Policy, Planning and Statistics
525 West Jefferson, 2nd Floor
Springfield, IL 62761

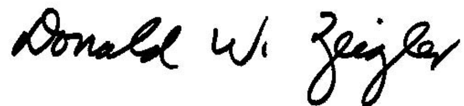
Dear Ms. Bardwell,

The Evanston Health Advisory Council (EHAC) acknowledges that the Evanston Health and Human Services Department has duly completed an organizational capacity self-assessment.

EHAC approves and adopts the enclosed Evanston Project for the Local Assessment of Needs 2022-2026, as of June 29, 2022.

Please contact Ikenga Ogbo, City of Evanston Department of Health and Human Services Director, at 847.488.8289 with any questions or concerns.

Sincerely,



Donald W. Zeigler, PhD
Chair
Evanston Health Advisory Council

Letter from the Director

It is our pleasure to share the results of our 2022 EPLAN (Evanston Process for the Local Assessment of Needs) with the Evanston community. The EPLAN, a community health assessment and planning process, is designed to identify and prioritize our community's most pressing health needs, and to inform the creation of a strategic plan to improve health.

Coming together as a community to improve the health and wellbeing of every Evanstonian has never been more important. The COVID-19 pandemic has caused profound loss, both here in our community, and throughout the world. Beyond the illness and death wrought by COVID-19, the pandemic has caused profound economic and social harm. While each of us has had our lives altered by COVID-19, we also know that the effects of this pandemic have not been experienced equally throughout our community. Black and Brown communities have disproportionately borne the burden of the pandemic, but COVID-19 did not create inequity. Rather, the pandemic has laid bare long-standing health inequities and economic injustices in our society, and worsened inequities that were already present. In fact, because of the lag in data availability from the US Census and other sources, much of the data presented in this report reflects the state of Evanston's *pre-pandemic* health and well-being. It will take several more years of data collection and reporting to be able to more fully assess the true scope of the pandemic's impact on our community, and the extent to which inequities have been exacerbated. The quantitative data presented in this report, then, can function as a baseline showing us health inequities prior to the impact of COVID-19, which we know have grown worse in the past two years. The picture of inequity captured in this report shows clearly that

we should not seek a return to pre-pandemic normalcy, given that our “normal” was an unacceptable level of inequity.

The tragedy and upheaval wrought by the pandemic also presents us with an important opportunity and call to action. Rather than striving to simply rebuild and return to normal, we can reimagine the kind of community we want Evanston to be. We have an opportunity to envision and work toward a healthier and more just future for everyone.

The work of reimagining Evanston cannot start, however, until we acknowledge the extent of inequity present in our community, and the role racism has played in perpetuating injustice and poor health. This EPLAN seeks to articulate the ways that health and quality of life are not experienced equally throughout our community. For example, while Evanston enjoys a high average life expectancy overall, when we look across neighborhoods, we observe a 13 year difference in how long community members can expect to live, with our historically redlined community experiencing the lowest average life expectancy. The stark difference in how long community members can expect to live, which falls largely along racial and economic lines, is unjust and unacceptable. It is also preventable. We all deserve the opportunity to live a long, healthy, and happy life, regardless of our income, racial identity, or the neighborhood we live in. We must work together to try to make this opportunity a reality for every Evanstonian.

To rise to the challenge of this moment, we need to look carefully at the state of health, quality of life, and distribution of opportunities across our city. Our 2022 EPLAN provides an overview of health, and proposes a roadmap to becoming a stronger, healthier, and more just Evanston. The EPLAN does not belong to the health department alone. It was written with participation from a wide array of Evanston voices. The success of our plans will depend on the commitment of our entire community.

While we hold the immense collective trauma our community experienced throughout the pandemic, we also acknowledge and lift up that the pandemic highlighted the best of Evanston. Our community came together in unprecedented ways to care for each other. When restaurants were closed and at their most financially vulnerable, many of them stepped up and donated meals to those in need. Evanstonians donated over $4 million towards the Evanston Community Foundation’s Rapid Response Fund, which enabled our community to quickly help those most in need. Evanstonians also stepped up and supported our health department by volunteering over 5,000 hours in contact tracing and vaccination efforts. These actions, along with the many others, demonstrate our community’s commitment to caring for our neighbors, and our readiness to work together to pursue a community that facilitates health and high quality of life for all its residents.

In Solidarity,

Ike Ogbo, MPH, LEHP
Director, Evanston Health and Human Services Department

Acknowledgements

We gratefully acknowledge the input and participation of our community partners and residents, without whom our EPLAN could not have been developed. The wisdom, energy, and commitment of our community has been critical to the creation of the EPLAN, and will be central to the success of our plans to act on our findings.

Alliance for Health Equity
Ascension St. Francis
The AUX
Center for Independent Futures
Citizens' Greener Evanston
City Health Dashboard
Community Organizing and Family Issues (COFI) Evanston
Connections for the Homeless
Childcare Network of Evanston
City of Evanston CARP Implementation Task Force
City of Evanston City Manager's Office
City of Evanston Community Development Department
City of Evanston Health and Human Services Department
City of Evanston Human Services Committee
City of Evanston Parks and Recreation Department
City of Evanston Reparations Committee
City of Evanston Social Services Committee
Cradle to Career
District 65
District 202
Environmental Justice Evanston
Erie Family Health Center
Evanston City Clerk's Office
Evanston Community Foundation
Evanston Health Advisory Council
Evanston Latinos
Evanston Police Department
Evanston Public Library
ETHS Health Center
Foster Senior Club
Greater Chicago Food Depository
Interfaith Action
Illinois Public Health Institute
Leadership Evanston
League of Women Voters
Literacy Works
McGaw YMCA
Mental Health Task Force of Evanston
Moran Center for Youth Advocacy
NAACP Evanston Branch
NorthShore Health System
Northwestern University
PEER Services
Presbyterian Homes
Shorefront Legacy Center
Skokie Health Department
YWCA Evanston/ North Shore

Evanston Health Priorities

Though the extent of needs identified in this report are broad, the data and stakeholder input have underscored the importance of three main priorities to focus on over the next five years.

Advance Health and Racial Equity

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." - Robert Wood Johnson Foundation[1]

We cannot be a healthy community while many of our fellow community members lack the resources and opportunities to have their needs met. Advancing health equity requires that we think about health broadly, and think about housing, education, public participation, and community safety as public health issues. By prioritizing health equity, we commit to prioritizing the health of communities that are most disproportionately harmed by the status quo, namely Black and Brown communities, and to prioritizing actions that will narrow the gap in health outcomes across our neighborhoods.

Improve Mental and Emotional Wellbeing

Mental health has been a long-standing need both nationally and locally, and one of the most urgent health inequities we need to address as a community. The tremendous loss of lives, social isolation, economic instability, and the unraveling of the healthcare system wrought by the pandemic has made this crisis even more intractable, and even more urgent. The collective trauma of the pandemic has had a negative impact on the mental health of our entire population, but has disproportionately impacted our most vulnerable community members.

Central to the challenge of mental health is the lack of a national infrastructure to address it, leading communities to rely on a patchwork of systems not designed with mental health in mind. Such a patchwork system often results in the overuse of the emergency room and police intervention to temporarily de-escalate crises, without addressing root causes or long term solutions.

We need systems change at the national level to truly address this issue, but we cannot wait to act while broader systemic changes remain elusive. As a community, we must further build and invest in our local mental health infrastructure. Evanston is fortunate to have rich institutional resources and expertise to leverage, but our mental health providers need our support.

In identifying this priority, we also acknowledge the need to go beyond the goal of improving prevention and treatment of mental illness and also prioritize reduction of trauma. In addition to improving our mitigation and response to acute mental health needs, we must also work to address root causes of trauma, including racism, housing insecurity, and exposure to violence, among others.

Further, community harm reduction requires a collective commitment to fostering emotional wellbeing through respectful civil discourse, mutual care, and investment in resources that raise our quality of life.

Strengthen Climate Resilience

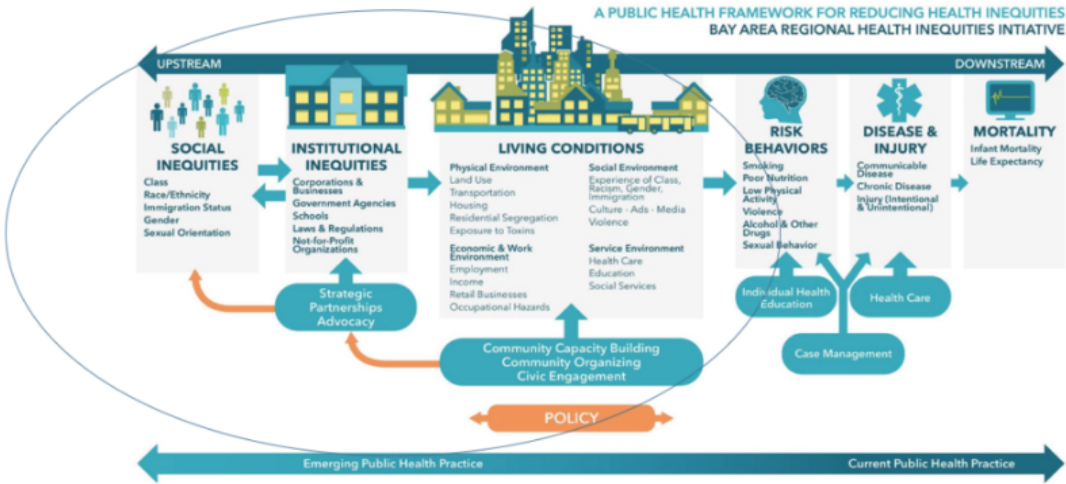
A clean, thriving environment is one of the most fundamental requirements for good health and wellbeing. Our globe is united by the universal need for clean air, water, and soil, and for biodiverse habitats that protect and sustain life. The rapidly advancing climate crisis threatens the safety of these most fundamental resources, for ourselves and for all future generations to follow.

In the coming years, we can expect our community to experience increasingly severe weather conditions, threats to air and water quality, shrinking biodiversity, and soaring energy costs. Increased food chain instability, insect- and water-borne diseases, and heightened occurence of respiratory and stress-related illness will have a profound public health impact. While climate change affects us all, as with most other types of crises, vulnerable populations will disproportionately bear the burden of these challenges. While the climate crisis is global in scale, we all have a responsibility to act locally.

In 2018, Evanston made a formal commitment to take bold local action through our *Climate Action and Resilience Plan (CARP)*. This plan provides a roadmap to making Evanston climate ready and resilient by 2050, centering and prioritizing the health, safety, and wellbeing of our most vulnerable communities.

Because the climate crisis is not just an environmental crisis, but also fundamentally a public health crisis, working together toward climate resilience must be a top priority for improving and protecting our health. Advancing the goals outlined in the CARP, and continuing to center the needs of our most vulnerable community members, is of paramount public health importance.

Health Equity Framework



Our 2022 EPLAN uses the Bay Area Regional Health Inequities Initiative's Public Health Framework for Reducing Health Inequities[2] as our conceptual framework for thinking about health. While past EPLANs have focused largely on describing individual health outcomes and risk behaviors, there is increasing recognition in the field of public health that our health and wellbeing are largely determined by upstream social and structural factors that are beyond our individual control, such as access to safe and affordable housing, wages that allow a family to thrive, high quality affordable childcare, and freedom from discrimination. Because policies and systems largely drive our health and wellbeing, this is the primary level at which we should strive to make change.

Our Definition of Health

The World Health Organization defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity."[3] This means that any plan for improving community health should consider more than just the improvement of physical health. Improving community health also requires addressing mental and emotional wellbeing and happiness, and strengthening our sense of belonging and camaraderie. These needs are particularly urgent now, given the immense toll of the pandemic on mental and emotional health.

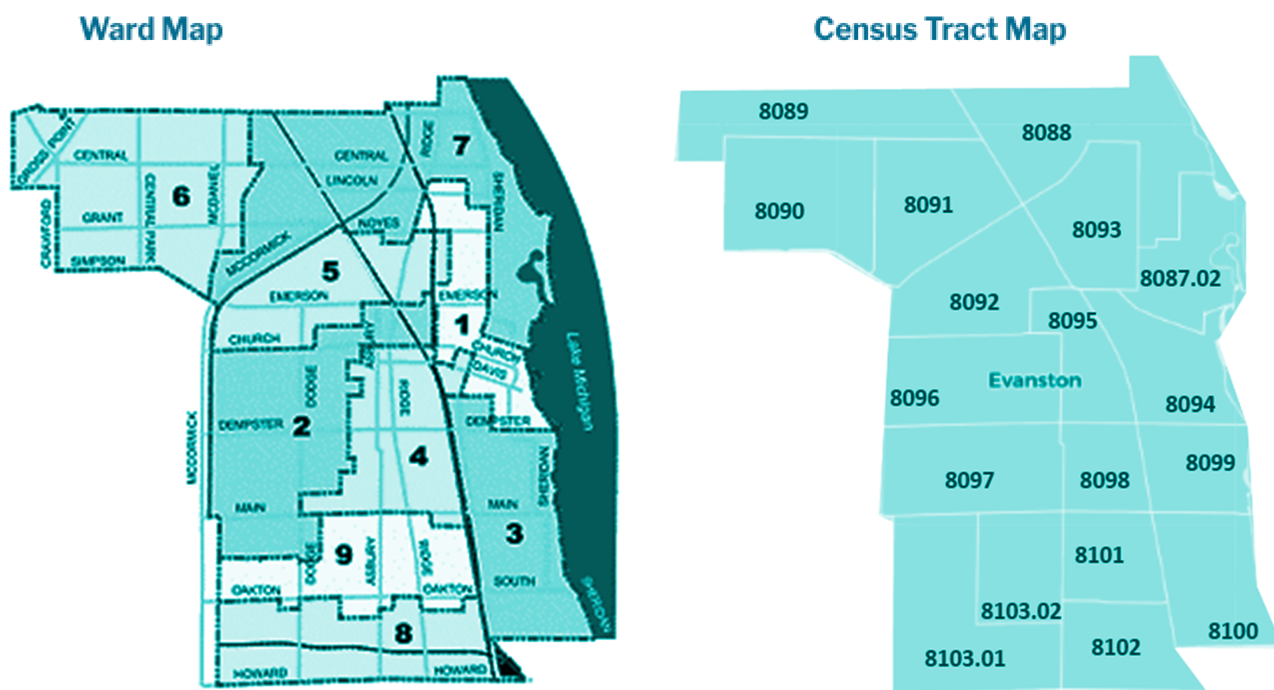
Geographic Approach

Much of the data in this report are presented across 18 census tracts in Evanston.[1] These areas are created by the federal government to collect data at the neighborhood level. Looking at

[1]Census tract boundaries are revisited every 10 years following the Decennial Census. Evanston's 2020 Decennial Census resulted in the addition of a 19th tract to reflect the growing population downtown, which will be included in future Census and American Community Survey results.

neighborhood-level health and wellbeing can help us understand differences across the city, and can help us determine where to allocate resources to create a more equitable city. There are many instances in which a statistic for Evanston as a whole may look favorable compared to the state or country; however, when looking at that statistic across each of our census tracts, stark disparities emerge.

While Evanston typically uses wards to conceptualize community boundaries, the data in this report are not available by those geographies. Below is a display of both Evanston's ward and census tract maps to assist readers in locating their census tracts.



Racial Equity Approach

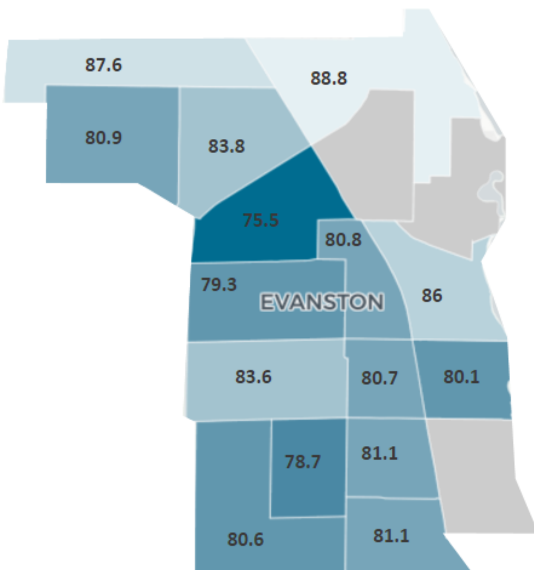
Just as the findings in this report are broken down to the neighborhood level wherever the data allows, we have also stratified findings by race/ ethnicity wherever possible. Looking at data by race/ ethnicity allows us to better understand the ways in which racism affects our health and quality of life, and highlights the need to address racial inequities in our community.

Historical Roots of Racial Inequity in Evanston

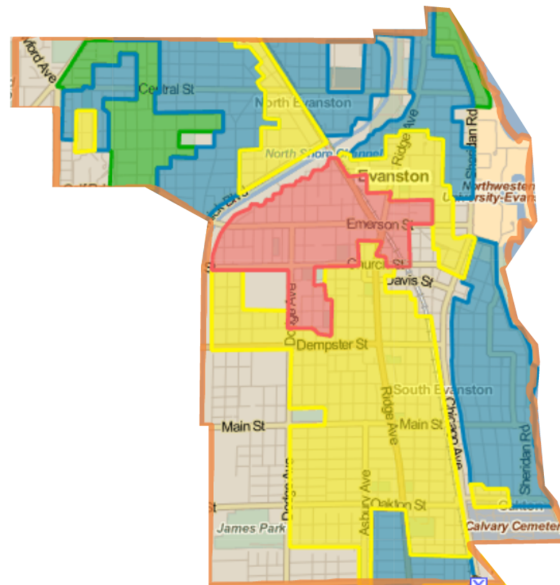
Many of the racial inequities we see in Evanston's health outcomes are a result of structural racism. Structural racism is the result of longstanding policies and practices across our societal institutions (including the legal system, education system, and financial sector, among others) that create unfair advantages for White individuals while causing disproportionate harm to people of color. One example of structural racism in Evanston is the legacy of redlining, which resulted in the segregation of Black households through racist policies and practices by the government, financial institutions, the real estate industry, and White homeowners.[2] The area of Evanston that was redlined closely corresponds with census tract 8092, located in the 5th Ward. Redlining resulted not only in the segregation of Black residents, but also facilitated decades of disinvestment and created inequities that persist today. Throughout this report, there are clear patterns demonstrating the impact of this chronic disinvestment, contrasting sharply against the areas of Evanston where wealth, health, and privilege coincide.

The disparity in life expectancy we see by neighborhoods illustrates a common pattern of inequity that we observe across Evanston. Below is the city's life expectancy map alongside a 1935 redlining map. Comparing these two maps demonstrates the extent to which our history and ongoing practices of racism and disinvestment shape our health. Throughout the findings outlined in this report, we can observe these geographic patterns of concentrated health and privilege, as well as concentrated disinvestment and poor health.

Life Expectancy by Census Tract



1935 Redlining Map



Home Owners' Loan Corporation Risk Maps (1935-1940)

Source: University of Richmond, University of Maryland, Virginia Tech, and Johns Hopkins University

Points filtered by:

HOLC Grade: Color Code All

- A "Best"
- B "Still Desirable"
- C "Definitely Declining"
- D "Hazardous"

[2] For more information on the historical roots of racism in Evanston, please refer to Robinson and Thompson's report, "*Evanston Policies and Practices Directly Affecting the African American Community, 1900 - 1960 (and Present).*" https://www.cityofevanston.org/home/showpublisheddocument/67191/637715545144570000

Data Visibility among the Hispanic/ Latino Population

The Hispanic/ Latino community experiences unique marginalization that harms health and wellbeing and contributes to inequitable health and socioeconomic outcomes.

A key driver of inequity across the Hispanic/ Latino community is lack of visibility. Undocumented and mixed-status families often live in fear of deportation, causing a reluctance to share information and participate in services or programs that may compromise confidentiality. In addition, historical experiences of totalitarian regimes throughout Latin America often contribute to a broader cultural distrust and fear of government. This fear facilitates further institutional marginalization, creating conditions in which Hispanic/ Latino community members are excluded from full and fair participation in financial institutions, employment opportunities, and governmental and community services.

The challenge of visibility is also present in community and population-level data. Oftentimes, health and mortality outcome data appear far more favorable than we might expect given the institutional and environmental barriers to wellbeing that many people within the Hispanic/ Latino community face. There are several reasons we should interpret Hispanic/ Latino health data with caution. First and foremost, fears of sharing information that could expose documentation status can lead to reluctance to participate in the government surveys through which much of our EPLAN data is sourced, compromising the accuracy of our findings. For example, the federal government's well-documented attempt to include a citizenship question in the 2020 Census contributed to a significant undercount of the Hispanic/ Latino population.[6] [7] These undercounts contribute to a lack of visibility of the population, which in turn leads to inadequate government funding and investments in communities heavily populated by Hispanic/ Latino individuals. This systematic process of marginalization and disinvestment causes profound harm to the health and wellbeing of the Hispanic/ Latino community.

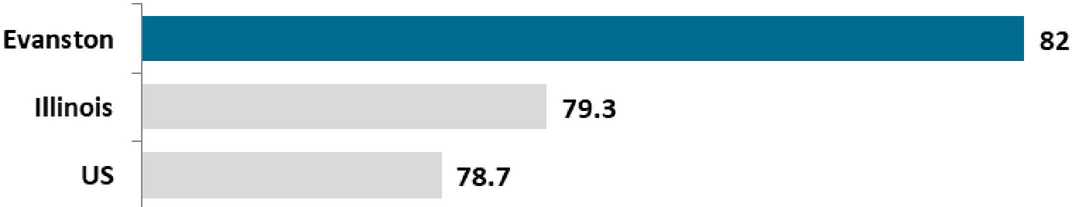
Given the challenges associated with data accuracy for this population, it is all the more critical that we assess community needs, assets, and recommendations through direct community engagement via trusted messengers and partners.

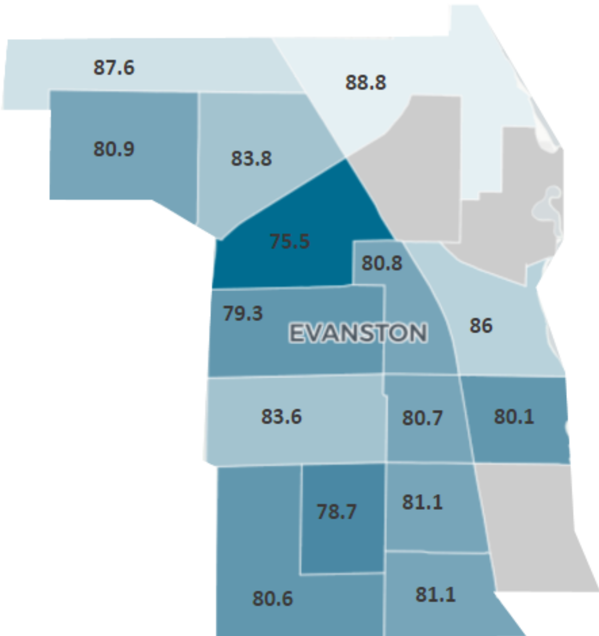
Evanston at a Glance

	Evanston[8]	Demographic Trend
Population[9]	78,110	Evanston's population has grown by nearly 5% over the last decade.
Race/ Ethnic Breakdown[10]	Race/ Ethnicity Asian: 10% Black: 16% Hispanic/ Latino: 11% Non-Hispanic White: 57% American Indian/ Alaskan Native: >1% Native Hawaiian/ Pacific Islander: >1% Two or More Races: 5% All Other Races: >1%	Over time, Evanston's Black and Non-Hispanic White populations have decreased, while representation from all other racial categories has increased. The proportion of Evanston residents identifying as Hispanic/ Latino has grown 30% over the last 10 years.
Languages Spoken at Home	English Only: 75% Spanish: 10% Other Indo-European Languages: 6% Chinese: 4% Slavic Languages: 2%	25% of Evanston residents speak a language other than English, with Spanish being the most common language. 7% of Evanston residents report speaking English less than very well.
Age Distribution	0-17: 20% 18-64: 64% 65+: 16%	Evanston's population is aging. In coming decades we can expect to see a substantial drop in the child population, as well as substantial rise in the senior population.
Level of Highest Education	Less than High School: 6% High School Diploma/ GED: 14% Some College: 14% Bachelor's Degree: 29% Graduate Degree: 38%	Evanston's proportion of college educated adults far exceeds that of Illinois and the US. However, racial inequities exist in educational attainment across our community. While 78% of White adults have a bachelor's degree or higher, only about a third of Black and Hispanic/Latino adults have at least a bachelor's degree.
Median Household Income	$78,904 Distribution of Median Household Incomes Under 50k: 29% 50-100k: 28% 100-200k: 22% Over 200k: 22%	Evanston is economically diverse, with a shrinking proportion of middle income households.
Poverty	13% Neighborhood Range: 1%- 49% Children Under 18: 8.7% Seniors, 65 and Over: 7.1%	Evanston's poverty rate is 13%. However, the poverty rate for Black and Hispanic/ Latinos exceeds this national average (18% and 19%, respectively).

Life Expectancy Across Evanston

The average life expectancy for an Evanston resident is 82 years, about 3 years longer than the average life expectancy for Illinois and the US.[11]





When looking at the city as a whole, Evanston's life expectancy is better than much of the country's. However, when we look at life expectancy across neighborhoods, we see that not all Evanstonians can expect to enjoy equally long lives. Every Evanstonian deserves the opportunity to live a long, healthy, and prosperous life. But racism in our community has placed this opportunity out of reach for many of our community members.

The map to the left shows how life expectancy across Evanston varies by census tract.[3] The lighter the blue shading, the longer the average resident of that neighborhood can expect to live. When looking across neighborhoods, the city's long life expectancy overall is not distributed equally across the city. Across Evanston neighborhoods, there is a 13 year difference in life expectancy, with whiter and more affluent neighborhoods living longer than neighborhoods where the most Evanstonians of color live, and where median income is lower. For example, census tract 8088, in the northeast corner of the city, is 81% White and has a median income of $144,853. This neighborhood has the highest life expectancy in Evanston, with an average lifespan of nearly 89, seven years longer than the city average. Just to the south of this neighborhood is census tract 8092, which is 11% white and has a median income of $44,458. In this neighborhood life expectancy is only 75.5, about 6.5 years shorter than the city average.

[3] Tracts shaded in gray have insufficient data.

Living Conditions that Shape Our Health

Living conditions are the environments and systems around us that strongly influence how we live and either restrict or expand our opportunities to be healthy. Public health research has demonstrated that our living conditions are the most important factor in shaping the length and quality of our lives. Our zip codes matter more for health than our genetic codes.

The physical environment is both the natural world around us, as well as our built environment. A healthy physical environment has walkable, green neighborhoods with safe, affordable housing, accessible places to play, and clean air to breathe.

The economic environment shapes our access to the resources we need to thrive. A healthy economic environment is one where small businesses flourish and where people have access to good jobs with liveable wages, and where resources are distributed equitably across the community.

The social environment is the culture around us that shapes our identities and how we experience life within our communities. A healthy social environment is one where all community members, regardless of race, gender identity, religion, or immigration status can fully participate, feel valued, and feel safe.

The service environment comprises the systems in place to support people's wellbeing, including the health care, education, and social service sectors. A healthy service environment is one where institutions have the capacity to meet community needs and where equitable outcomes for all are prioritized.

These aspects of our community have a greater impact on our overall health and wellbeing than our individual choices because they shape the opportunities that we have access to and the barriers to health that different groups experience. While all Evanstonians have a role to play in cultivating a healthy environment in our community, we also need institutional and municipal policies and systems that promote the opportunity for every person to flourish and thrive.

Physical Environment

Our physical environment encompasses both the built and natural environment.

The built environment is the human-made environment around us, such as streets, sidewalks, park space, buildings, and infrastructure. A healthy built environment includes:

- Housing that is safe, affordable, and accessible
- Transit infrastructure that facilitates active transportation and supports ease of access for individuals with mobility limitations
- Equitable access to schools, employment, and recreation space
- Equitable access to affordable, healthy food
- Buildings that are energy efficient and facilitate good indoor air quality
- Green energy infrastructure that supports good stewardship of natural resources

The natural environment is the air, water, and land around us. A healthy natural environment includes:

- Clean air, water, and soil
- A resilient climate
- Flourishing native plants and trees
- Species biodiversity

The wellbeing of vulnerable populations is disproportionately affected by environmental hazards. As our *Climate Action and Resilience Plan* states,

"...these community members include, but may not be limited to: lower-income residents, people of color, immigrants, refugees, the elderly, children, people with disabilities, historically marginalized communities, renters, and those without access to cars....Different vulnerable populations will be affected depending on the climate hazard being experienced. Vulnerable populations, by definition, are placed at a disadvantage when responding to and preparing for these effects. Addressing their needs is a matter of environmental and climate justice." [12]

In all of our considerations regarding the health and safety of the physical environment, we must continue to center the wellbeing of our most vulnerable community members. In doing so, we ensure that the needs of the entirety of Evanston are met.

Key Findings

- Over 99% of Evanstonians live within a 10 minute walk of a publicly accessible park or green space.
- Much of western Evanston is in need of further investments in tree canopy coverage.
- Evanston has much higher than average walkability, though walkability tends to be lower in the northern and western portions of the community.
- While Evanston is a diverse community as a whole, neighborhood-level racial distribution continues to echo Evanston's history of segregation.
- Over a third of Evanston's housing stock has potential elevated lead risk based on housing age.

Access to Green Space

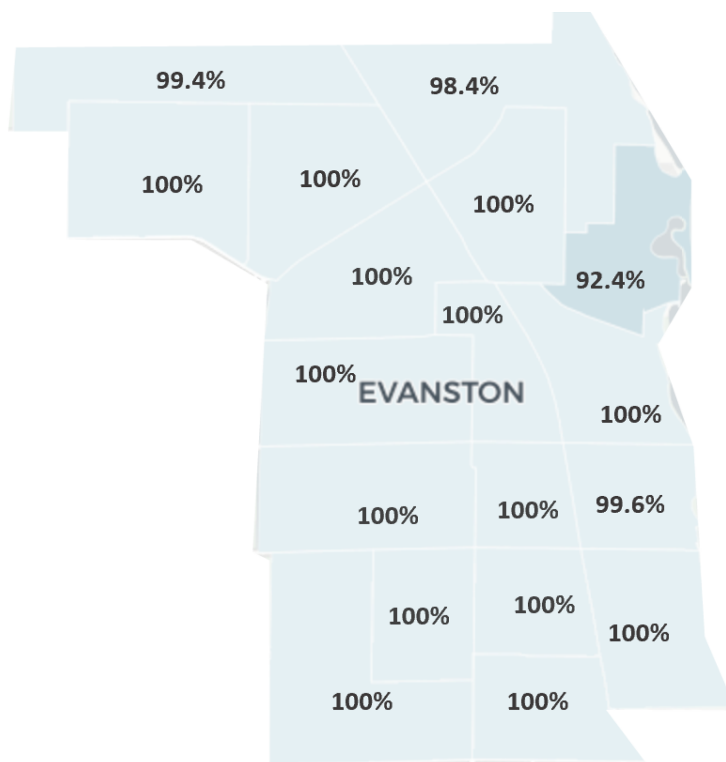
Ample access to park space is one of Evanston's greatest assets. Across the city overall, over 99% of residents live within a 10 minute walk of a public park or publicly accessible green space. The area with lowest access to public parks is the Northwestern campus, but campus residents have ample access to green space within the campus.

Park Access[13]

Residents Who Live Within a 10 Minute Walk of a Public Park (2018)

Evanston Average: 99.9%   Neighborhood Range: 92.4%- 100%   Average among 100 Largest US Cities: 70%[14]

Key Finding: Nearly all residents live within close proximity to publicly accessible park space.



Equitable access to natural resources is a critical need for overall wellness across the community. A lush tree canopy improves air quality, mental health, and improves home values. Evanston's tree canopy is a rich natural asset and source of community beauty. However, looking at canopy data across Evanston shows that the western portion of the city is lacking in adequate canopy coverage.

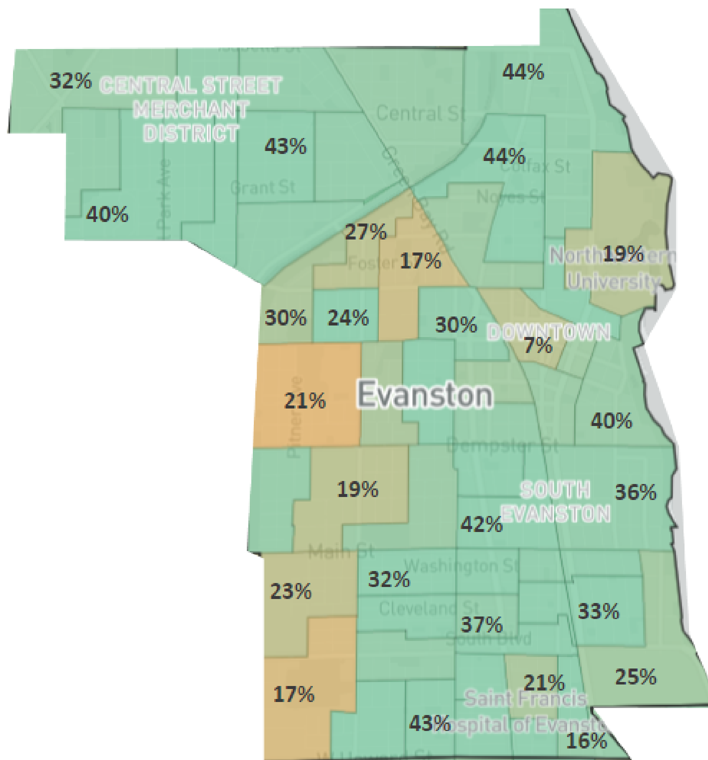
Tree Canopy Coverage[15]

Percentage of Land Covered by Tree Canopy at the Census Block Group-Level

Areas Shaded in Orange Represent Block Groups with High Tree Inequity, Measured by Current Canopy Cover in Combination with Proportion of Vulnerable Residents

Neighborhood Range: 7%-44%

Key Finding: Western Evanston is most in need of additional investments in tree canopy coverage, especially given that this portion of the city has higher concentrations of vulnerable populations, who are disproportionately threatened by climate hazards.



Transportation and Accessibility

High walkability is another strong asset of Evanston's built environment. A walk score is a 100 point scale to measure neighborhood walkability based on the quantity and variety of amenities accessible within walking distance. Walkable neighborhoods facilitate transportation methods that are healthy, affordable, and climate-friendly. Walkability also promotes a stronger local economy by making it easier for people to patronize local businesses.

Evanston has an overall walk score of 74.3, compared to an average of 42.9 among the 500 largest cities in the US.[16] Looking by neighborhood, we can see a range of walkability levels, with the most walkable neighborhoods being concentrated around downtown Evanston.

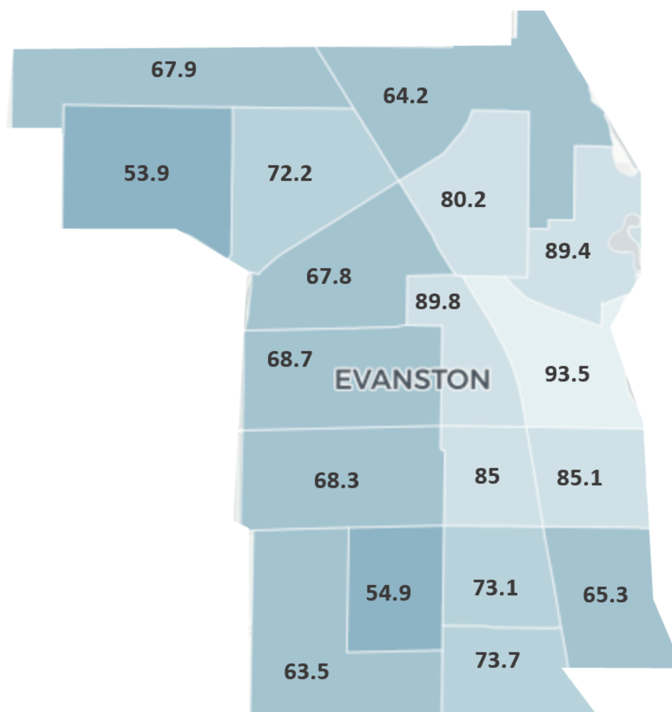
Evanston's walkability, bikeability, and transit accessibility are one of its greatest amenities. In many neighborhoods throughout Evanston, particularly those close to downtown Evanston, owning a car may not be necessary for able-bodied individuals. However, for individuals with limited mobility and households living in neighborhoods with lower walkability and lower access to public transit, such as those in the western portion of the city, lacking a car can be a significant accessibility burden. For example, in census tract 8092, which has one of lowest neighborhood-level walkability scores, and has the highest proportion of residents with a disability, nearly one in five households lacks a vehicle.[17] This suggests that there may be a high level of unmet transportation needs in this neighborhood.

Neighborhood Walkability[18]

Census Tract Score from 0 to 100, Based on Intersection Density and Accessibility of Amenities such as Grocery Stores, Parks, and Restaurants (2019)

Evanston Average: 74.3 Neighborhood Range: 53.9-93.5 Average among 500 Largest US Cities: 42.9[19]

Key Finding: Walkability varies substantially by neighborhood across the city, but every census tract in Evanston has a higher walkability score than the average score for the 500 largest US cities.



Proximity to fresh, nutritious foods has a large impact on our ability to maintain a healthy diet. Across Evanston, the majority of residents (about 62%) live within a half mile from a major grocery store. For residents with limited mobility or limited access to transportation, living further away from a grocery store can make it very challenging to access healthy food.

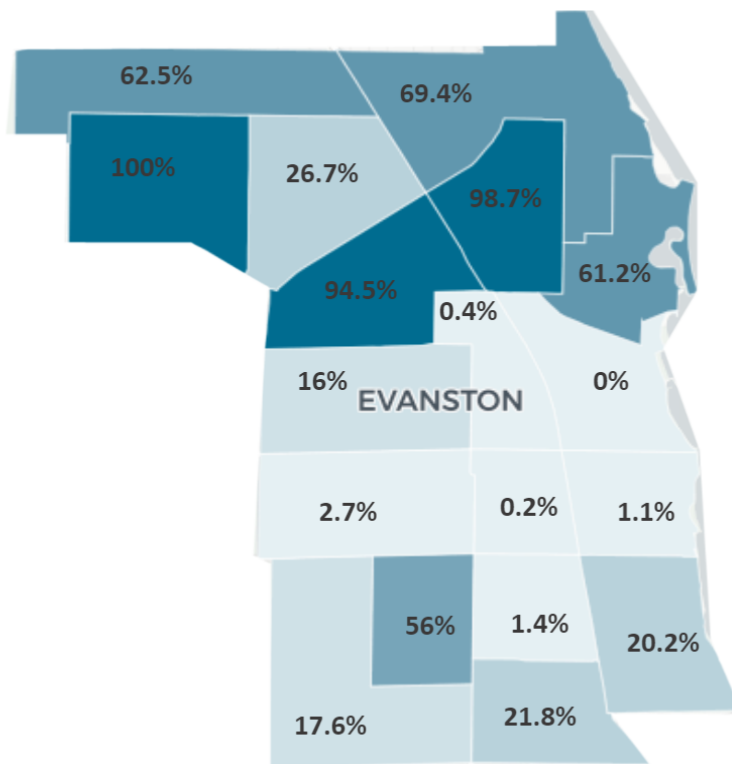
The map below shows the percentage of Evanstonians who live more than a half mile from a grocery store.

Limited Access to Healthy Foods[20]

Percentage of Residents Who Live Further than a Half Mile from a Large Grocery Store (2019)

Evanston Average: 37.8%   Neighborhood Range: 0%-100%

Key Finding: Evanston's 18 census tracts represent the full range of food access. In eastern and central Evanston, access to grocery stores is high, while residents in areas further north and south have to travel further to access a grocery store.

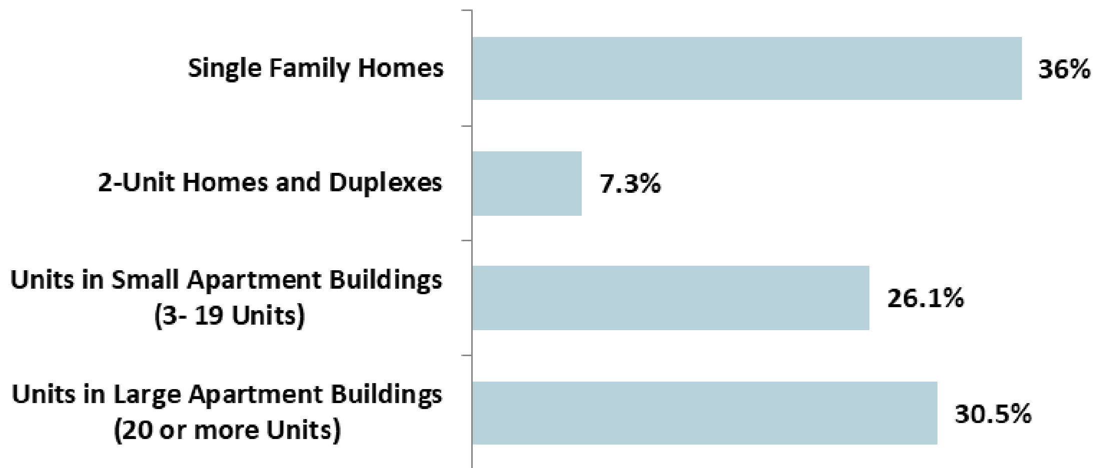


Housing

Housing is one of our community's most significant challenges. Home values are rising, and the availability of affordable housing options is declining. Over the last twenty years, Evanston has seen a decline in small multi-unit homes such as duplexes, which are considered naturally occurring affordable housing stock–that is, housing options that are affordable without the investment of public subsidies.[21] Protecting remaining multi-family units against deconversion into single family homes is an important strategy in maintaining affordable housing options.

Housing Stock[22]

Distribution of Housing Types throughout Evanston (2019)
Key Finding: Single family homes comprise roughly one third of Evanston's housing stock.



Residential Diversity and Segregation

The legacy of Evanston's history of racial segregation persists in the distribution of people of color across the city today. While Evanston is a racially and ethnically diverse city overall, this diversity is not evenly spread across the community.

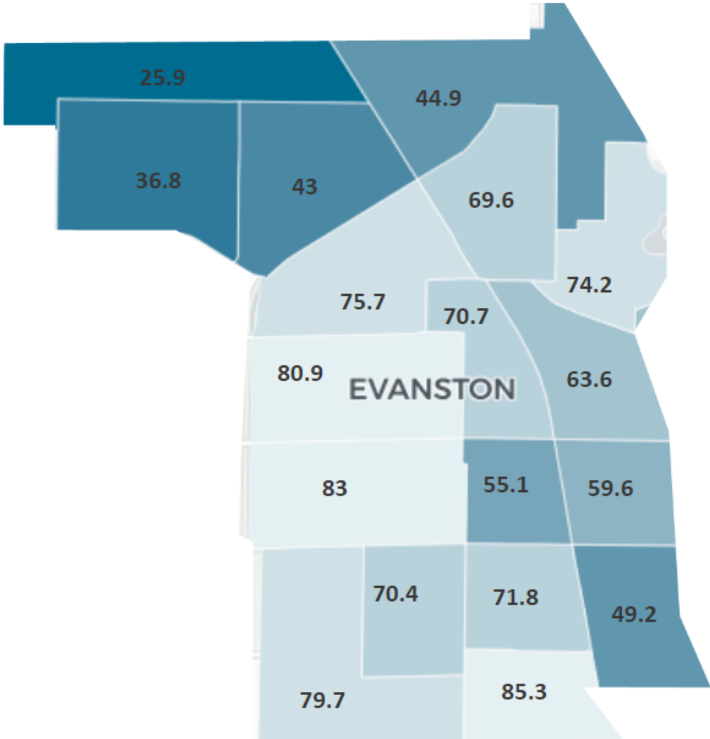
The map below shows the distribution of racial and ethnic diversity based on a 100 point scale. The higher the score, the closer the race/ethnic composition mirrors that of the city as a whole.

Racial and Ethnic Diversity[23]

100 Point Score Measuring How Closely Each Census Tract Reflects Evanston's Racial Make Up, with a Score of 100 Representing a 100% Match of the City's Racial Demographics (2019)

Evanston Average: 74.6 Neighborhood Range: 25.9-85.3

Key Finding: The racial composition of census tract 8102 in southeast Evanston best reflects the overall city demographics. Census tract 8089 in northwest Evanston is least representative of the overall racial composition of the city.



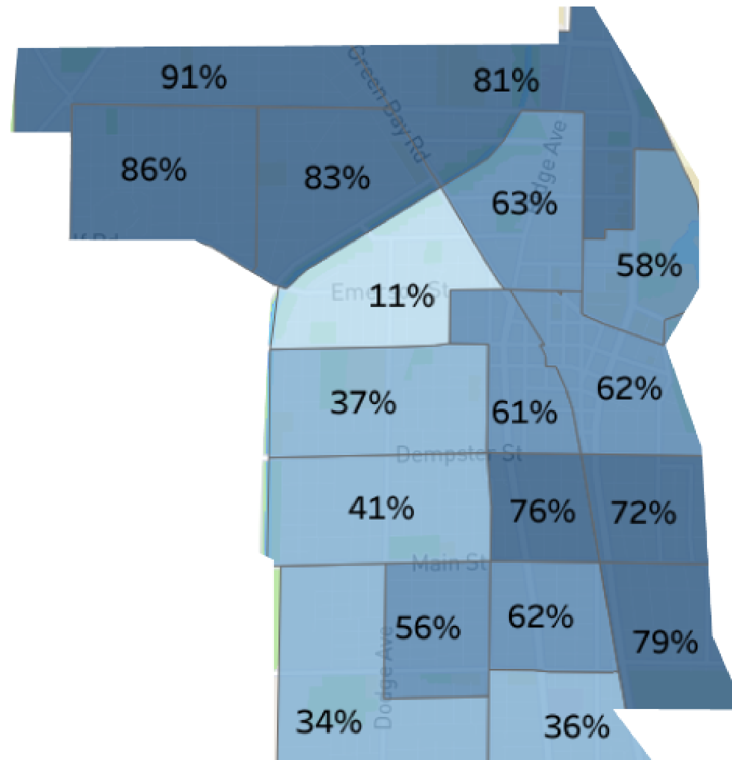
Another way to look at neighborhood-level diversity is by looking at the concentration of White residents. While 59% of residents across the city identify as Non-Hispanic White, in several neighborhoods, White residents comprise over 80% of the population.

Concentration of White Residents[24]

Percentage of Residents Identifying as Non-Hispanic White (2019)

Evanston Average: 59% Neighborhood Range: 11%-91%

Key Finding: White residents are disproportionately concentrated in northern and eastern Evanston.



Exposure to Toxins

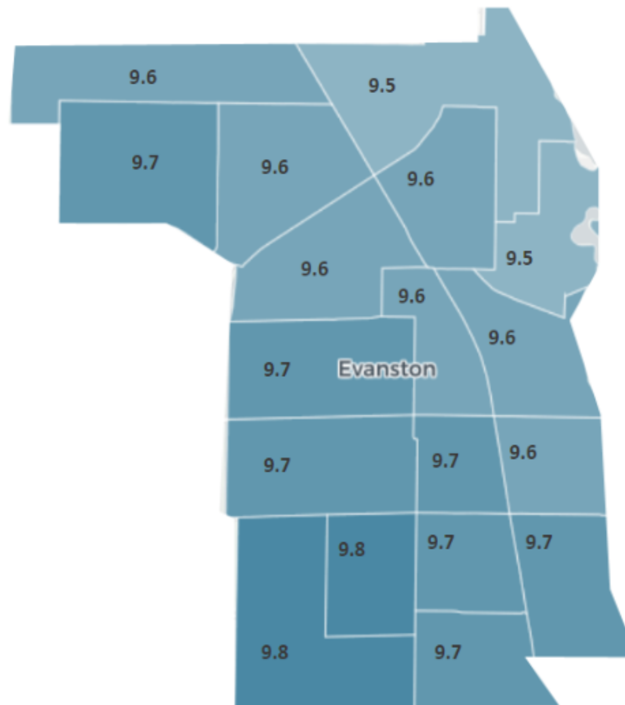
Air quality is shaped by pollution from vehicle emissions, industrial activity, smoke, and building energy utilization. Low air quality can increase risk of, or exacerbate, a variety of health conditions, including asthma, lung cancer, and cardiovascular disease.

Air Pollution[25]

Average Daily Concentration of Particulate Matter (PM2.5) per Cubic Meter (2018)

Evanston Average: 9.7 Neighborhood Range: 9.5-9.8 US Average: 8.2[26]

Key Finding: Air pollution does not vary substantially by neighborhood across Evanston, but we can observe slightly higher concentrations in southwest Evanston.



Annual vehicle miles traveled is an important measure of community emissions. Improving active transit accessibility is a key strategy in facilitating reduction of automobile usage.

Vehicle Miles Traveled Per Year[27]

Average Annual Vehicle Miles Traveled per Household (2017)

Key Finding: The average Evanston household traveled 11,454 vehicle miles in 2017, lower than the county average overall.

Lead Exposure Risk

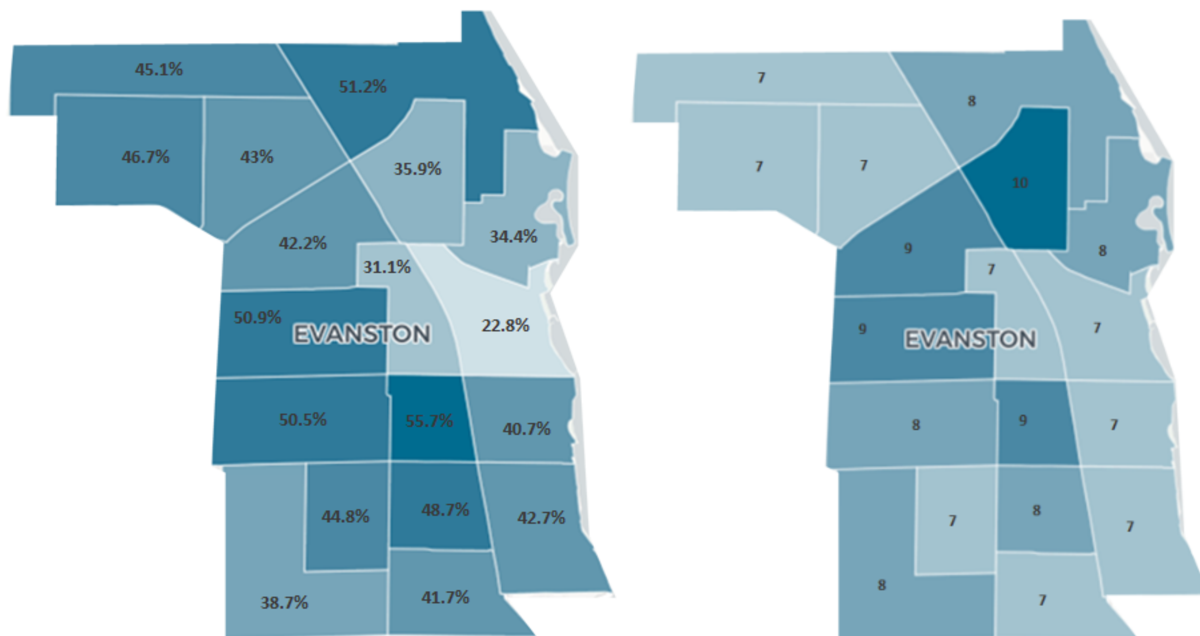
Lead exposure is associated with impaired cognitive function and developmental delays in children. The most frequent cause of elevated blood lead level is exposure to lead-based paint. Evanston's old housing stock puts the community at higher risk of lead exposure. Children living in lower income neighborhoods are at a disproportionate risk for lead exposure because there may be fewer resources for mitigation strategies, or a lack of will among landlords to invest in making the property safer.

About 41% of Evanston's housing stock is considered a high risk for lead exposure. While the maps below show that lead exposure risk is high across most areas of the city, when adjusted for poverty, the areas where children are most at risk of lead poisoning are not always the neighborhoods with the highest proportion of old housing. Given that low income families are more likely to rent their homes, they often have less control over housing safety. This highlights the importance of lead mitigation support programs for renters.

Housing with Potential Lead Risk and Poverty-Adjusted Lead Risk Index[28]

Housing Stock with Potential Elevated Lead Risk Based on Age of Housing, 2019 (Left)
Evanston Average: 41.2% Neighborhood Range: 22.8%-55.7% US Average: 17.6%[29]

Poverty-Adjusted Housing-Based Lead Exposure Risk Index, 2019 (Right)
Evanston Average: 9 Neighborhood Range: 7-10
Key Finding: Risk of housing-based lead exposure is high throughout all of Evanston, but we see the highest risks in our lower income neighborhoods, where there are fewer financial resources to mitigate these risks.



Community Insights on the Physical Environment

- We can reduce our reliance on cars by continuing to invest in active transportation infrastructure and making sure that all neighborhoods are equitably served by high quality sidewalks.
- Community members expressed concerns regarding the inequitable distribution of natural resources across the community, and the disproportionate proportion of environmental hazards and industrial exposure in neighborhoods with higher proportions of people of color.
- 5th Ward residents identified the need to increase the tree canopy as well as city forestry services in their area.
- We need community-driven processes to determine necessary capital investments within the 5th Ward that can enhance quality of life and access to amenities while protecting against gentrification.
- There is an urgent need for more affordable, accessible housing options for individuals with disabilities.

Economic Environment

Our economic environment shapes our access to the resources we need to be healthy. A healthy economic environment includes:

- Low levels of income inequality
- Racial equity in economic wellbeing and access to opportunities
- Affordable housing
- Diverse local businesses that support community identity and high quality of life and drive further investment and development
- Community members invested in keeping money local by patronizing small businesses
- Equitable economic investment across the community
- Affordable cost of living that supports maintaining economic diversity
- Access to meaningful, safe work that offers living wages and benefits

Key Findings

- Evanston's median household income of $78,904 is higher than state and national averages. However, when stratified by race, this trend remains true only for White households.
- Across neighborhoods, median household income ranges by over $100,000.
- Black and Hispanic/ Latino children in Evanston are six times more likely to live in poverty than White children. By neighborhood, child poverty ranges from 0% to 28.9%.
- There is a consistent pattern of economic hardship in census tract 8092, our historically redlined community, demonstrating the continuing legacy of segregation and economic disinvestment.
- Over a third of households in Evanston spend more than 30% of their income on housing, and in historically redlined census tract 8092, half of households spend more than this amount.
- Median home values in Evanston are substantially higher than the US, placing lower income families at high risk of community displacement.

Median Household Income

Median household income is an important measure of health because our incomes shape the resources that are available to us that either allow or deny opportunities to make healthy choices. The environment around us, which influences our health in ways that are far beyond our individual control, is also largely shaped by our financial resources.

Median household income across Evanston is $78,904. This means that half of all Evanston households have incomes less than this amount, and half have incomes exceeding it. Evanston's median household income is higher than that of Illinois ($65,886) and the US ($62,843). While Evanston is an affluent community overall, this prosperity is not dispersed evenly across the city. Instead we can observe patterns of concentrated economic advantage and concentrated economic hardship, both geographically and by racial/ ethnic identity. This is further shown by an examination of the change in median household income over time: over a five year period, while the city as a whole experienced a 14% increase in household income, historically redlined census tract 8092 was the only non-university neighborhood that experienced a drop in median household income.[30]

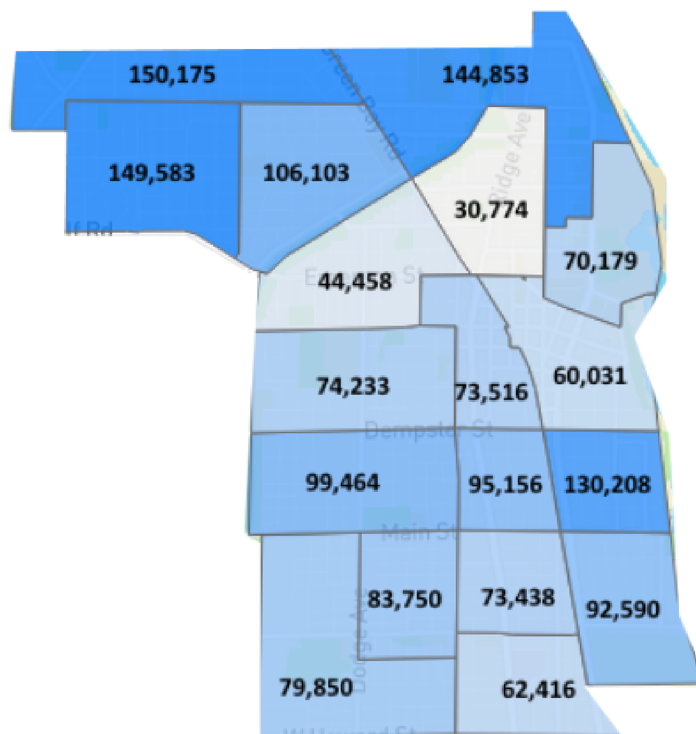
Census tract 8093, the neighborhood with the lowest median household income ($30,744) is an area with a high concentration of Northwestern students. 83% of the people living in this area are currently pursuing either an undergraduate or graduate degree, and are thus less likely to be employed. While poverty among university students is a growing concern across the country, it should not be conflated with the poverty we see in neighboring census tract 8092.

Median Household Income[31]

Midpoint at which Half of Households Earn More, and Half Earn Less than this Amount

Evanston Median: $78,904 Neighborhood Range: $30,744-$150,175 US Median: $62,843[32]

Key Finding: Historically redlined census tract 8092 has a median household income $100,000 lower than a bordering census tract.



When looking at the distribution of median household income by racial/ ethnic identity, we again see patterns of concentrated privilege and concentrated disadvantage across racial subgroups.

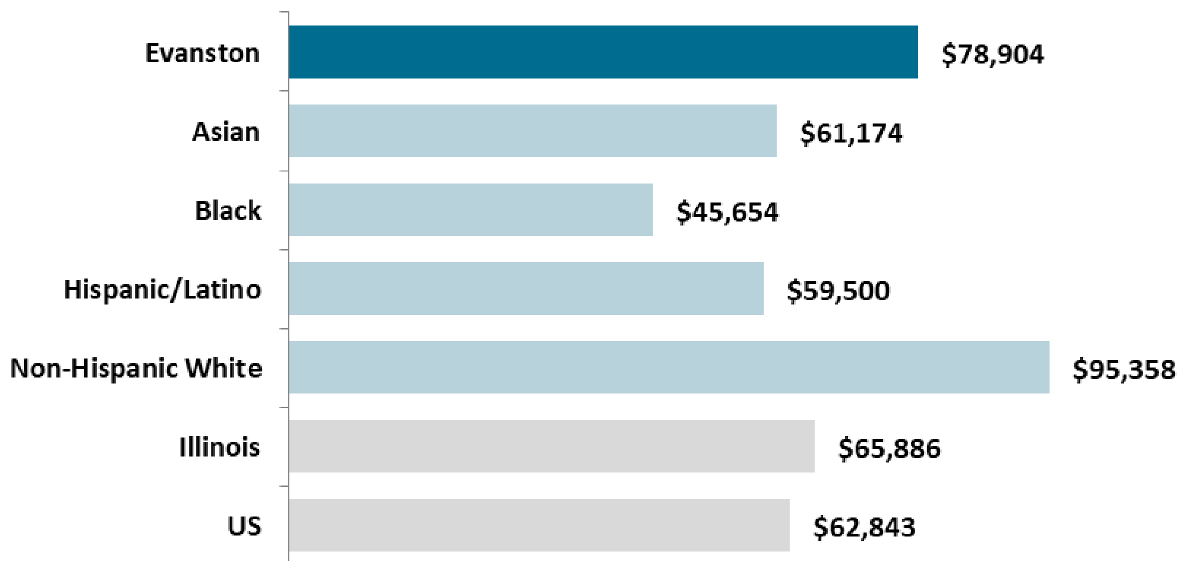
While median household income is $78, 904, every major racial category other than Non-Hispanic White households has a median income below that. In fact, Asian, Black and Hispanic/ Latino households in Evanston all have median incomes less than that of the city, state, and country. Median income of Black Evanstonian households is less than half of that of Non-Hispanic White households. The bar chart breaking down median income by race illustrates how higher affluence among Non-Hispanic White households artificially inflates the overall picture of economic wellbeing for the city as a whole.

Median Household Income by Race[33]

Midpoint Household Income Across Racial SubGroups

Evanston Median: $78,904 Range by Race: $45,654-$95,358 US Median: $62,843

Key Finding: Black households in Evanston have a median income that is less than half that of Non-Hispanic White households.



Child Poverty

The same pattern of concentrations of economic advantage and disadvantage hold when looking specifically at child poverty. Evanston's child poverty rate is roughly half of the US child poverty rate. However, when child poverty is stratified either by geography or by race, a stark picture of inequity emerges, wherein we have neighborhoods where there is virtually no child poverty, as well as neighborhoods where about 1 in 5 children live in poverty. In census tract 8092, our historically redlined community, and the neighborhood with the most people of color, more than 1 in 4 children are living in poverty.

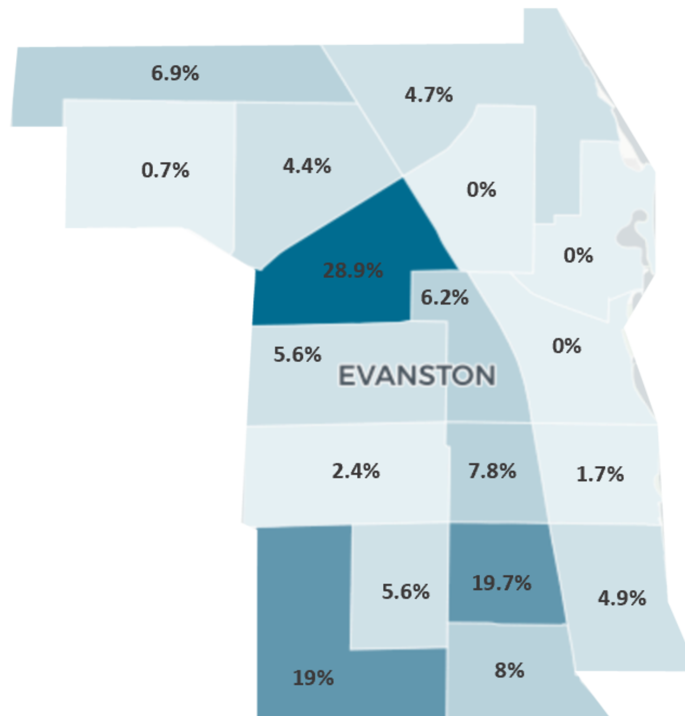
Child poverty is a critical determinant of health. Children who grow up in poverty are more likely to experience housing instability, food insecurity, exposure to environmental hazards, and lower access to educational and health care resources.[34] [35]

Child Poverty[36]

Percentage of Evanston Children Living in Poverty (2018)

Evanston Average: 8.7% Neighborhood Range: 0%- 28.9% US Average: 19.5%[37]

Key Finding: In historically redlined census tract 8092, child poverty is over 200% higher than the city average.



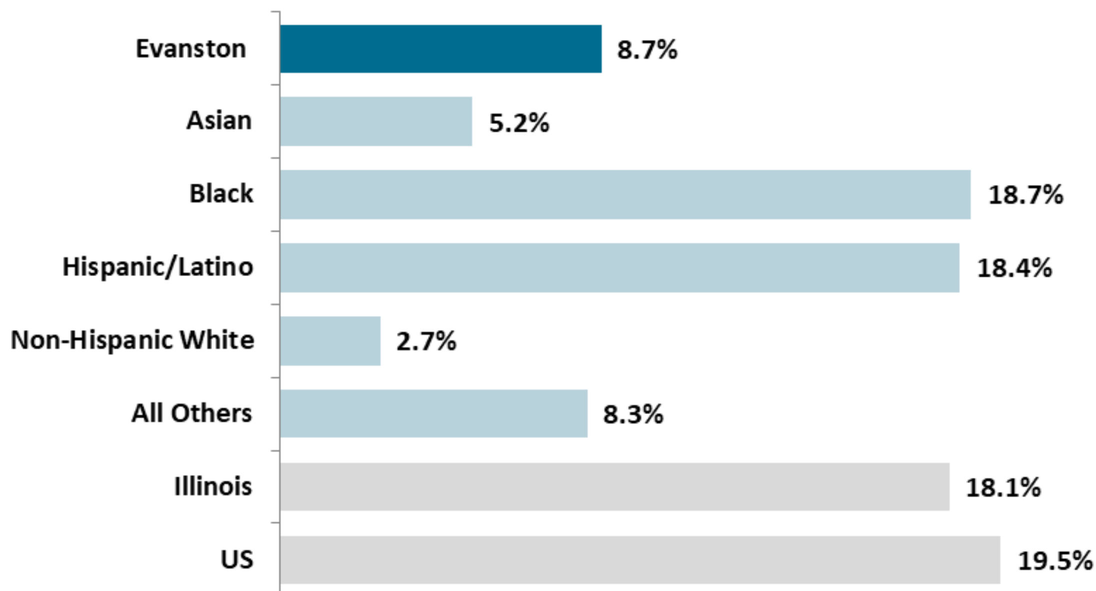
Looking at Evanston's child poverty by race highlights further inequities. The graph below shows a breakdown of child poverty across Evanston by race, compared to the city as a whole, Illinois, and the US. The data demonstrate that the burden of child poverty is disproportionately borne by Black and Brown children in our community.

Child Poverty by Race[38]

Percentage of Evanston Children Living in Poverty by Race (2018)

Evanston Average: 8.7% Range by Race: 2.7%- 18.7% US Average: 19.5%[39]

Key Finding: Nearly 1 in 5 Black and Hispanic/ Latino children in Evanston live in poverty, compared to about 1 in 35 white children.



Income Inequality

Another way to examine disparities in economic wellbeing across the community is through measures of income inequality. Income inequality is how evenly or unevenly wealth is distributed throughout a community. Income inequality is a growing problem both nationally and locally, limiting our economic growth and reducing the opportunity for lower income individuals to live and thrive in Evanston. Income inequality hurts everyone in our community. Among industrialized countries, those with higher levels of inequity in income distribution tend to have poorer health outcomes than those with more equal income distribution.[40]

One way to measure income inequality is through a metric called the Gini Index, a scale from 0 to 1 measuring the level of equality in income distribution. A lower Gini Index indicates a more equal distribution of wealth across a community, with a score of zero representing an equal distribution of income. Evanston has a Gini Index of 0.55, compared to the US score of 0.48, meaning that income inequality is greater in Evanston than in the US as a whole. Evanston's Gini Index is also greater than our three bordering communities (Chicago: 0.53; Skokie: 0.47; Wilmette: 0.51), demonstrating a higher level of inequality than we find in neighboring jurisdictions.

Another way to measure this income inequality is through a metric called the Index of Concentration at the Extremes (ICE), which compares the number of households in the bottom 20% of national household income to the number of households in the top 20% of national household income. This index is a scale from -100 (all households in the area fall in the bottom 20% of incomes) to 100 (all households in the area fall in the top 20% of incomes). A score of 0 would represent that both income groups are present in equal numbers. The map shows that while some Evanston neighborhoods are economically diverse, we also have areas with higher levels of economic segregation.

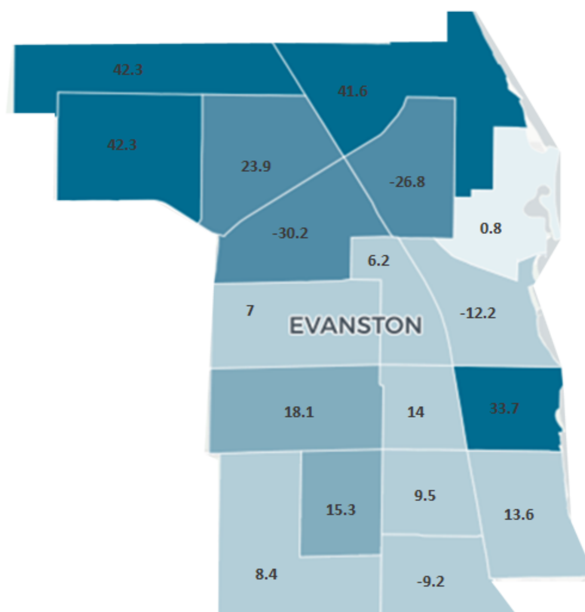
Income Inequality: Index of Concentration of the Extremes[41]

Scale from -100 to 100, with negative scores representing concentrated poverty and positive scores representing concentrated wealth (2018)

Neighborhoods are shaded more darkly if they represent either areas of concentrated wealth (high positive scores), or areas of concentrated poverty (low negative scores). Neighborhoods shaded more lightly have a more equal distribution of wealth.

Evanston Average: 5 Neighborhood Range: -30.2 - 42.3

Key Finding: We see greater income inequality in north Evanston than in south Evanston.



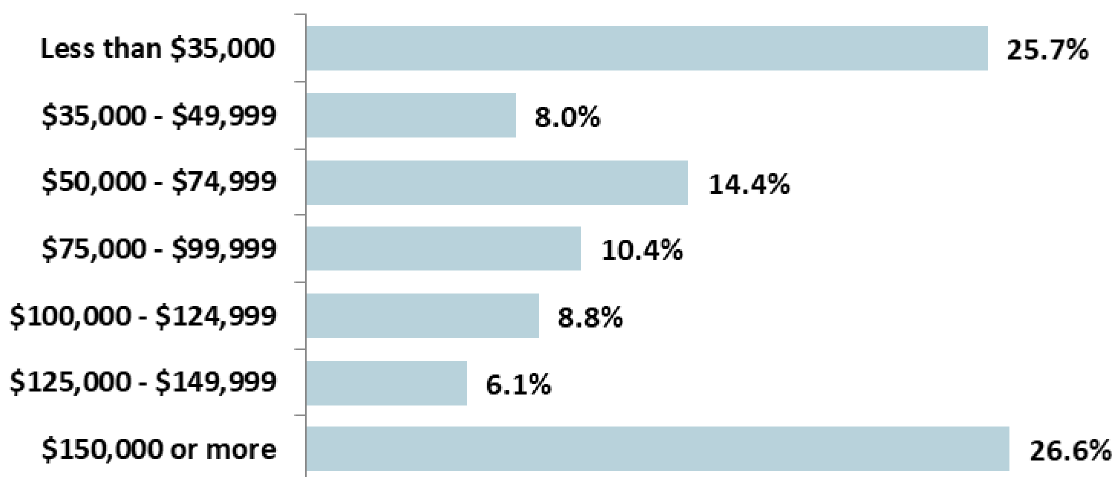
The graph below shows the distribution of household incomes across the city, which follows a reverse bell curve. Incomes are concentrated at the bottom and top of the spectrum, with fewer households in middle income categories.

Distribution of Wealth[42]

Percentage of Households Across Income Brackets

Evanston Median Household Income: $78,904 US Median: $62, 843[43]

Key Finding: Household incomes in Evanston are largely concentrated on the extreme ends of the income spectrum.



Another aspect of economic wellbeing is access to credit. Having access to credit increases financial security in the event of an emergency, and allows people to make large investments, such as purchasing a home. Credit insecurity is a score from 0-100 measuring the proportion of residents who have limited access to credit, either because they lack credit history, or because they have negative credit history. Higher credit insecurity scores denote neighborhoods with less financial security. Evanston's overall credit insecurity score is 18.9, though this score is skewed higher by our large population of university students, who likely have limited credit histories. Apart from neighborhoods heavily populated by university students, census tract 8102 has the highest proportion of credit insecure community members (32.3%). This tract also has the highest percentage of residents born outside the US (29.4%), so immigration status may contribute to this higher rate of financial insecurity.[44]

High levels of credit insecurity are associated with poor mental health outcomes.[45] Understanding which neighborhoods have high credit insecurity is also useful in disaster preparedness because it can help us determine where to allocate resources based on which areas are most economically vulnerable.

Additionally, credit insecurity is a racial equity issue, given historic and continuing predatory lending practices that disproportionately target Black and Hispanic/Latino populations, and given that financial institutions are less likely to be located in communities of color. Outside of the two census

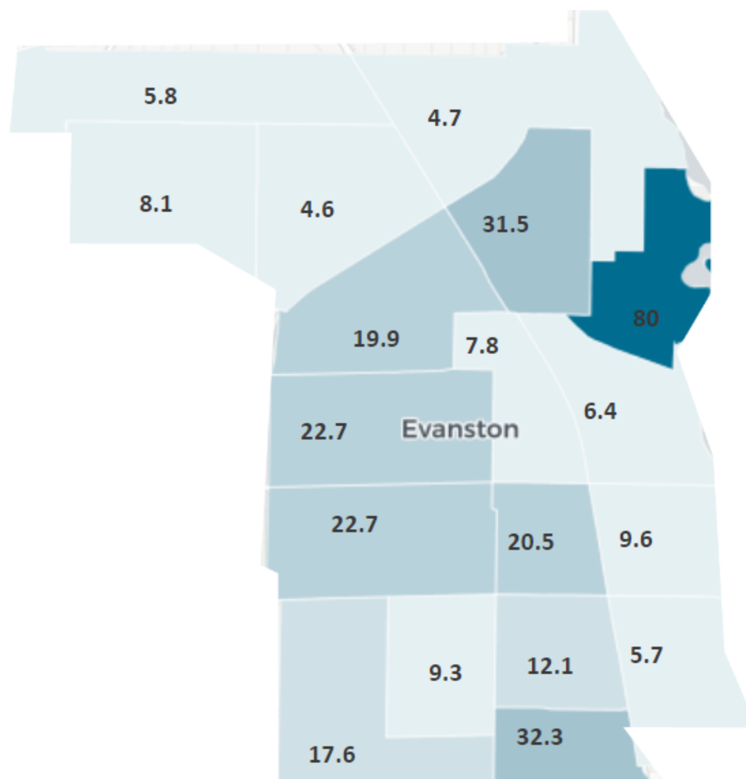
tracts with high student populations, there is a close correlation between neighborhoods with high rates of credit insecurity and high populations of non-White residents.

Credit Insecurity Index[46]

Scale from 0-100 Measuring the Proportion of Residents with Limited Access to Credit Due to Lack of Credit History or Negative Credit History (2020)

Evanston Average: 18.9 Neighborhood Range: 4.6- 80

Key Finding: Credit insecurity is the highest in the areas where university students comprise the majority of residents. Outside of these neighborhoods, census tract 8102 in southeastern Evanston has the highest credit insecurity rate.



Housing

Housing affordability is one of our community's most significant challenges. Housing is one of our most basic needs to live a healthy life. Households with excessive housing costs, or cost burdens, spend more than 30% of their household income on housing costs. Cost-burdened households face a higher degree of housing insecurity, and have less income available to meet other immediate needs, including food and health care. Over a third of Evanston households are cost-burdened. High housing costs affect the entirety of the community, even our higher-earning areas. Within each of Evanston's 18 census tracts, at least one in five households struggles with excessive housing costs.

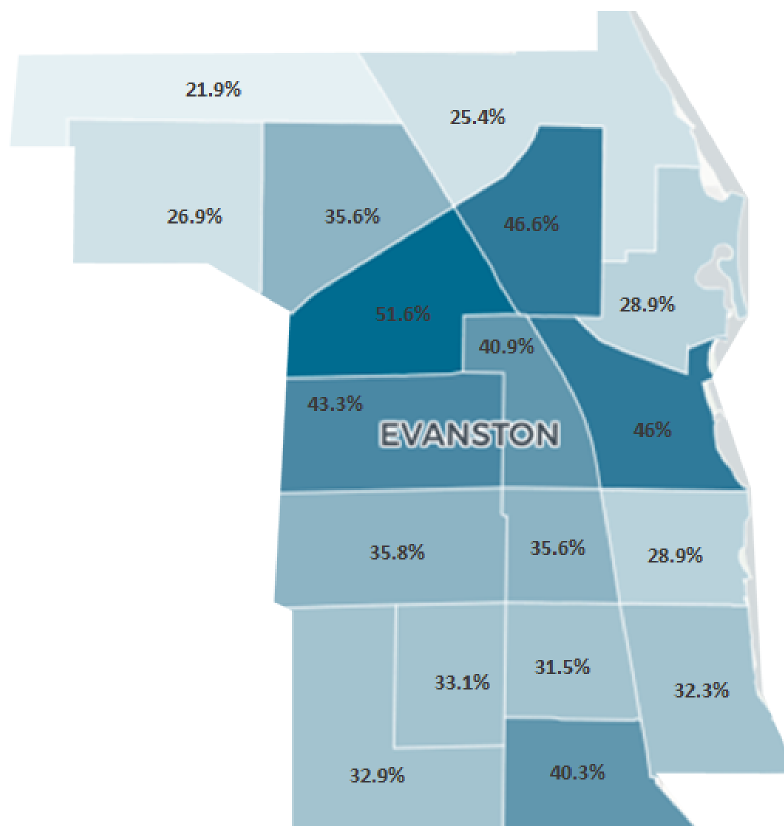
Households spending more than half of their household income on housing costs are considered severely cost burdened. This economic pressure puts these households at a higher risk of community displacement as housing costs continue to rise in Evanston. Across Evanston, about 12% of homeowner households and 30% of renter households are severely cost burdened. In the historically redlined census tract 8092, over a quarter of homeowner households and over a third of renter households spend more than half of their income on housing, making a substantial proportion of households in this neighborhood vulnerable to potential displacement as housing costs continue to increase.

Households With Excessive Housing Costs[47]

Households Spending 30% or More of Their Income on Housing (2019)

Evanston Average: 36.2% Neighborhood Range: 21.9%-51.6% US Average :34.6%[48]

Key Finding: Across Evanston, more than one in three households are cost burdened. In historically redlined census tract 8092, over half of all households are cost burdened.



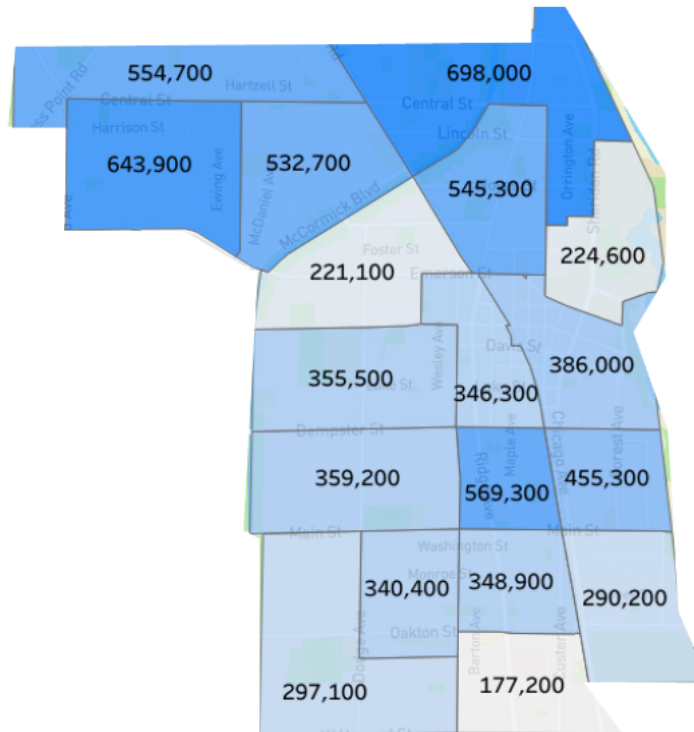
While home affordability is a significant challenge for Evanston, home values vary widely across neighborhoods, with home values being highest in the northern portion of the city.

Median Home Value[49]

Median Value of Owner-Occupied Housing

Evanston Median: $391,400 Neighborhood Range: $177, 200-$698,000 US Median: $217,500[50]

Key Finding: Median home values vary widely across neighborhoods, but only one neighborhood, census tract 8102, has a median home value lower than the US median value.



A slight majority of Evanston's housing stock is owner-occupied. Households who rent may be at higher risk of being priced out of the community as rental prices continue to rise.[51] [52]

Housing Tenure[53]

Distribution of Owner and Renter Occupied Housing Units (2019)

Key Finding: Slightly more than half of housing units in Evanston are owner-occupied.

The pandemic highlighted the critical importance of internet access, and further exposed the impact of the digital divide on perpetuating inequity. Households with high speed internet have better access to education and employment opportunities. Internet access is also associated with improved healthcare access, including access to telehealth options and improved navigation of the healthcare system.

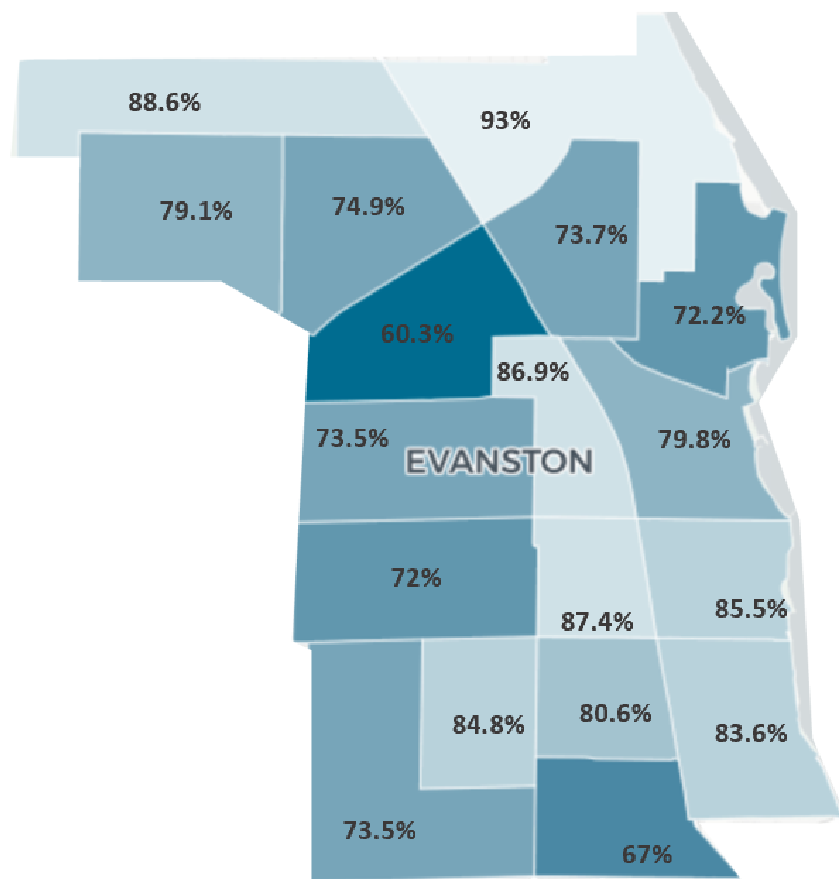
Improving internet and technology access for all community members is a critical priority for improving equity in community participation and information sharing.

Broadband Connection[54]

Percentage of Households with Connections to High Speed Broadband Internet (2019)

Evanston Average: 78.8%   Neighborhood Range: 60.3%- 93%   US Average: 68.9%[55]

Key Finding: Broadband access varies substantially across our community.



Unemployment

Unemployment is associated with adverse health outcomes and increased mortality.[56] Individuals who are unemployed report poorer physical and mental health than those who are employed, and often report lower self-worth and unhealthy coping behaviors.

Across Evanston, we observe inequities in employment both by neighborhood and race. Overall, Evanston has a relatively low proportion of residents who are unemployed but looking for work, but unemployment is disproportionately higher among Black and Hispanic/ Latino residents, and residents of census tract 8096 in western Evanston.

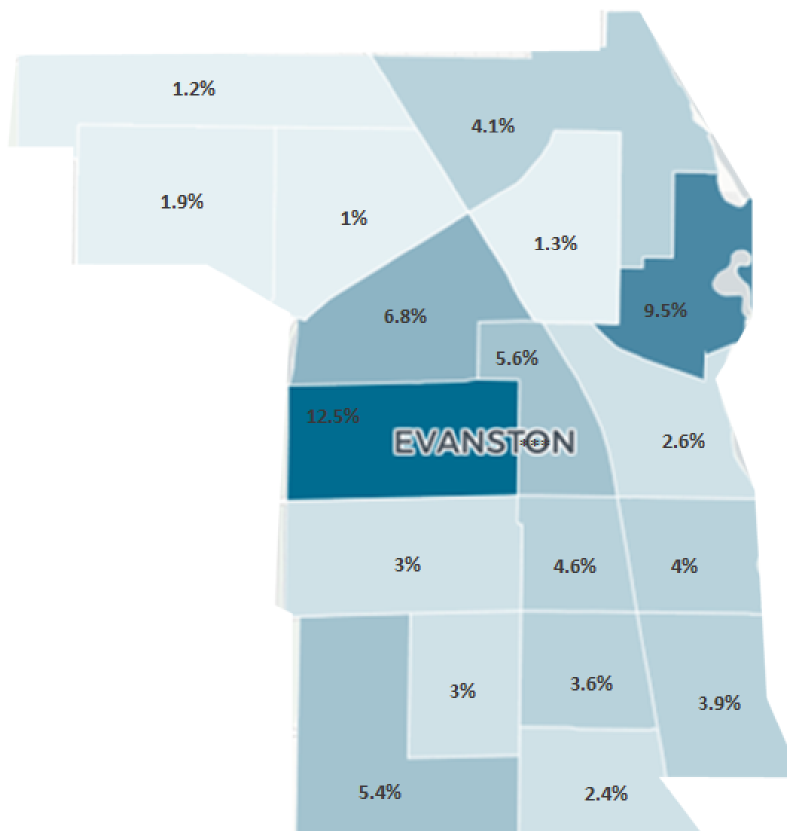
The higher unemployment rates of people of color is likely due to several factors. Inequitable incarceration rates of Black and Brown individuals can pose substantial barriers to securing employment. Additionally, educational inequity has resulted in lower academic outcomes, and lower rates of educational attainment. These factors highlight the need for investment in workforce development and career pipelines for community members to build pathways to high quality employment opportunities.

Unemployment[57]

Percentage of Population 16+ that is Unemployed but Seeking Work (2019)

Evanston Average: 4.2% Neighborhood Range: 1% - 12.5% US Average: 5.3%[58]

Key Finding: Evanston's overall unemployment rate is lower than the US average, but in census tract 8096 in western Evanston, it is twice the national average and three times higher than the Evanston average.



Community Insights on the Economic Environment

- Housing affordability was identified as one of the greatest challenges facing our community, requiring further investment in the protection and expansion of affordable housing options, as well as more supports across the full continuum of housing vulnerability.
- Further investment in workforce development is needed to build career pathways for youth, particularly for those for whom college is not affordable and for those interested in skilled trades.
- While educational equity is critically important to ensure that everyone has the opportunity to go to college if they desire, college is not a realistic or desirable pathway for every high school graduate.
- The high cost of living in Evanston makes it difficult for families to afford household necessities, and often makes paying for enrichment and extracurricular opportunities prohibitively expensive.
- There are very limited housing options for seniors and individuals with disabilities on fixed incomes.
- We need business incubator programs to foster development of small businesses.
- We need better investment in the child care industry to reduce costs for families, and to reduce financial risk for child care providers, many of whom were forced to close due to the economic impact of the pandemic.
- Inequities in internet access posed a profound challenge for our most vulnerable residents during the pandemic, and underscored the need to bolster community access to broadband and digital devices. Access to broadband and other digital resources are critical needs for full participation in the community.

Service Environment

The service environment consists of the network of systems around us that support community wellbeing, including the educational system, the health care system, and the social service system. A healthy service environment includes:

- Access to quality, affordable health care services
- Access to high quality education regardless of race, income, or neighborhood
- Equitable educational outcomes
- Access to social supports to ensure that all community members have the opportunity to thrive
- Equitable opportunity to participate in the community and be served by its resources

Key Findings

- About 15% of Hispanic/ Latino residents are uninsured.
- 2 in 5 emergency room visits among Evanston residents could have been more appropriately treated in a primary care setting.
- Only about 1 in 2 residents of census tract 8092 reported visiting a dentist within the previous year.
- Only 2 in 10 low income third graders were English Language Arts proficient, compared to 7 in 10 non-low income third graders.
- Six of Evanston's census tracts have a high school completion rate of over 98%, while four of our census tracts have a high school completion rate less than the national average of 88%.

Health Care Access

One of our principal metrics for assessing health care access is looking at the percentage of uninsured individuals. Those who lack health insurance are less likely to seek health care services and more likely to have unmet health needs. Delaying preventative care out of financial necessity often results in increased severity and acuity in illness. Lack of insurance also leads to lack of efficient healthcare utilization, wherein uninsured individuals may need to rely on the emergency room to meet basic health care needs. In fact, emergency room visit data show that 2 in 5 emergency room visits among Evanston residents would have been more appropriately addressed in a primary care setting.

Unfortunately, having health insurance does not necessarily translate to access to care. Quality of health insurance coverage varies widely, often limiting people's access to the providers and the care they need. Out of pocket costs also contribute to making health care access prohibitively expensive for many. Further, limited provider availability and the challenge of navigating a complex healthcare system can make it very difficult to seek care, particularly among those with limited English ability, limited literacy, limited access to transportation, and those without the ability to take paid time off from work. Data on uninsured community members is therefore an undercount of how many residents truly lack access to care.

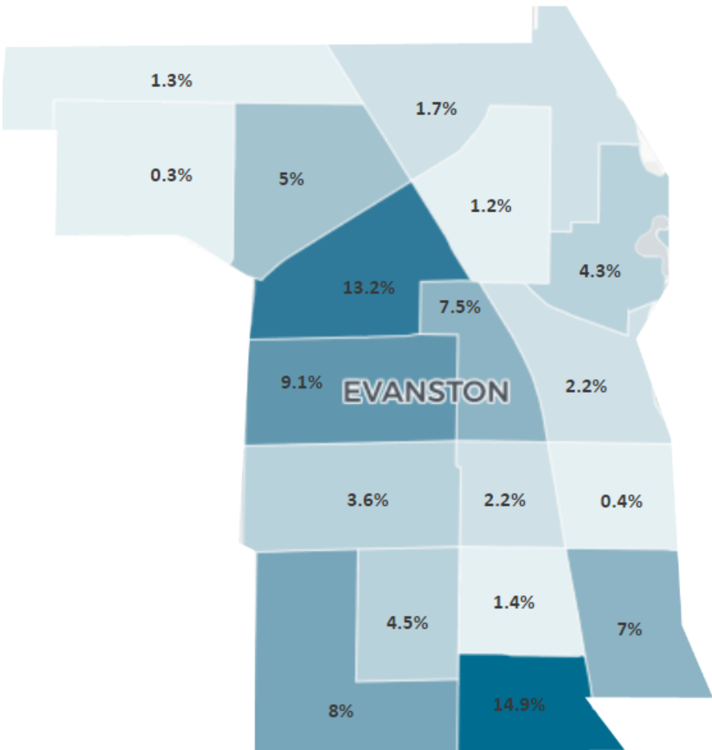
The map below shows the percentage of uninsured residents by neighborhood.

Uninsured Residents by Neighborhood

Percentage of Residents Age 0-64 who Lack Health Insurance Coverage of Any Kind (2019)

Evanston Average: 5.4%   Neighborhood Range: 0.3%- 14.9%   US Average: 9.2[59]

Key Finding: The percentage of noneldery residents lacking insurance in census tract 8102 is nearly triple the citywide average.



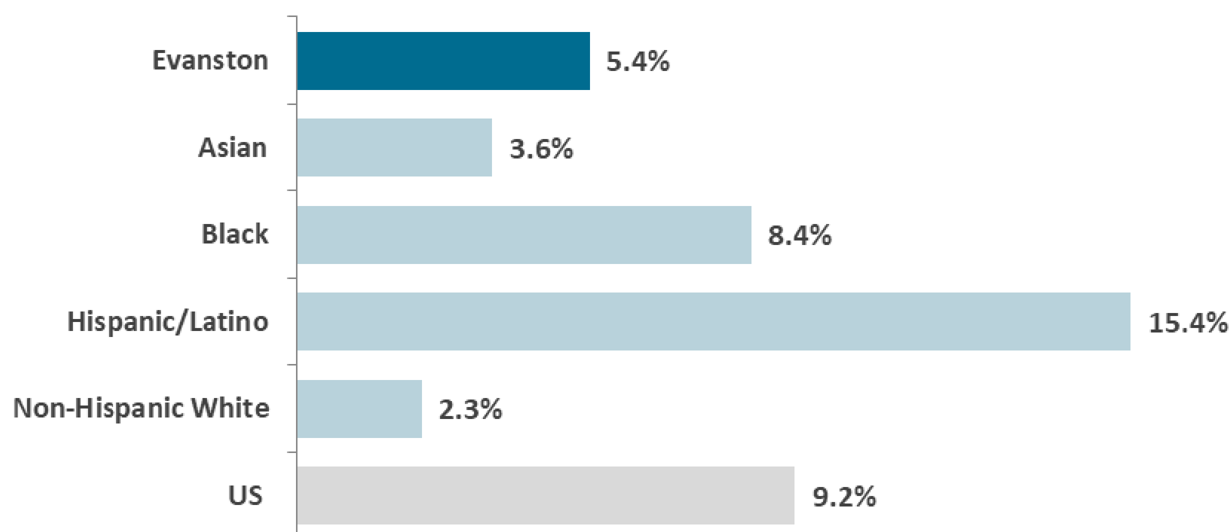
When stratified by race, the burden of lack of coverage falls disproportionately on Hispanic/ Latino residents.

Uninsured Residents by Race

Percentage of Residents Age 0-64 who Lack Health Insurance Coverage of Any Kind (2019)

Evanston Average: 5.4% Range by Race: 2.3%- 15.4% US Average: 9.2%[60]

Key Finding: Hispanic/ Latino residents are three times more likely to be uninsured than the city average.



Dental care access data can tell us not only about the state of oral health in our community, but can also indicate quality of insurance coverage and the accessibility of preventive care for residents. An estimated 76 million US adults lack dental insurance.[61] Low income adults and seniors are particularly likely to lack access to dental care.

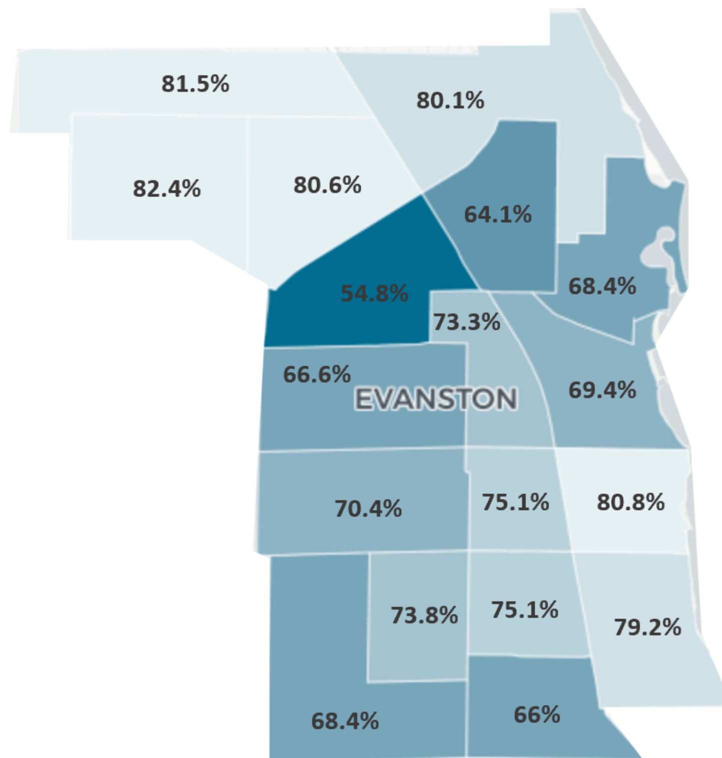
Local emergency room admissions data also indicate that uninsured residents often rely on the emergency room for dental issues, likely due to inability to access affordable care from a dental office.[62]

Recent Dental Care Visits[63]

Percentage of Adults who Visited the Dentist within the Previous Year (2018)

Evanston Average: 64.1% Range by Race: 54.8%- 82.4% US Average: 67.6%[64]

Key Finding: Only about 1 in 2 adults in census tract 8092 reported visiting the dentist within the past year.



Access to clinical preventive services, including immunizations and routine cancer screenings, is a critical aspect of health care provision, aiding in early detection of disease, and thus improving the success of treatment. Early detection and treatment is key to improving health outcomes and reducing early deaths.

Individuals with low incomes or limited transportation options face additional barriers in regularly accessing preventive care, which can lead to poorer health outcomes.

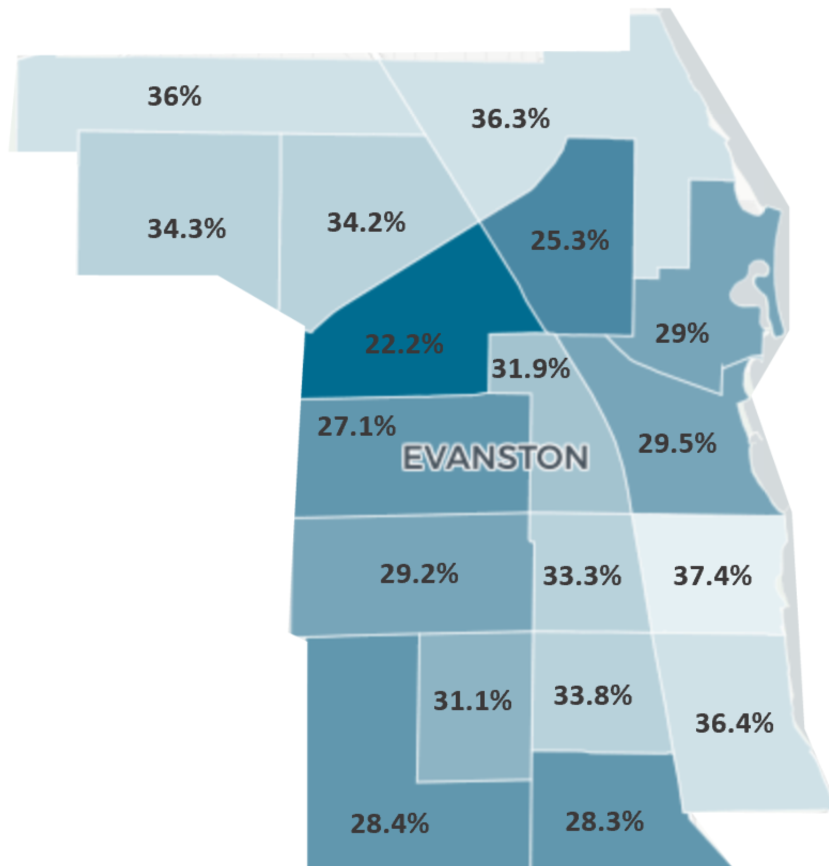
The map below shows the percentage of seniors who are up to date on clinical preventive services across Evanston. The neighborhood with the lowest access to preventive care, census tract 8092, coincides with the area with the most low-income seniors, and among the lowest access to household vehicles.[65]

Preventive Care Access for Seniors[66]

Percent of Adults Aged 65 Years and Over Who are Up to Date on a Core Set of Clinical Preventive Services, such as Vaccinations and Cancer Screenings.

Evanston Average: 31.5% Neighborhood Range: 22.2%- 37.4% US Average: <40%[67]

Key Finding: Fewer than 1 in 3 Seniors across the city are considered up to date on clinical preventive services.



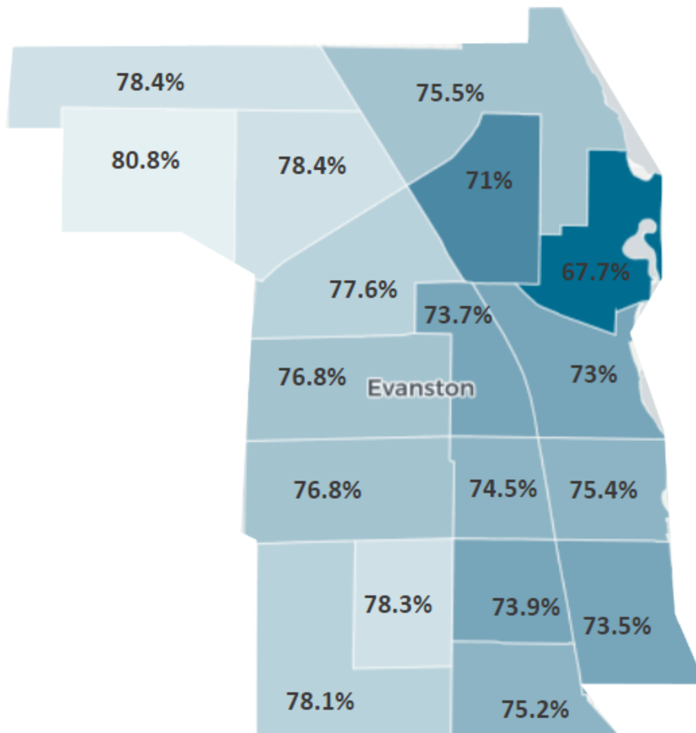
About three quarters of Evanston adults reported having a routine check up within the past year. The lowest reported check up rates were in the neighborhoods with a high proportion of university students, a demographic that tends to have a low health care utilization rate.[68]

Recent Routine Check Ups[69]

Percentage of Adults Age 18 and Over who Visited the Doctor for a Routine Check Up within the Previous Year (2019)

Evanston Average: 74.9%   Neighborhood Range: 67.7%- 80.8%   US Average: 78.9%[70]

Key Finding: Residents living in census tract 8087.02, encompassing the Northwestern Campus, were least likely to report a recent routine doctor check up.



Educational Equity

Education access and quality is a critical aspect of equity across our nation and our community. Improving educational outcomes is not only one of the most important elements of improving future economic wellbeing–it is also one of the most important things we can do to improve future health outcomes.

Third grade reading proficiency is commonly used as a predictor of future academic achievement and career success. Children with low reading scores are at higher risk of not finishing school, and may have reduced opportunity for upward mobility later in life. About half of Evanston's third grade population is proficient in reading. However, reading proficiency among Black and Hispanic/ Latino children is much lower than this city average. Reading scores are particularly low among students from low income backgrounds and those who are housing insecure. Only about 1 in 5 low income third graders, and about 1 in 8 homeless third graders, are reading proficient.

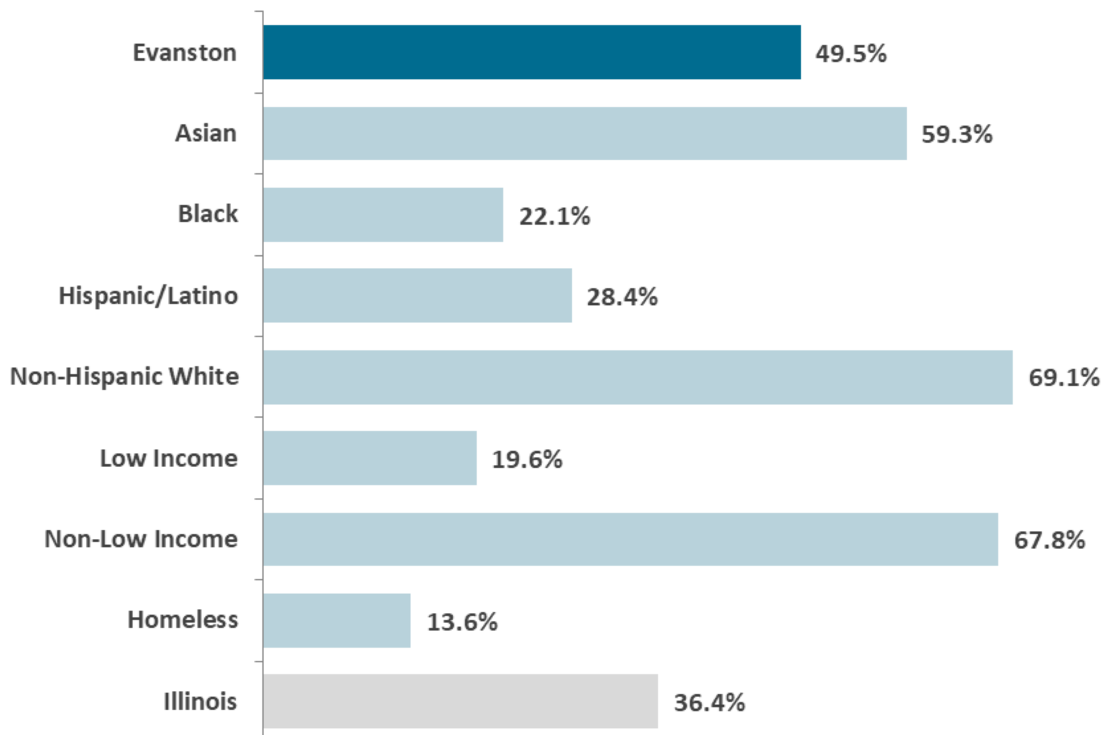
Third Grade Reading Proficiency

District 65 Third Graders Considered English Language Arts Proficient (2019)

Evanston Average: 49.5%   Range by Income Level: 19.6% -67.8%   Range by Race: 22.1%- 69.1%

Illinois Average: 36.4%[71]

Key Finding: While reading proficiency for Evanston third graders overall is higher than the state average, substantial inequities exist across race and income categories.



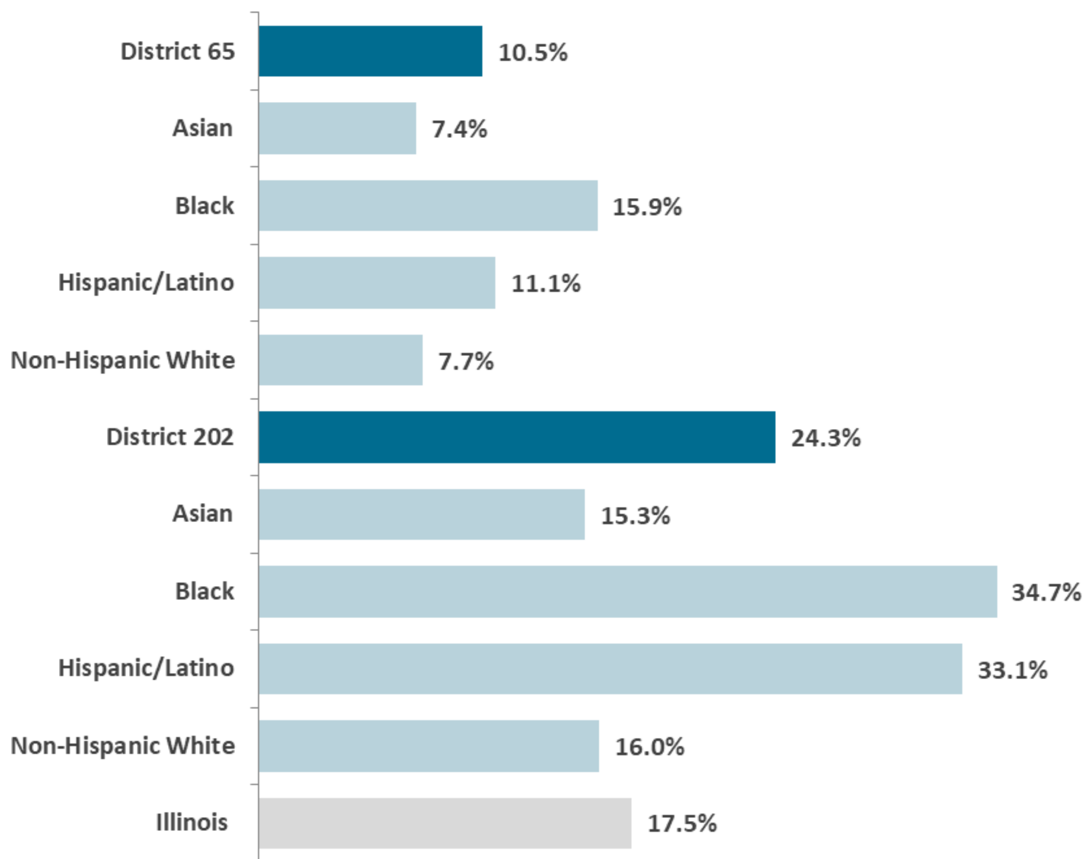
Frequently missing school days is associated with reduced academic achievement, high drop out rates, and poorer outcomes later in life, including increased unemployment and financial instability.[72] Chronic absenteeism may be an indication of poor health status, mental illness, or family trauma.[73] Absenteeism is disproportionately high among low income, disabled, housing insecure, and justice-involved youth. For these vulnerable populations, absenteeism represents a critical missed opportunity to access school services, including regular meals, access to a safe and stable environment, and connection to needed social supports and family services.[74]

Chronic Absenteeism

Public School Students who Missed 10% or More School Days in an Academic Year (2019)

District 65 Average: 10.5% District 202 Average: 24.3% Illinois Average: 17.5%[75]

Key Finding: Large inequities exist by race among both District 65 and District 202.



Completing high school has profound and lifelong economic, social, and health benefits. Individuals with a high school diploma have higher earning potential, employment rates, and better health outcomes. Individuals who do not finish high school are more likely to lack access to health care, develop chronic diseases, and die prematurely.[76] Evanston has a substantially higher high school

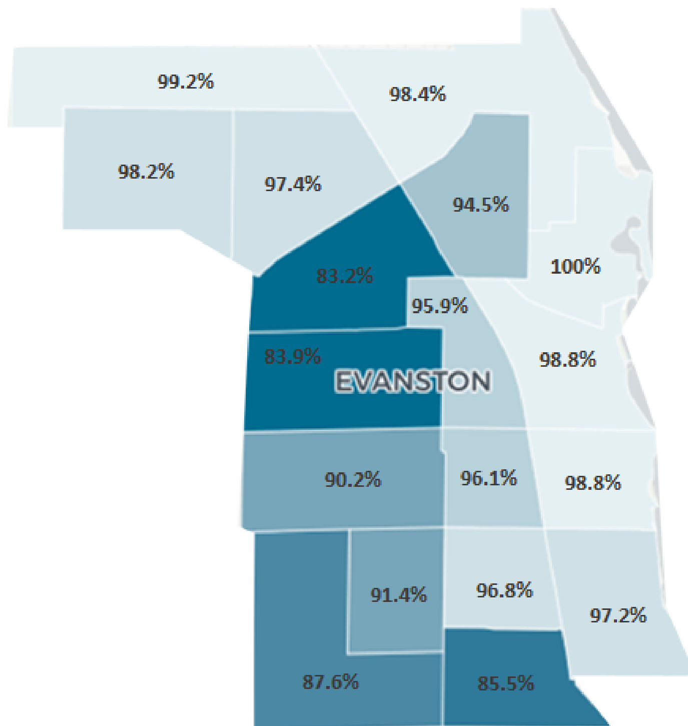
completion rate than the country as a whole, but in 3 neighborhoods, high school completion is lower than the national average.

High School Completion

Percentage of Adults Age 25 and Over with at least a High School Diploma or Equivalent (2019)

Evanston Average: 93.7%   Neighborhood Range: 83.2%- 100%   US Average: 88%[77]

Key Finding: Residents of historically redlined census tract 8092 have the lowest rates of high school completion in the city.



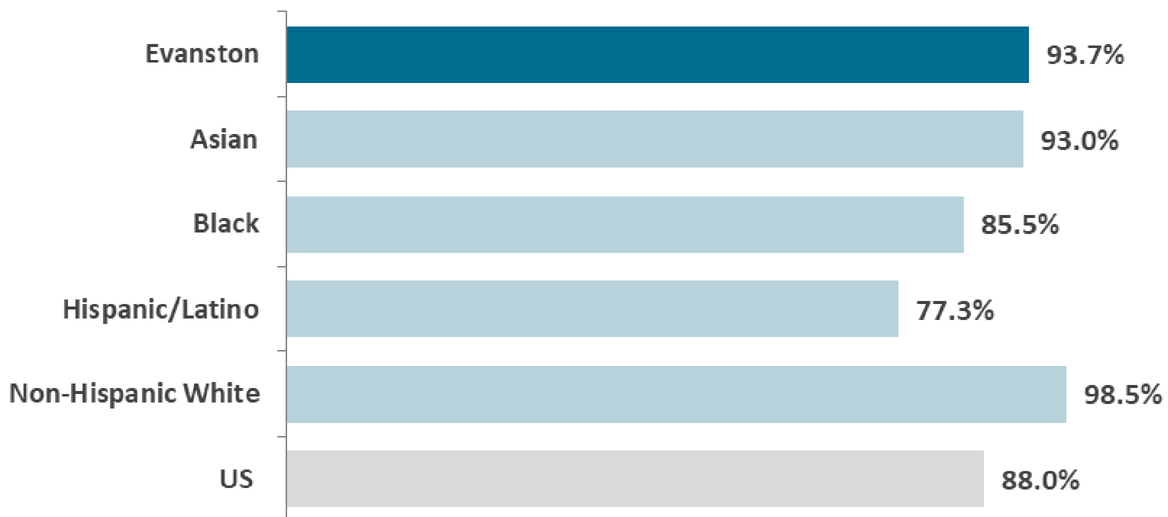
An examination of high school completion by race shows that completion rates are the lowest among our Hispanic/ Latino residents, with about 1 in 4 adults lacking a high school degree.

High School Completion by Race

Percentage of Adults Age 25 and Over with at least a High School Diploma or Equivalent (2019)

Evanston Average: 93.7%   Range by Race: 77.3%- 98.5%   US Average: 88%[78]

Key Finding: Despite Evanston's high overall high school completion rate, Black and Hispanic/ Latino adults have a lower high school completion rate than the US average.



Community Insights on the Service Environment

Youth and Educational Services

- Age zero to five is a critical stage in brain development, but lack of federal investment in childcare has led to a profoundly vulnerable system, in which parents struggle to afford the high cost of childcare, and many childcare workers, who are disproportionately women of color, earn poverty-level wages without access to benefits. While the pandemic underscored how deeply we rely on the childcare system, it also laid bare the lack of supports in place to sustain this essential industry.
- In addition to the need for more affordable afterschool and summer recreation opportunities, youth in our community need access to safe spaces staffed by supportive adults that allow them to gather for unstructured activities.
- Bussing children of color out of their neighborhoods compromises the opportunity to participate in extracurricular activities, and restricts opportunity for parental involvement.
- We need to build a system of wrap around services within schools, and increase staffing capacity for mental health and social supportive services.

Health Services

- Community members report a profound unmet need for mental health services, particularly among uninsured and underinsured individuals, and individuals who need bicultural and bilingual therapists.
- Community mental health providers report a severe workforce shortage due to therapist burnout and uncompetitive compensation.
- There is very little access to oral health care for low income and uninsured adults, and extremely limited access to specialty dentists for low income children and adults with complex oral health needs.
- Access to affordable vision care for uninsured children and adults is lacking.

Social Services

- Lack of trusted messengers that reflect the cultural and linguistic diversity of the community presents a barrier to connecting residents to information and resources.
- Fear of revealing documentation status or other sensitive personal information causes hesitation to seek services.
- The nonprofit sector needs to improve alignment and collaboration infrastructure among nonprofits to avoid competition and duplication of services.

Government Services

- We need to improve equitable distribution of City services.
- We need better language access and cultural representation to better serve the community and ensure that staffing reflects Evanston's diverse population.
- The City should increase opportunities for broader public participation so it is not just hearing from the same small number of voices.
- Parents identified the need to reduce the burden of paperwork and documentation on low income families to qualify for parks programming scholarships.

Health Behaviors

Health behavior data measure some of the individual-level actions that affect our health.[4][5] Behaviors such as physical inactivity, smoking, and substance use contribute heavily to many of our community's leading causes of death and disease.

While individuals have the responsibility to make healthy choices, it is critical to remember that the choices available to us are shaped by the broader social and economic context around us, and we do not all have equal access to opportunities to make healthy choices. We tend to see higher reports of healthier behaviors in more affluent communities, where residents are more likely to have the financial means to eat healthy, fresh foods, and are more likely to have the leisure time and access to safe environments that make it easier to stay physically active. Trauma also plays an important role in shaping health behavior, wherein individuals may develop a reliance on unhealthy coping mechanisms, such as substance use, to deal with trauma, particularly when they lack access to mental health care and a strong emotional support system.[79]

Predatory marketing practices also play a role in shaping our health behaviors. Well-documented predatory tactics by the tobacco industry to target menthol cigarettes and other flavored tobacco products to the Black community in marketing efforts has had devastating consequences. Menthol and other tobacco flavors make it easier to initiate, and harder to quit, smoking. As a result of this predatory marketing, we see disproportionately high rates of both smoking and smoking-related health conditions among Black Americans.[80] A recent study of tobacco retailer placement in Evanston showed that tobacco retailers are disproportionately located in the three wards with the highest portion of Black residents.[81] These are also the areas of the city where we observe the highest rates of smoking behaviors.[82]

Encouraging individuals to adopt healthy habits is one aspect of improving health behaviors, but we also need to create policies, systems, and environments that ensure that our whole community has access to affordable nutritious foods, safe places to play, and access to mental health and supportive services to address trauma that can lead to unhealthy coping behaviors. The public health interventions that have been most effective to reduce smoking behavior have been policy-level changes, including comprehensive smoke-free policies and increasing the price of tobacco products.[83] [84] To continue improving health behaviors across Evanston, creating policies and environments that expand opportunities to be healthy must be a key strategy.

Key Findings

- Evanston adults report a greater rate of binge drinking than the national average.
- A smaller percentage of Evanston residents report smoking and being physically inactive than the country as a whole, but there are substantial differences by neighborhood.

---

[4] All data on health behaviors in this section are self-reported, which means they should be interpreted with caution, as individuals tend to underreport stigmatized behaviors.
[5] As with the great majority of available public health data, our substance use and physical activity findings only reflect the adult population. Childhood and adolescence is a critical time for establishing lifelong health behaviors. For example, alcohol and substance use are often initiated prior to adulthood.[85]

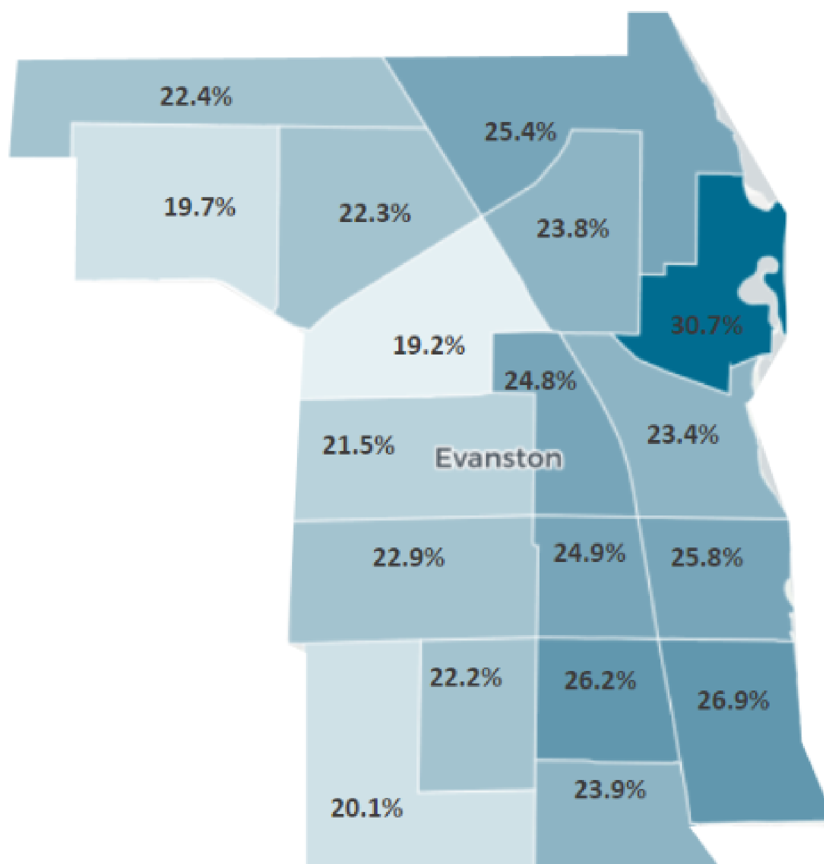
Binge drinking is defined as the consumption of more than 4 alcoholic beverages among females, or more than 5 among males, on one occasion. Evanston adults report higher than average rates of binge drinking. Consistent with national trends, binge drinking is the highest in the neighborhoods with higher proportions of white, affluent residents. Nearly a third of adults in census tract 8087.02, encompassing the Northwestern campus, report binge drinking.

Binge Drinking[86]

Percentage of Adults Age 18 and Over who Reported Binge Drinking in the Previous Month (2019)

Evanston Average: 24% Neighborhood Range: 19.2%-30.7% US Average: 16.8%[87]

Key Finding: Evanston adults report higher rates of binge drinking than the US overall. Reported binge drinking is the lowest in census tract 8092 and the highest in census tract 8087.02, encompassing the Northwestern University campus.



Sedentary behavior has many negative health impacts, including heightened risk of chronic disease.[88]

The US Department of Health and Human Services recommends that adults engage in at least 2.5 hours of moderate-intensity aerobic activity, and two muscle strengthening activities each week.[89] Nationally, less than a quarter of American adults report meeting this recommendation,[90] and many report getting much less activity. About 1 in 4 US adults reported getting no physical activity during non-work hours.

Individuals who work long hours, and those who live in areas with low walkability, or areas where they feel unsafe being outside, face additional barriers to getting enough physical activity.

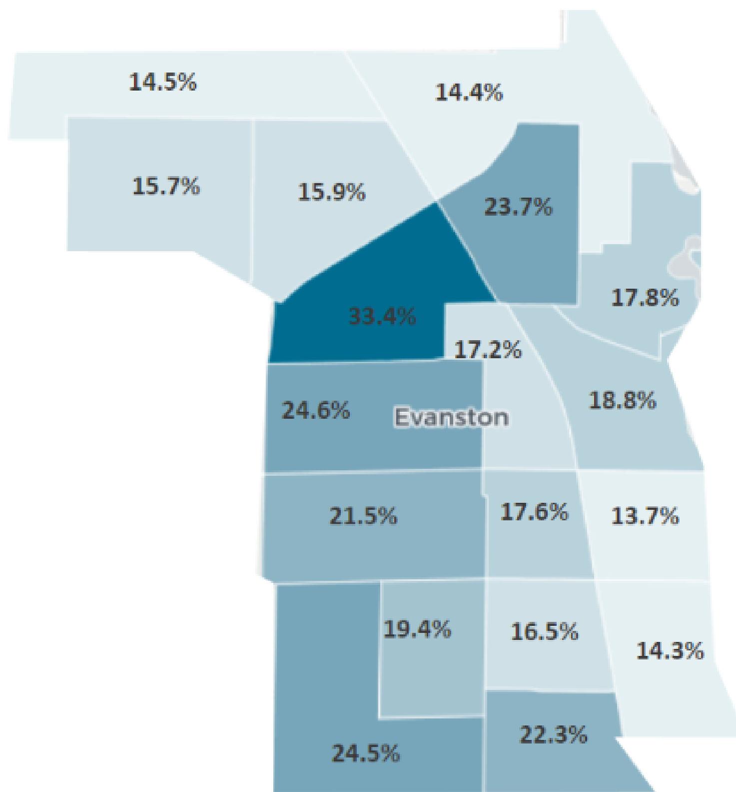
It is important to remember that physical activity does not require access to fitness facilities–one of the best ways to increase activity among residents is by making our community highly walkable and bikeable, and by making public spaces safe and accessible for everyone to take advantage of. Adults in census tract 8092 report the highest rates of physical inactivity. As reported in the Physical Environment section, this neighborhood has among the lowest walkability scores in Evanston.

Lack of Physical Activity[91]

Percentage of Adults Age 18 and Over who Reported No Leisure Time Physical Activity (2019)

Evanston Average: 19.3% Neighborhood Range: 13.7%-33.4% US Average: 26.4% (2019)[92]

Key Finding: 1 in 3 adults in Census Tract 8092 reported having no leisure time physical activity.



Smoking is the leading cause of preventable death and disease in the US.[93] Even among people that don't smoke, secondhand smoke is deadly, causing about 41,000 deaths annually among US adults.[94]

The tobacco industry engages in predatory marketing practices, particularly targeting communities of color. In Evanston, tobacco retailers are disproportionately located in communities with high proportions of people of color.

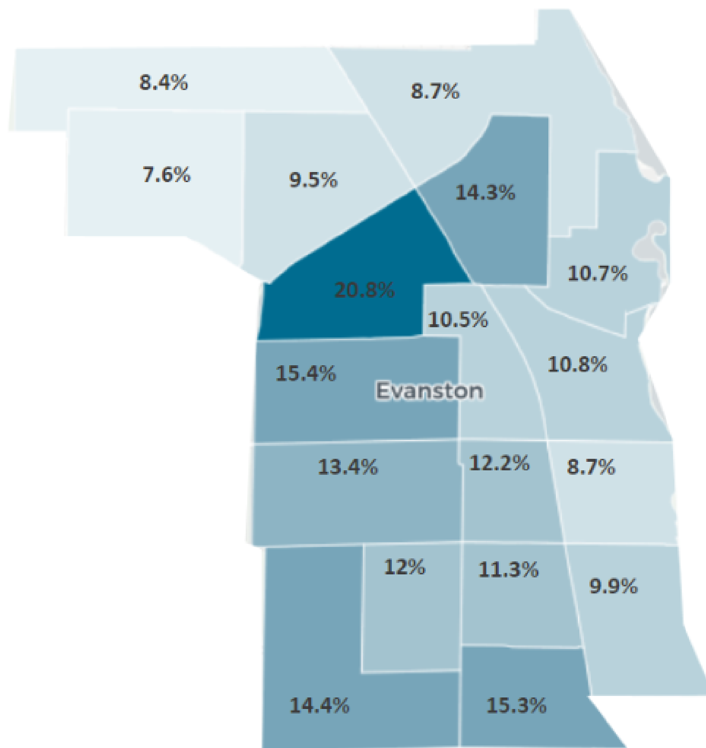
Evanston adults report lower than average cigarette smoking, with the exception of census tract 8092, where adults report smoking cigarettes at nearly twice the Evanston average.

Smoking[95]

Percentage of Adults Age 18 and Over who Reported Smoking Cigarettes (2019)

Evanston Average: 11.9% Neighborhood Range: 7.6%-20.8% US Average: 15.9%[96]

Key Finding: Reported smoking rates among adults in Census Tract 8092 are nearly double the city average.



Community Insights on Health Behaviors

- There is a need for stronger supports in place to protect against residential secondhand smoke exposure, particularly within multi-unit rental residences.
- Many families find parks and recreation programming to be cost-prohibitive, creating a barrier to accessing physical activity opportunities for their children.
- We need to ensure equity in availability and maintenance of sidewalks and distribution of neighborhood amenities to facilitate increased physical activity.
- Many parents fear allowing their children to play in city parks due to the threat of neighbors calling the police, as well as the threat of violence. This highlights the need for designated safe recreation spaces for youth and young adults.

Health Outcomes

Our health outcomes are shaped by the living conditions addressed throughout this report. This section covers two major categories of health outcomes: mental health and physical health. Within both of these categories, we can look at both census tract-level self-reported health outcomes data, as well as hospital-reported emergency room visit data.

This section also addresses sentinel events, most notably hospitalizations for COVID-19.

Just as we consistently saw the most economic disadvantage in census tract 8092 and among Black Evanstonians, we also see the highest burdens of chronic disease and emergency room utilization among this population.

Key Findings

- Apart from the census tract encompassing Northwestern University, residents of census tract 8092 reported the highest percentage of people in mental distress.
- While Evanston residents report less physical distress than residents in the US overall, this varies greatly by neighborhood, with nearly 1 in 6 adults in census tract 8092 reporting frequent physical distress.
- Residents of census tract 8092 report a substantially greater prevalence of chronic diseases such as obesity, high blood pressure, and diabetes than the Evanston average.
- Black Evanston residents have substantially higher emergency room visit rates for asthma, diabetes, hypertension, and mood disorders, indicating inadequate access to preventive care.

Mental Health

Mental health is a critical aspect of our overall health and wellbeing, despite efforts within our healthcare system to separate it from physical wellness. Mental health is a growing health concern, both locally and nationally. While already at a crisis stage prior to the pandemic, our community faces even more urgent mental health needs in its aftermath.

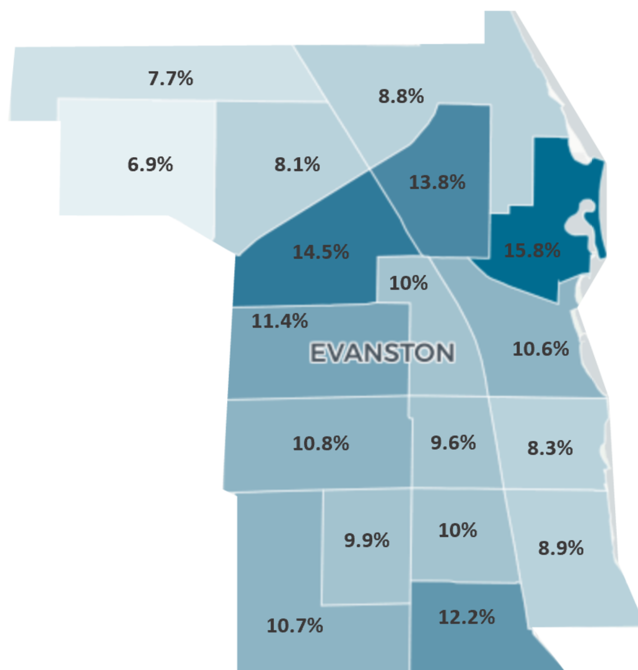
Many factors contribute to mental health and emotional wellbeing, but economic insecurity, exposure to trauma and violence, and lack of access to support systems all influence our mental health. Mental health is a particularly difficult challenge to address on the local level, given that many of the roots of this problem stem from a lack of national infrastructure to adequately prevent and address mental health issues. Federal-level changes are needed to improve the way we conceptualize and treat mental health, but the urgency of this issue demands that we build systems of support at the local level.

Frequent Mental Distress[97]

Percentage of Adults Age 18 and Over who Reported Poor Mental Health at Least 14 Days In the Previous Month (2019)

Evanston Average: 12.6% Neighborhood Range: 6.9%-15.8% US Average: 13.8%[98]

Key Finding: Reported mental distress is the highest in the census tract encompassing the Northwestern University campus, and second highest in census tract 8092, the area with the highest proportion of economic distress.



Mood disorders include diagnoses such as depressive and bipolar disorders. The data below show rates of emergency room visits by race and zip code among Evanston residents. High rates of emergency room utilization for mental health needs may indicate a lack of access to preventive care.

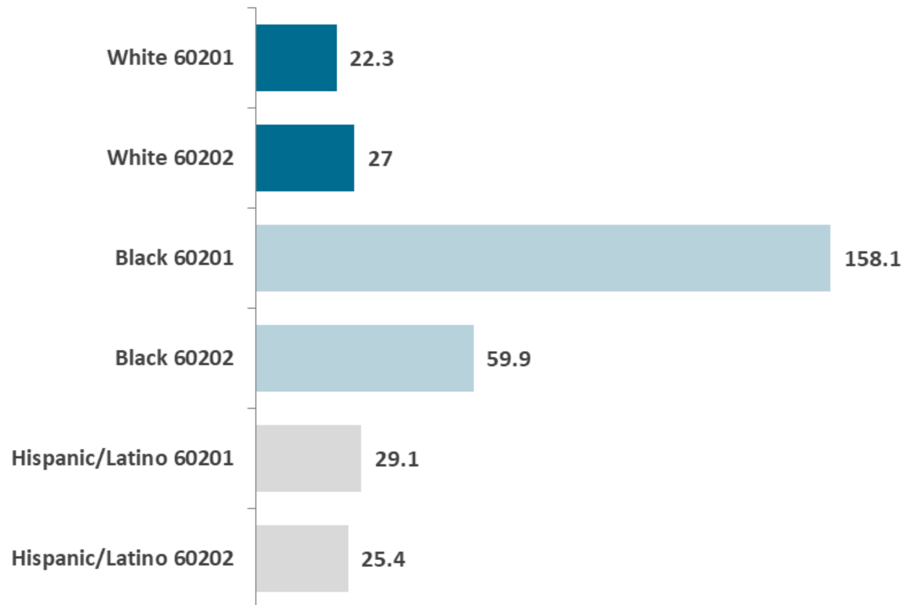
Mood disorder visits among Black Evanstonians, particularly those living in zip code 60201, are far higher than White and Hispanic/ Latino residents, and far higher than the overall state rate.

Mood Disorder Emergency Room Visits

Adult Mood Disorder Emergency Room Visit Rate Per 10,000 (2017-2019)

Range by Race: 22.3-158.1 Illinois Rate: 30.4

Key Finding: Among residents in 60201, Black residents had a ER visit rate 7 times higher than White residents.



Physical Health

Understanding the burden of physical distress among residents is an important measure of health-related quality of life.[99] Frequent physical distress is more common among individuals with chronic diseases, and is associated with higher health care utilization and mortality. Reporting frequent physical distress may also indicate that an individual has unmet healthcare needs.

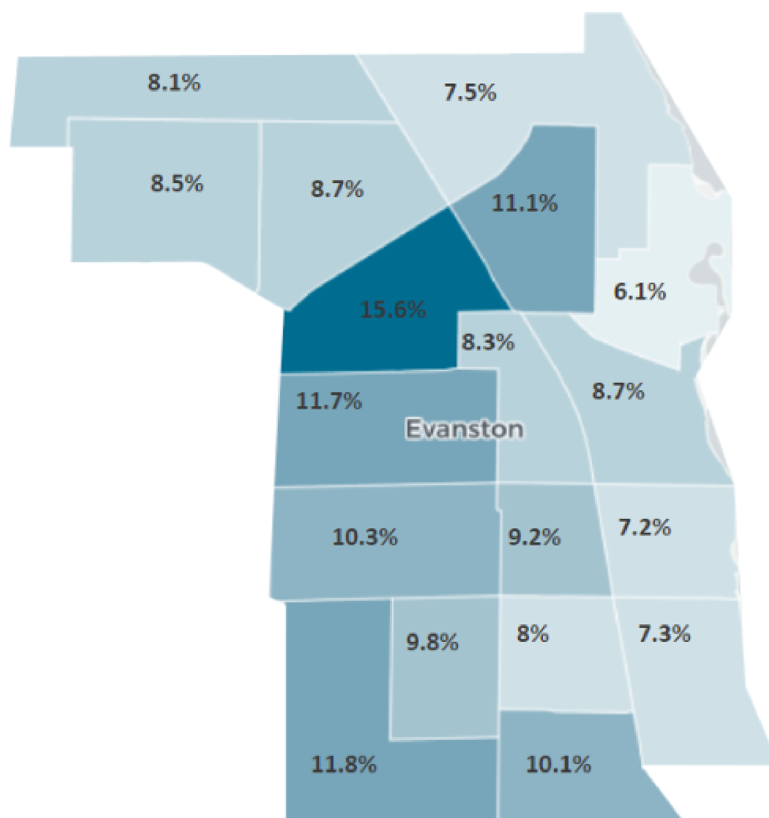
Reporting poor health is most common in census tract 8092, which is also the neighborhood with the highest rates of chronic disease and economic distress, and among the lowest rates of access to health care, neighborhood walkability, and access to healthy foods.

Frequent Physical Distress[100]

Percentage of Adults Age 18 and Over who Reported Poor Physical Health at Least 14 Days In the Previous Month (2019)

Evanston Average: 9.2% Neighborhood Range: 6.1%-15.6% US average: 12.5%[101]

Key Finding: Nearly 1 in 6 adults in census tract 8092 reported frequent physical distress in the previous month.



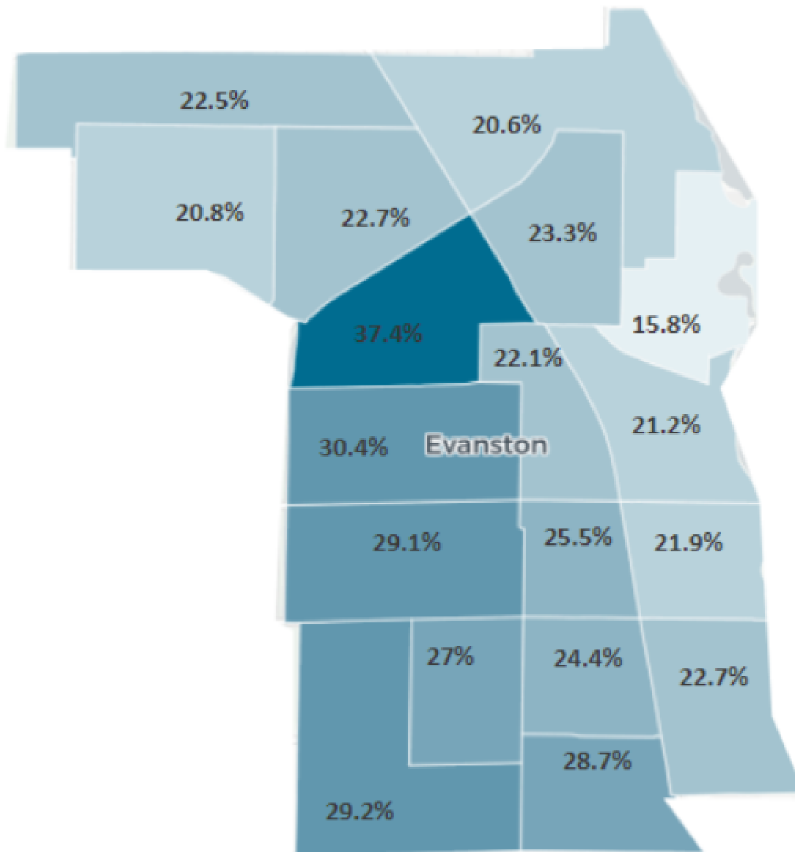
Among Evanston adults overall, obesity is substantially lower than the US average. However, in census tract 8092, obesity is higher than the US average, with more than a third of adults reporting being obese.

Obesity[102]

Percentage of Adults Age 18 and Over who Reported a Body Mass Index (BMI) of 30 or Higher (2019)

Evanston Average: 24.2% Neighborhood Range: 15.8%-37.4% US Average: 31.9%[103]

Key Finding: Obesity is the highest in census tract 8092, which is an area with limited access to healthy food.



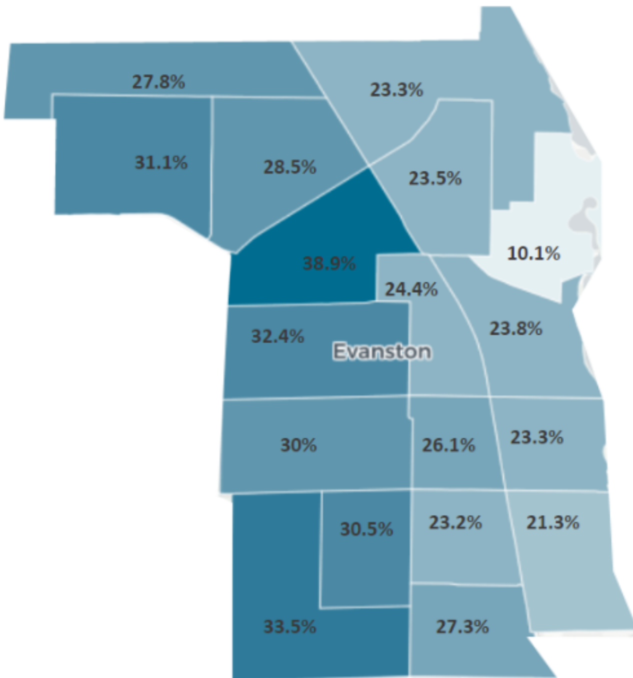
About 1 in 4 Evanston adults reported having high blood pressure, compared with about 1 in 3 adults across the US. However, these are likely underestimates, because these data relies on people having been diagnosed with high blood pressure, and accurately recalling this diagnosis. Particularly for those with limited access to care, actual incidence of high blood pressure is likely higher than the data suggest.

High Blood Pressure[104]

Percentage of Adults Age 18 and Over who Have Been Told They Have High Blood Pressure (2019)

Evanston Average: 25.6%   Neighborhood Range: 10.1%-38.9%   US Average: 32.5%[105]

Key Finding: Over 1 in 3 residents of census tract 8092 reported having been diagnosed with high blood pressure.

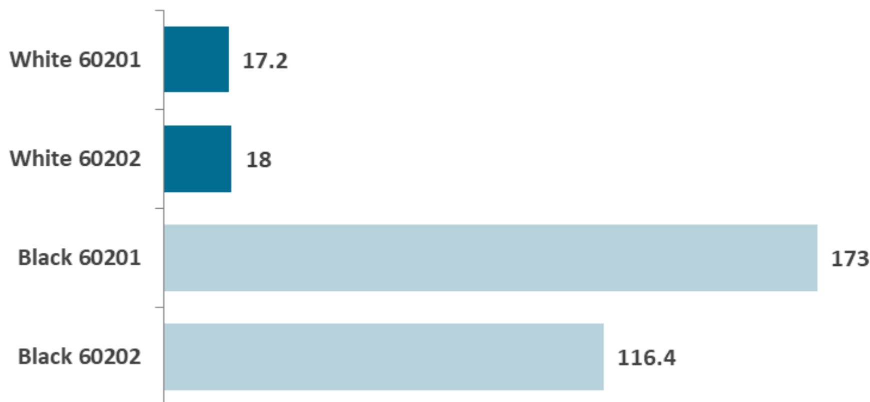


Hypertension[106]

Adult Hypertension Emergency Room Visit Rate Per 10,000 (2017-2019)

Range by Race: 17.2-173   Illinois Rate: 43.4   Data for Hispanic/ Latino Residents Suppressed

Key Finding: The emergency room visit rate for hypertension among Black adults in zip code 60201 is 10 times the visit rate for White adults.



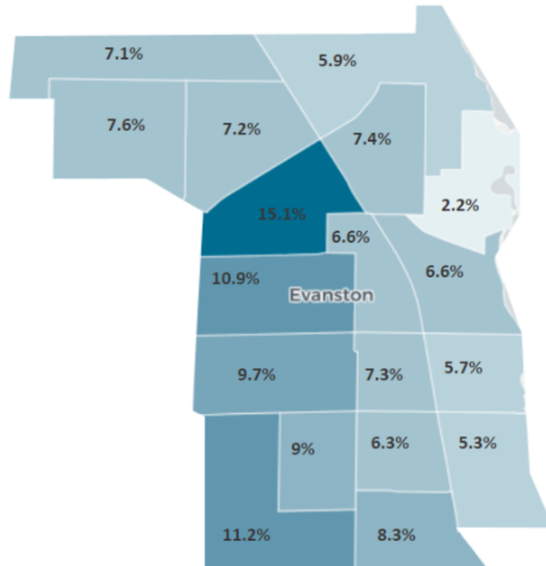
About 1 in 10 US adults reports having been diagnosed with diabetes, but it is estimated that as many as 25% of diabetes cases are undiagnosed, so the true burden of disease is likely higher. Evanston's average diabetes rate is lower than the national average, with the exception of three neighborhoods.

Diabetes[107]

Percentage of Adults Age 18 and Over who Reported a Diabetes Diagnosis (2019)

Evanston Average: 7.4% Neighborhood Range: 2.2%-15.1% US Average: 10.8%[108]

Key Finding: Residents of 8092, 8096 and 8103.01 report higher diabetes rates than the US average.



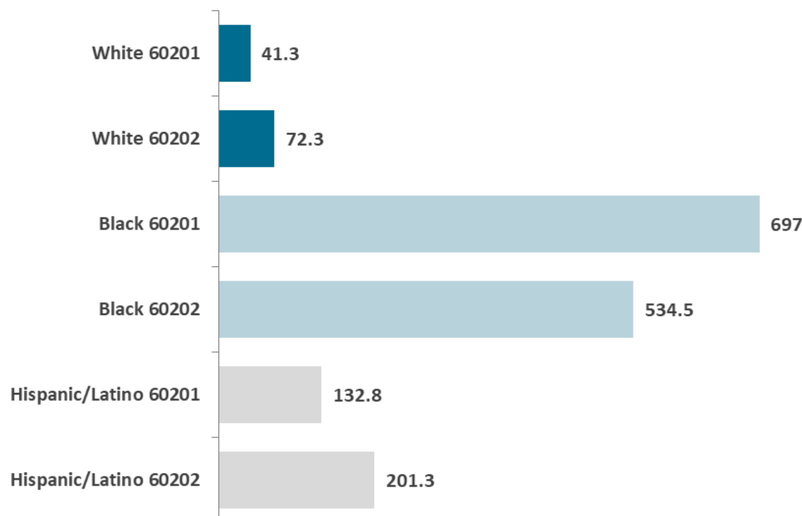
Diabetes is a chronic condition that can be effectively managed within a primary care setting with regular access to quality care. Emergency room visits for this condition often indicate uncontrolled diabetes, or lack of access to more appropriate sources of care.[109] [110] The data below indicate very high racial disparities in diabetes outcomes among Evanston residents.

Diabetes ER Visits[111]

Adult Type 2 Diabetes Emergency Room Visit Rate Per 10,000 (2018-2020)

Range by Race: 41.3-697 Illinois Rate: 345.5

Key Finding: The emergency room visit rate for type 2 diabetes among Black adults is nearly 10 times higher than White residents.



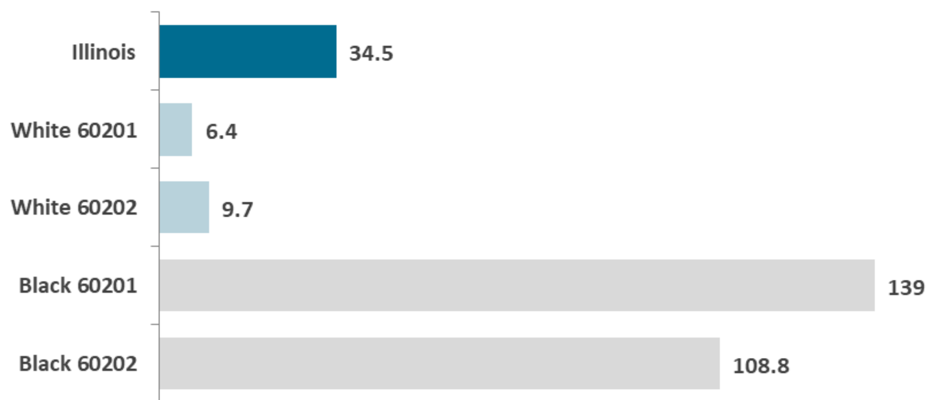
Acute asthma attacks are a frequent cause of emergency room visits for both the pediatric and adult populations, and is a common cause of missed school and work days.[112] Asthma can be managed through regular primary care and medication, as well as controlling exposure to environmental triggers. Common triggers for asthma attacks include air pollution, exposure to mold, cigarette smoke, and household pests, such as cockroaches and rodents. Individuals with asthma who rent their homes have less control over their housing conditions, and thus have higher rates of exposure to environmental triggers.[113] Emergency room visits for asthma may indicate a lack of housing quality, a lack of proper access to a primary care physician, and a lack of adequate insurance coverage. The great majority of asthma emergency room visits for both Evanston adults and children are among Black residents.

Asthma[114]

Adult Asthma Emergency Room Visit Rate Per 10,000 (2018-2020)

Range by Race: 6.4-139 Illinois Rate: 34.5 Data for Hispanic/Latino Residents Suppressed

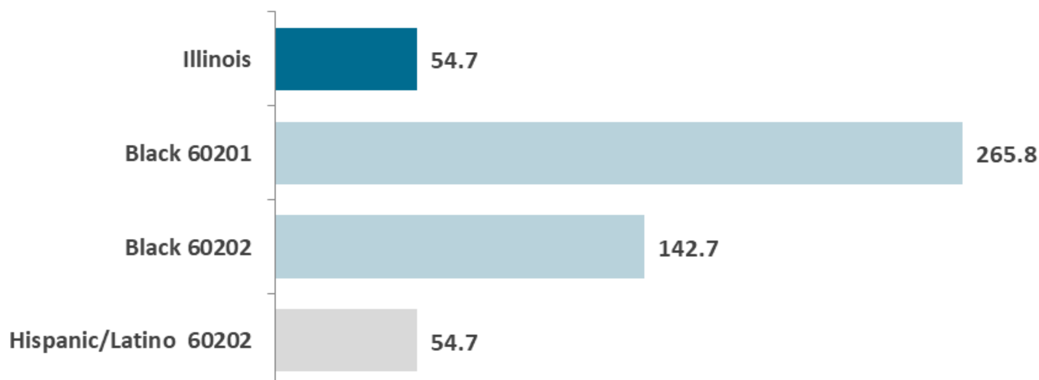
Key Finding: The emergency room visit rate for asthma among Black adults is over 10 times the visit rate for White adults.



Pediatric Asthma Emergency Room Visit Rate Per 10,000 (2018-2020)

Range by Race: 54.7-265.8 Illinois Rate: 54.7 Data for White Residents and Hispanic/ Latino Residents from 60201 Suppressed

Key Finding: The emergency room visit rate for asthma among Black children in the 60201 zip code is about 4 times higher than the overall state rate.



Maternal Child Health

The physical, mental, and social wellbeing of parents, infants, and children is critical for ensuring the health of our next generation of Evanstonians. Unfortunately, few publicly available data exist to fully measure the health and wellbeing of this population. The birth outcome data shared here is one aspect of maternal child health, but is insufficient to truly capture our understanding of health needs for these key populations.

While Evanston's population has grown since 2015, annual births across the city have steadily declined. Evanston's birth rate is projected to continue to decline, contributing to the demographic trend of an aging population overall.

Annual Births[115]

Live Births by Year, 2015-2019

Range by Year: 698-842

Key Finding: Annual births are declining, consistent with national trends.

Babies are considered low birth weight when they are less than 5 pounds 8 ounces at birth, and very low birth weight if they weigh less than 3 pounds 4 ounces.[116] Babies born at a low or very low birth weight face increased risk for health complications. Maternal health and access to healthy nutrition and prenatal care are key in preventing low birth weight.

Low Birth Weight[117]

Percentage of Live Births that Were Designated Low Birth Weight or Very Low Birth Weight, 2015-2019

Range by Year: 6%-9% Percentage of 2019 Low and Very Low Birth Weights in Illinois: 8%

Key Finding: The percentage of low birth weight babies has remained relatively stable from year to year, consistent with statewide trends.

Teen births, defined here as births among those age 19 or under, have declined over time, both nationally and locally. To ensure the continuation of this downward trend, community members of all ages must have access to quality, affordable reproductive health care and education.

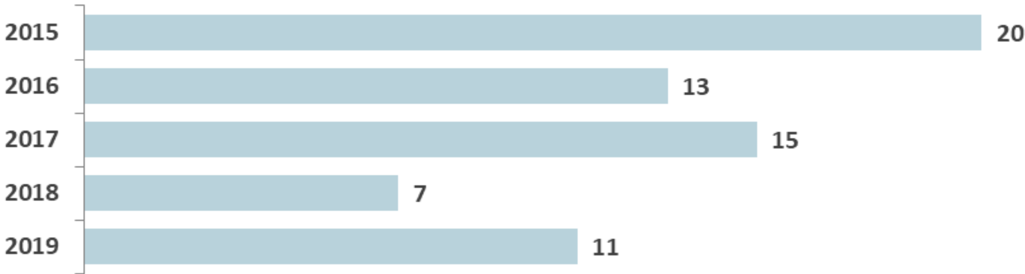
Annual Teen Births[118]

Number of Births Among Women Age 19 or Less, 2015-2019

Range by Year: 7-20

Percent of All Live Evanston Births in 2019: 2%   Percent of All Live Illinois Births in 2019: 1%[119]

Key Finding: There is an overall downward trend in births among teen women, consistent with overall national trends.



COVID-19

While the pandemic affected the entirety of the community, those most vulnerable to its impacts include seniors, individuals with chronic diseases or complex medical conditions, low income individuals and people of color.

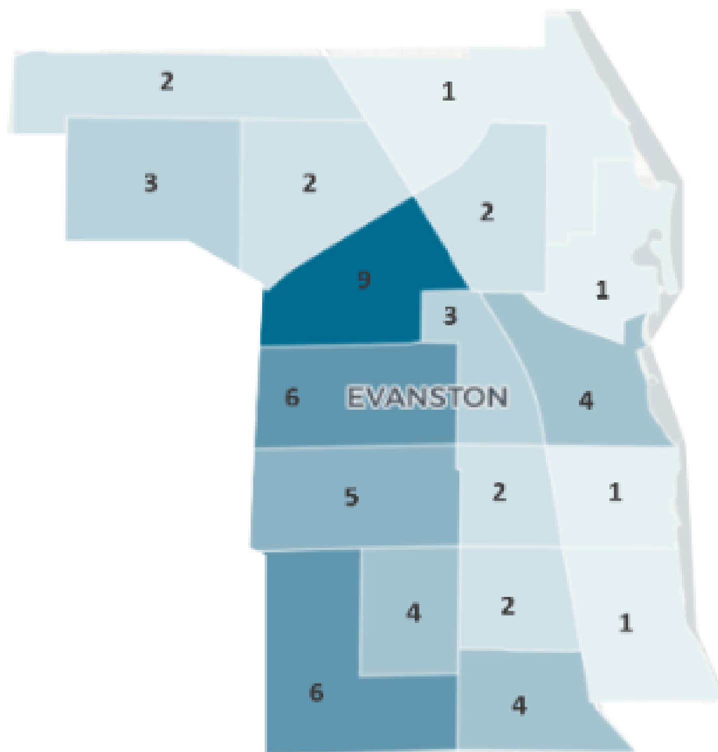
The COVID-19 local risk index is a 10 point scale intended to project city and neighborhood-level risk of COVID-19 incidence and illness severity, with 10 being the highest risk. The risk index incorporates measures of social vulnerability, health conditions, and the distribution of age and race/ ethnicity to estimate which neighborhoods would be most vulnerable to COVID-19.

COVID-19 Local Risk Index[120]

10 Point Scale Projecting City and Neighborhood-level Risk of COVID-19 Infection and Illness Severity (2021)

Evanston Overall: 2 Neighborhood Range: 1-9

Key Finding: Residents of census tract 8092 are at greatest risk for COVID-19 infection and severity, based on the demographic composition, health status, and economic vulnerability.



Looking at COVID-19 hospitalizations by race, we can see the pandemic's disproportionate impact on Evanston's Black population, wherein Black residents comprise 16% of the population, but 36% of the community's COVID-19 hospitalizations. In contrast, White residents comprise 57% of Evanston, but only 42% of the community's COVID hospitalizations.

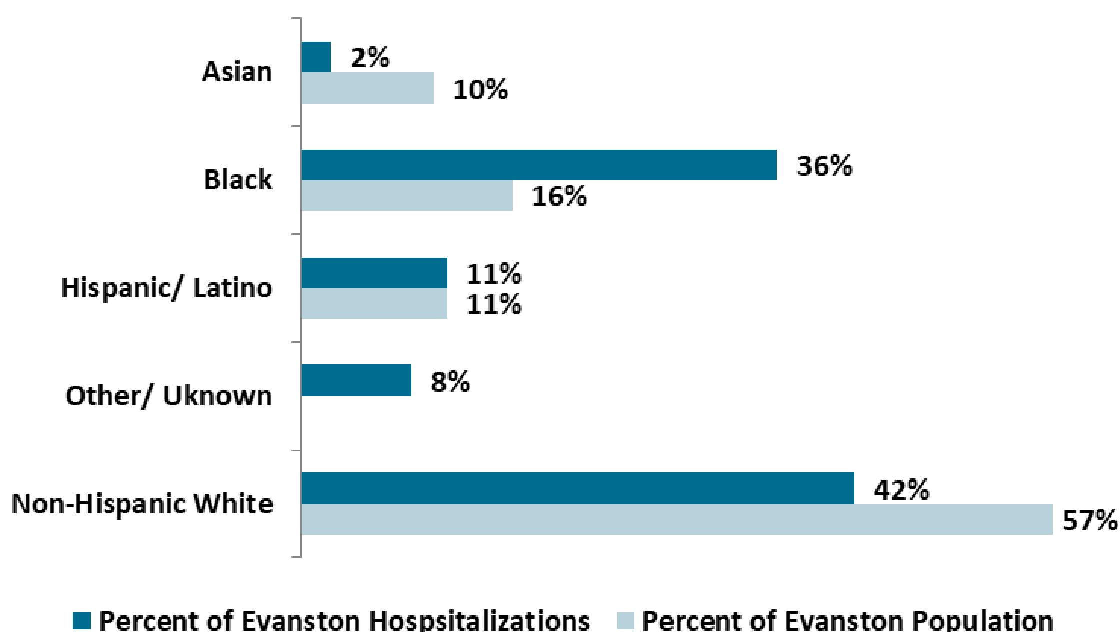
COVID-19 Hospitalizations[121]

Hospitalizations due to COVID-19 by Race, Compared with Percentage of Population

Bars in dark blue represent percent of hospitalizations, and bars beneath them in light blue represent percent of Evanston population.

Total Number of Hospitalizations: 651   Range by Race: 2%- 42%

Key Finding: 1 in 6 Evanston residents are Black, but a third of COVID-19 hospitalizations occurred among Black residents.



Community Insights on Health Outcomes

- The COVID-19 pandemic caused disproportionate harm to low income residents, who did not have the opportunity to work remotely or practice social distancing.
- Mental health was the most frequently cited concern in almost every group discussion held about Evanston's community health needs.
- The pandemic exacerbated our growing mental health crisis in Evanston and throughout our country as a whole, and we lack the necessary infrastructure and systems to appropriately respond to this urgent need.
- We cannot adequately address mental health without acknowledging and addressing the full range of human needs, including housing stability, community safety, and economic security.

Mortality

The inequities we observe in health and quality of life across our community have profound consequences for how long community members can expect to live. As discussed at the opening of this report, Evanston has a 13 year difference in life expectancy across our neighborhoods- a reality that is unjust and avoidable. Just as we can observe a pattern of disproportionate harm and poor health among our predominantly Black neighborhoods, this same pattern remains when we look at mortality data by race at the county level. The findings in this section[6] underscore the need for urgent action to reduce inequities and protect our community members' lives from being cut tragically short.

Key Findings

- Across cancer and cardiovascular disease mortality outcomes, we observe a profound racial inequity, in which Black individuals in our county consistently die at much higher rates than individuals of other races.
- Black Cook County residents have lost more than double the years of potential life as a result of premature deaths than any other racial group.
- Black Evanstonians experienced a disproportionate amount of COVID deaths compared to their population.
- Evanston's 2021 homicide rate was higher than any year within the previous decade.

[6] As previously noted, mortality data for Hispanic/Latino residents should be interpreted with caution.

Echoing the overall pattern we observe across Evanston's health data, average life expectancy is high for the city as a whole, but a closer look by neighborhood shows a profound level of inequity.

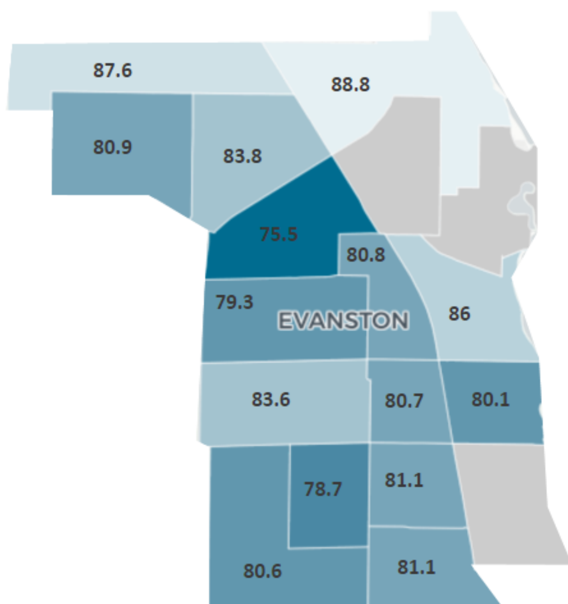
Life Expectancy[122]

Average Life Expectancy by Census Tract

Tracts Shaded in Gray Have Insufficient Data

Evanston Average: 82 Range: 75.5-88.8 US Average: 78.7

Key Finding: There is a 13-year life expectancy difference across Evanston neighborhoods.



Between 2016 and 2020, the annual number of deaths rose slightly from year to year, with the sharpest increase occurring in 2020. This increase is likely due in part to both COVID-19 deaths, as well as decreased access to care during the pandemic.

Annual Deaths[123]

Number of Deaths among Evanston Residents Annually (2016-2020)

Range by Year: 509-632

Key Finding: Annual deaths have risen over the last 5 years.

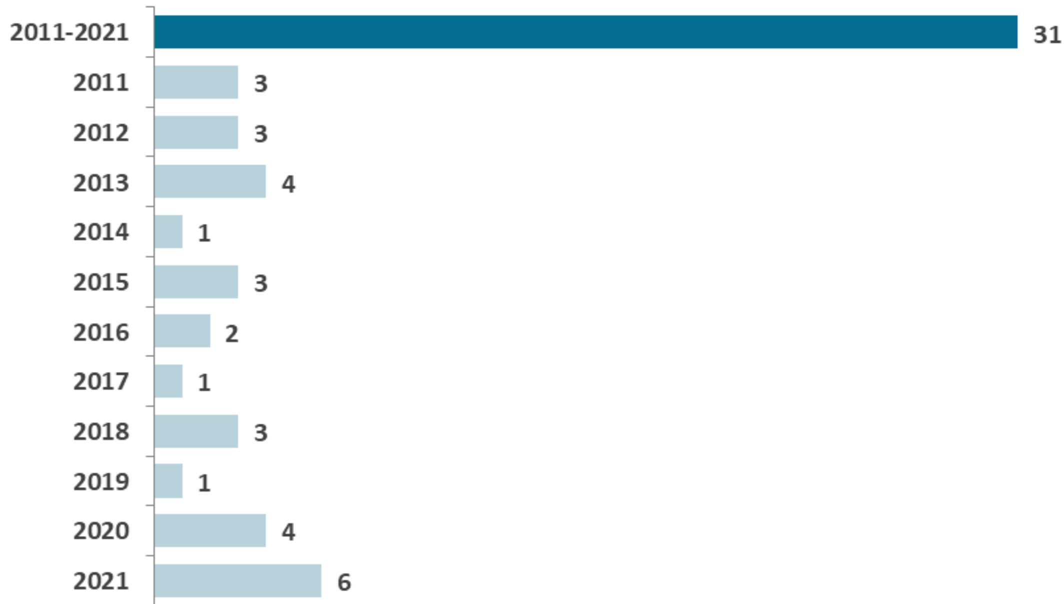
In the past 10 years, Evanston has had 31 homicides. Within this time period, 2021 had the highest number of homicides.

Homicides[124]

Number of Annual Homicides Occurring in Evanston (2011-2021)

Range by Year: 1-6

Key Finding: 2021 saw the highest number of homicides during the past decade..



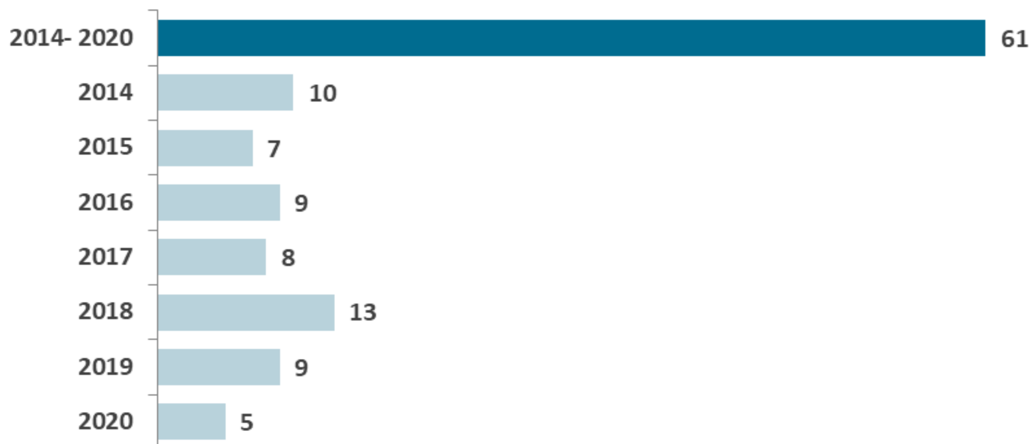
Suicide is a leading cause of death in the US, particularly among young people. Between 2014-2020, 61 Evanston residents died by suicide.

Suicides[125]

Number of Evanston Residents Who Died by Suicide Annually (2014-2020)

Range by Year: 5-13

Key Finding: There were 61 reported cases of suicide among Evanstonians during this seven year period.



Years of potential life lost is a measure that helps to quantify unnecessary early death. Examining deaths prior to age 75 allows us to estimate deaths that could have been prevented if the individual's health had been better supported with better public health measures, access to health care and other

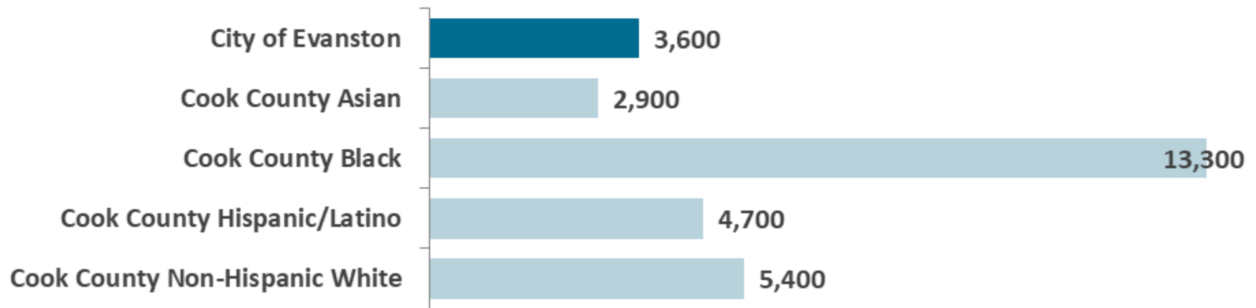
critical resources, and a healthier environment. We often observe a greater burden of premature death among socioeconomically disadvantaged communities.[126] While we only have racially stratified data at the county level, based on the geographic patterns of life expectancy and segregation we see across the city, this pattern of extreme inequity in early loss of life among Black residents within Cook County is likely also taking place at the city level within Evanston.

Premature Deaths[127]

Years of Potential Life Lost Before Age 75 (Per 100,000 Population) (2017)

Evanston: 3,600 Range by Race across Cook County: 2,900-13,300 Illinois: 6,600[128]
US: 7,447[129]

Key Finding: Black Cook County residents have lost more than double the years of potential life from premature deaths than any other racial group, and far exceed the state and national averages on premature deaths.



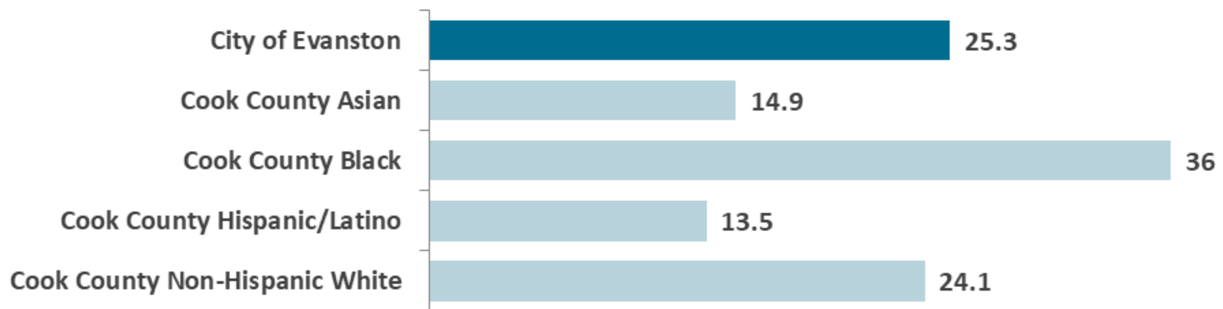
Disparities in breast cancer outcomes by race are well-documented.[130] Due to inequities in access to care, Black women are more likely to receive a late-stage diagnosis, making treatment options more limited and more aggressive than they would be with early detection, and decreasing the likelihood of survival. In Cook County, the breast cancer mortality rate for Black women is about 50% higher than for White women, consistent with national-level racial inequities.[131]

Breast Cancer Deaths[132]

Rate of Deaths Due to Breast Cancer in Women (Per 100,000 Women) (2017)

Evanston Rate: 25.3 Range by Race across Cook County: 13.5-36
US Rate: 19.9[133]

Key Finding: The breast cancer death rate for Black women in Cook County is about 50% higher than for White women.



Colorectal cancer is the third most common cancer among Americans. Locally, the death rate for Black individuals is about 40% higher than that of Non-Hispanic Whites, consistent with national-level racial inequities.[134]

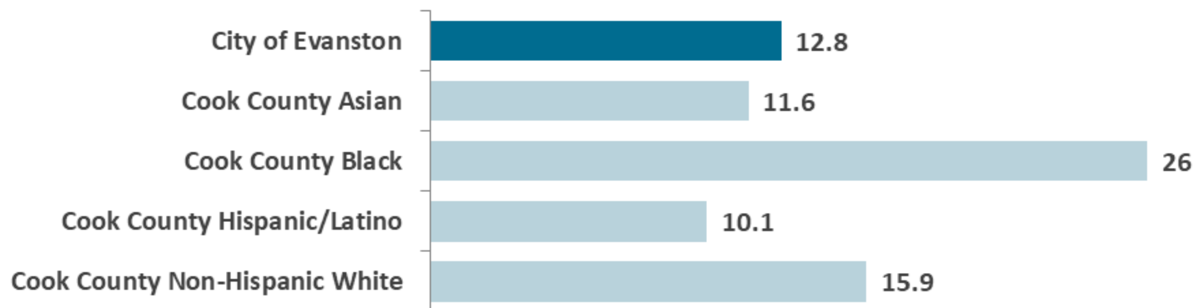
Colorectal Cancer Deaths[135]

Rate of Deaths Due to Colorectal Cancer (Per 100,000) (2017)

Evanston Rate: 12.8 Range by Race across Cook County: 10.1-26.1

US Rate: 13.5[136]

Key Finding: Black mortality is over 40% higher than it is for Non-Hispanic White residents across the County.



Cardiovascular disease is the leading cause of death in the US. Across our county, we see profound racial inequities in cardiovascular disease death rates, with the death rate for Black Cook County residents far outpacing the overall national rate.

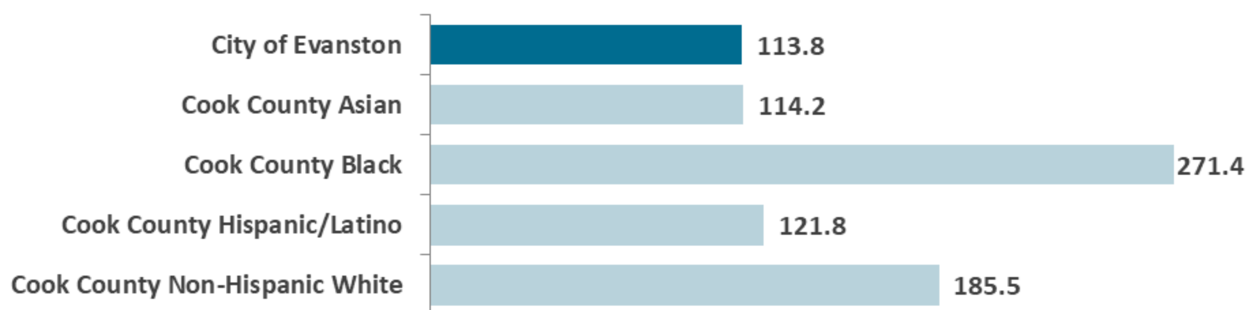
Cardiovascular Disease Deaths[137]

Rate of Deaths Due to Cardiovascular Disease (Per 100,000) (2017)

Evanston Rate: 113.8 Range by Race across Cook County: 114.2- 271.4

US Rate: 219.4[138]

Key Finding: The cardiovascular disease death rate for Black Cook County residents far exceeds that of every other racial demographic, and the national rate overall.



Black Evanstonians experienced a disproportionate proportion of COVID deaths compared to their population: they comprise about 16% of the population, but made up nearly a quarter of city COVID-19 deaths.

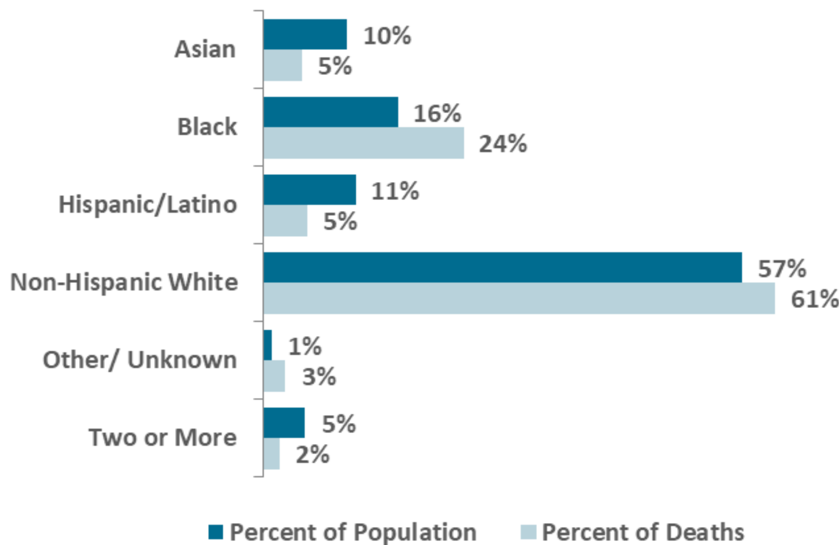
COVID-19 Deaths[139]

Percent of Evanston Deaths Due to COVID-19 by Race, Compared with Percentage of Population

Bars in dark blue represent percent of Evanston population, and bars beneath them in light blue represent percent of Evanston COVID-19 deaths.

Total Number of Deaths: 150 Range by Race: 2%- 62%

Key Finding: 1 in 6 Evanston residents are Black, but roughly 1 in 4 of COVID-19 deaths occurred among Black residents.



Community Insights on Mortality

- The City of Evanston's Reparations Committee noted that while the community has had access for several years to data regarding the inequity in neighborhood-level life expectancy, we have yet to take the bold action required to make a substantial impact on mortality outcomes across the city.
- Many community members are struggling with trauma from the impact of the high rate of homicides and community violence in 2021.

Summary of Patterns: Health Inequity Across Our Community

Throughout this report, there is a clear and consistent pattern of racial and neighborhood-level inequity across our health and quality life of data. While much of Evanston's city-level data indicates a high level of health and wellbeing overall, a deeper dive into the data demonstrates that this health and wellbeing is not experienced evenly throughout our community. We can clearly observe geographic patterns of concentrated health, wealth, and advantage, as well as concentrated disadvantage, disinvestment, and poor health. As noted at the beginning of this report, many of these inequities are rooted in historic and continuing institutional and structural racism.

The great majority of the data shared within this report reflect pre-pandemic conditions due to the lag time in data availability. We can thus expect that health and socioeconomic conditions have worsened for many of our community members in the wake of the pandemic, and that inequity has likely grown in ways that we cannot yet measure.

It is critical to acknowledge that the health inequities identified here are unjust and avoidable, and demand bold action to correct.

Outlining Change: Community Health Improvement Plan

While the findings of this report highlight many areas where progress is needed to improve health, there are three overarching priorities demanding urgent, community-wide action:

- **Advance Health and Racial Equity**
- **Improve Mental and Emotional Wellbeing**
- **Strengthen Climate Resilience**

Below, we outline some key strategies to bring forth meaningful change on these priorities. These strategies represent important initiatives that are in progress throughout our community, which we should support and strive to build on. Critically, these initiatives represent only the beginning of needed action, rather than the solutions in their entirety. As the priorities identified are deep and systemic in nature, so too must be our actions to address them. Given that these issues are national and even global in scope, and are deeply rooted within our history and societal institutions, we can expect that any local action we take will necessarily fall short of the scale of change that is urgently needed. Evanston alone cannot solve the complex crises of racism, mental health, or climate change. However, that these problems cannot be solved by our community does not absolve us of the need to take bold action and reshape our local policies, environments, and institutions to better reflect a just and equitable society.

While this report is authored by the Evanston Health and Human Services Department, the problems outlined within, and the work to address them, must be owned by the entire community. Every individual and organization within Evanston has a role to play in advancing progress on these issues. We also recognize that we are by no means the first to identify these problems, or to call for urgent action. While the need for change is great, many individuals, nonprofits, faith communities, and businesses have long been engaged in critical work that we can unite around to support and build on.

Given that the overarching theme of our EPLAN findings is wide-reaching health inequity, this focus must stay at the center of any actions taken to create change. Communities that have been disproportionately harmed by the status quo must have their voices at the forefront of all efforts to reimagine a healthier, more equitable Evanston.

As we commit to making these urgent and necessary actions, we must remember that change within these deep, systemic issues will be challenging to measure, and visible progress may be slow, but we must hold ourselves accountable to advancing meaningful change.

Advance Health and Racial Equity

Description of the Health Problem

We cannot be a healthy community while many of our fellow community members lack the resources and opportunities to have their needs met. Advancing health equity requires that we think about health broadly, and think about housing, education, public participation, and community safety as public health issues. By prioritizing health equity, we commit to prioritizing the health of communities that are most disproportionately harmed by the status quo, namely Black and Hispanic/ Latino communities, and to prioritizing actions that will narrow the gap in health outcomes across our neighborhoods.

Throughout this report, there is a clear and consistent pattern of racial and neighborhood-level inequity across our health and quality life of data. While much of Evanston's city-level data indicates a high level of health and wellbeing overall, a deeper dive into the data demonstrates that this health and wellbeing is not experienced evenly throughout our community. We can clearly observe geographic patterns of concentrated health, wealth, and advantage, as well as concentrated disadvantage, disinvestment, and poor health. Many of these inequities are rooted in historic and continuing institutional and structural racism.

A key contributor of health inequity in Evanston is economic harm and disadvantage. *Healthy People 2030* identifies an overarching goal of improving health through strengthening economic stability, and cites an objective to reduce the proportion of people living in poverty. Evanston has an overall poverty rate of 11%, but poverty disproportionately falls on Black and Hispanic/ Latino individuals (18% and 19%, respectively) and among residents in census tract 8092.

Analysis of the Problem

Many factors contribute to poverty and health inequity, including institutional and structural racism, education access and quality, lack of access to needs like safe, stable housing and employment opportunities. Community-level economic opportunity and workforce investment, or lack thereof, further contribute to perpetuating economic advantage or disadvantage.

Objectives

Outcome Objective: Increase economic wellbeing for Black and Hispanic/ Latino community members, as measured by the percent of adults and children living in poverty.

Impact Objective: Improve access to opportunities to increase household income through guaranteed income and workforce development initiatives.

Proven Intervention Strategies:

Guaranteed Income Pilot Program
This 1-year pilot aims to provide randomly selected residents with $500 monthly payments over 12 months. Payments would be made to an equal number of approximately 166 residents from each of the following three categories: 18-24 year-olds, seniors citizens (over 62 years old), and undocumented residents. This program aims to provide a source of financial stability to economically vulnerable residents who were disproportionately harmed by the impact of the pandemic.

Community Resources Needed: funding, program participants

Funding: $1,000,000

Funding Sources: $700,000 from City of Evanston ARPA Funds; $300,000 from Northwestern University Good Neighbor Racial Equity Fund

ASPIRE Evanston Community Healthcare Workforce Development Program
This program is designed to develop a workforce pipeline, to invest in young adults within the Evanston community and provide them with opportunities to launch and accelerate health care careers by providing job shadowing and career fair opportunities for high school students, offering internships and scholarships and expanding health care opportunities around the city.

Community Resources Needed: funding, program participants, partnership between City of Evanston, Evanston schools, and NorthShore University Health System

Funding: $400,000

Funding Sources: $200,000 from City of Evanston ARPA Funds; $200,000 from NorthShore University Health System

Additional Resources Needed for this Priority

- City funds for Tableau Data Visualization Platform
- ARPA investment in the AUX
- ARPA investment in Immigrant and Refugee Welcome Center
- District 65 funds for creation of 5th Ward School
- City funds to support continuation of Mayor’s Summer Youth Employment Program

Action Plan: Advance Health and Racial Equity

Goals	Strategies	Example Initiatives
Build Black and Brown wealth.	Support and invest in new and existing Black and Brown-owned businesses, and make institutional commitments to source a higher proportion of goods and services through local businesses. Create workforce development opportunities that build diverse career pathways that allow for upward advancement. Expand and support homeownership opportunities.	• The AUX • Evanston Local Marketplace • Lead pipe replacement workforce development program • ASPIRE healthcare workforce development partnership • Mayor's Summer Youth Employment Program • Black Business Consortium • Evanston Public Library financial literacy programming
Improve equitable access to resources community members need to flourish.	Foster community-driven developments and capital investments. Ensure that all wards have equitable access to city services and community resources.	• Invest South/ West adaptation in 5th Ward • Library Wi-Fi Hotspot and Job Search Tech Kit check out programs • Immigrant and Refugee Welcome Center
Support housing and cost of living affordability to retain residents of all socioeconomic statuses.	Build systems to support economic security among low-income residents. Support and strengthen housing and development policies that prioritize protecting existing affordable homes and expanding affordable housing options.	• Guaranteed Income pilot program • Equity and Empowerment Commission Gentrification Reduction Initiative • Emergency Solutions Grant rental assistance program • Assessment of City-owned properties as potential sites for new affordable and mixed-use housing developments
Ensure that all Evanstonians have the opportunity to meaningfully participate in and are equitably served by the city.	Ensure that all residents have equitable opportunity to participate in community events and provide input in city decision making, regardless of age, language, or disability. Ensure equitable access to services and information, regardless of age, language, or disability.	• Language access guidelines
Acknowledge and repair harm from structural racism.	Encourage Evanston institutions to commit to reviewing and redressing internal and external policies that perpetuate inequity. Improve racial equity and representation in community development and grantmaking.	• Reparations • City of Evanston Racial Equity, Diversity, and Inclusion (REDI) Committee • Equity and Empowerment Commission Equity Scorecard • Zoning equity analysis • Creation of 5th Ward School

Improve Mental and Emotional Wellbeing

Description of the Health Problem

Mental health has been a long-standing need both nationally and locally, and one of the most urgent health inequities we need to address as a community. The tremendous loss of lives, social isolation, economic instability, and the unraveling of the healthcare system wrought by the pandemic has made this crisis even more intractable, and even more urgent. The collective trauma of the pandemic has had a negative impact on the mental health of our entire population, but has disproportionately impacted our most vulnerable community members.

Central to the challenge of mental health is the lack of a national infrastructure to address it, leading communities to rely on a patchwork of systems not designed with mental health in mind. Such a patchwork system often results in the overuse of the emergency room and police intervention to temporarily de-escalate crises, without addressing root causes or long term solutions.

We need systems change at the national level to truly address this issue, but we cannot wait to act while broader systemic changes remain elusive. As a community, we must further build and invest in our local mental health infrastructure. Evanston is fortunate to have rich institutional resources and expertise to leverage, but our mental health providers need our support.

In identifying this priority, we also acknowledge the need to go beyond the goal of improving prevention and treatment of mental illness and also prioritize reduction of trauma. In addition to improving our mitigation and response to acute mental health needs, we must also work to address root causes of trauma, including racism, housing insecurity, exposure to violence, among others.

Healthy People 2030 identifies a goal of improving access to mental health treatment for those who need it, specifically citing adolescents as one population in need of better access to care. Local quantitative and qualitative data show that those most underserved and unconnected to needed mental health care include Black residents, particularly in zip code 60201, immigrant populations, uninsured adults, non-English speaking residents, and those experiencing homelessness and housing insecurity.

Analysis of the Problem

Many factors contribute to the growing burden of mental health in our community, including economic distress, experience of racism and other institutional discrimination, exposure to trauma and violence, substance use, lack of access to affordable mental health care, lack of access to affordable housing, isolation and lack of social support, and genetic pedisposition.

Objectives

Outcome Objective: Increase access to behavioral health treatment for all residents, with a focus on Black and Hispanic/ Latino populations, as measured by the rate of behavioral health emergency room visits, and reduce inequities in neighborhood-level mental health status, as measured by the percent of adults who report more than 14 days of poor mental health within the previous month by census tract.

Impact Objective: Provide welcoming and accessible community spaces where individuals experiencing a mental health crisis can safely deescalate and access resources to connect them to mental health care and other wrap around resources needed to support mental wellbeing.

Proven Intervention Strategies:

Creation of the Evanston Living Room
This program provides a safe, trauma-informed, expertly staffed alternative to hospital emergency rooms for adults in psychiatric crisis at no cost to them. Situated in a bungalow setting, the Living Room will be a calm environment where guests can receive skilled support from therapists and social workers to resolve a crisis. The Evanston Living Room will replicate a model in neighboring Skokie, Illinois that has operated for ten years and has had a 98% success rate in diverting guests from needing emergency room services.

Community Resources Needed: funding, leased space from Ascension St. Francis, staffing/operation by Turning Point Behavioral Health, and partnerships with PEER Services and Impact Behavioral Health Partners to provide substance use recovery and employment support services

Funding: $900,000 to begin program

Funding Sources: $900,000 from City of Evanston ARPA Funds, ongoing financial support anticipated from local healthcare systems

Additional Resources Needed for this Priority

- Health department community health ambassador funding
- City of Evanston Social Services Committee funding to support local mental health safety net providers
- Funding for Youth and Young Adult Services' Youth Drop In Centers

Action Plan: Improve Mental and Emotional Wellbeing

Goals	Strategies	Example Initiatives
Increase community members' access to affordable, culturally and linguistically appropriate mental health care.	Recruit providers that reflect Evanston's diverse population. Expand access to care for uninsured and underinsured populations.	• City of Evanston Social Services Committee mental health/ supportive services grant making • City of Evanston St. Francis Behavioral Health Grant
Increase the ease with which community members can navigate the mental health system.	Provide support to residents seeking mental and behavioral health care.	• Library Social Worker • Creation of mental health ambassador program • City of Evanston Social Services Committee mental case management services grant making
Implement trauma-informed and person-centered practices for addressing mental health and emotional wellbeing.	Connect community members to broader supports, such as housing and employment assistance, to address trauma. Provide appropriate places for people in crisis to de-escalate and connect to systems of care. Provide educational and training opportunities to community members to better identify, understand, and respond to mental illness.	• Community wrap-around model • Turning Point Behavioral Health Care Center Living Room • Alternative Emergency Response Subcommittee • Mental Health First Aid programming • Evanston Care Network • Mental Health is Essential Library Series
Invest in community emotional wellbeing.	Provide safe, supportive spaces for youth to gather. Provide opportunities for residents of all backgrounds to come together and build a more cohesive, supportive community. Foster community unity and support. Address and prevent exposure to trauma.	• Youth and Young Adult Services youth drop in centers • First Fridays • My City, Your City, Our City • Community mentorship programming • Healing circles to address community trauma

Strengthen Climate Resilience

Description of the Health Problem

A clean, thriving environment is one of the most fundamental requirements for good health and wellbeing. Our globe is united by the universal need for clean air, water, and soil, and for biodiverse habitats that protect and sustain life. The rapidly advancing climate crisis threatens the safety of these most fundamental resources, for ourselves and for all future generations to follow.

In the coming years, we can expect our community to experience increasingly severe weather conditions, threats to air and water quality, shrinking biodiversity, and soaring energy costs. Increased food chain instability, insect- and water-borne diseases, and heightened occurence of respiratory and stress-related illness will have a profound public health impact. While climate change affects us all, as with most other types of crises, vulnerable populations will disproportionately bear the burden of these challenges. While the climate crisis is global in scale, we all have a responsibility to act locally.

In 2018, Evanston made a formal commitment to take bold local action through our *Climate Action and Resilience Plan (CARP)*. This plan provides a roadmap to making Evanston climate ready and resilient by 2050, centering and prioritizing the health, safety, and wellbeing of our most vulnerable communities.

Because the climate crisis is not just an environmental crisis, but also fundamentally a public health crisis, working together toward climate resilience must be a top priority for improving and protecting our health. Advancing the goals outlined in the CARP, and continuing to center the needs of our most vulnerable community members, is of paramount public health importance.

Healthy People 2030 identifies an overarching goal of promoting healthier environments to improve health, and cites objectives to reduce the amount of toxic pollutants released into the environment, as well as to reduce community exposure to unhealthy air. While Evanston lacks reliable access to quantitative data on air quality due to inadequate EPA air sensor coverage, our local qualitative data show that there is disproportionate exposure to air pollution in census tract 8092, which is heavily trafficked by trucks and industrial vehicles, hosts a waste transfer station and other industrial hazards, and has among the lowest tree canopy coverage rates in the community. Consistent with national trends that environmental hazards tend to be concentrated in lower income communities of color, the population of census tract 8092 comprises primarily Black and Hispanic/ Latino residents, and has the highest child poverty rate in Evanston. Asthma emergency room visit rates for Black adults and children from this area are significantly higher than those of other Evanston residents, suggesting that environmental triggers may likely play a role in the inequitable respiratory health outcomes we observe. As children and adults from low income communities of color are known to be particularly vulnerable to the effects of climate hazards, it is particularly critical that we work to improve air quality in this neighborhood, and throughout Evanston.

Analysis of the Problem

Factors contributing to climate vulnerability include overreliance on fossil fuels and single use plastics, lack of sufficient investment in clean energy, overconsumption and inadequate waste management, and lack of protections for natural resources.

Objectives

Outcome Objective: Work toward the long term goal of carbon neutrality by reducing greenhouse gas emissions by 50% from our 2005 baseline of 1,056, 168 metric tons of carbon dioxide equivalent (MTCO2 e), and reducing building energy consumption by 25% from 2005 baseline of 781,430,715 megawatt hours (MWh) and 64,691,231 Therms by 2025.

Impact Objective: Provide financial support for low income homeowners and renters to fund green housing retrofits that will reduce building emissions and improve energy efficiency while promoting housing affordability by reducing household energy costs.

Proven Intervention Strategies:

Creation of the One Stop Shop
Improving energy efficiency and reducing building emissions is a proven strategy for improving air quality. The City of Evanston seeks to create a two-year pilot program allowing low income households to access affordable housing resources, climate-resilient property improvements and other basic housing needs through a single point of contact. This program will serve to improve housing quality, reduce community carbon footprint, and preserve intergenerational wealth by supporting housing stability. While the pilot program itself is the first of its kind to our knowledge, the intervention incorporates proven strategies for improving environmental health and reducing climate vulnerability.

Community Resources Needed: funding, space from Family Focus, partnerships with housing and contracting services

Funding: $1,000,000 to begin program

Funding Sources: $1,000,000 from City of Evanston ARPA Funds, ongoing financial support anticipated from US Department of Housing and Urban Development

Additional Resources Needed for this Priority

- Tree canopy mapping resources
- Wheel tax increase to support *Climate Action Resilience Plan* implementation
- Lead pipe replacement funding
- City funds to support tree canopy preservation

Action Plan: Strengthen Climate Resilience

Goals	Strategies	Example Initiatives
Improve Evanston's climate mitigation efforts through investments to reduce greenhouse gas emissions.	Reduce building energy consumption. Reduce carbon emissions from vehicles and protect and expand public and active transportation options. Create a citywide circularity strategy to minimize waste and increase waste diversion.	• Community Solar • Expansion of EV charging accessibility • Electrification of municipal fleet • Sidewalk improvement program • Biking infrastructure improvements • Reduction of single use shopping bags • Expansion of composting services
Advance environmental justice through mitigation and resilience efforts focused on vulnerable populations and communities disproportionately impacted by climate hazards.	Reduce and mitigate disproportionate risk of climate change hazards among vulnerable populations. Remediate neighborhood-level inequities in access to environmental assets. Reduce the household energy burden and reduce costs associated with household climate mitigation and resilience.	• Affordable housing retrofit pilot program • City of Evanston lead mitigation program • Accessible Solar program • Environmental Justice Resolution Implementation • Environmental Justice Mapping and Environmental Equity Investigation Initiatives
Increase climate resilience efforts to strengthen Evanston's climate readiness.	Invest in green infrastructure and protect and expand tree canopy, green space, and native vegetation. Expand public education and awareness of emergency preparedness. Enhance community networks and connections for vulnerable populations.	• Tree canopy preservation • Stormwater Master Plan • Emergency Management Plan • Public education and awareness of health impacts of extreme heat

Measuring Impact

Like our neighboring jurisdiction, the Cook County Department of Public Health, the Evanston Health and Human Services Department will align our measurement goals with the four key categories identified by the Chicago Department of Public Health in their community health assessment and improvement plan, *Healthy Chicago 2025*.[140] By adopting these shared impact categories with our neighboring jurisdictions, we acknowledge that the systemic changes needed to achieve greater health equity cannot be achieved in isolation of our greater public health system, and without regional, statewide, and nationwide partnership.

Life Expectancy

Reduce the gap in neighborhood-level life expectancy across Evanston, as measured by life expectancy estimates by census tract.

Overall Health Status

Reduce inequities in neighborhood-level health status, as measured by the percent of adults who report more than 14 days of poor physical health within the previous month by census tract.

Economic Wellbeing

Increase economic wellbeing for Black and Hispanic/ Latino community members, as measured by the percent of adults and children living in poverty.

Mental Wellbeing

Increase access to behavioral health treatment for all residents, with a focus on Black and Hispanic/ Latino populations, as measured by the rate of behavioral health emergency room visits, and reduce inequities in neighborhood-level mental health status, as measured by the percent of adults who report more than 14 days of poor mental health within the previous month by census tract.

Climate Resilience

In addition to our alignment with our neighboring partners' four key measurement category, we have included an additional category to measure progress on climate resilience:

Work toward the long term goal of carbon neutrality by reducing greenhouse gas emissions by 50% from our 2005 baseline of 1,056, 168 metric tons of carbon dioxide equivalent (MTCO2 e), and reducing building energy consumption by 25% from 2005 baseline of 781,430,715 megawatt hours (MWh) and 64,691,231 Therms by 2025.

Methodology

Assessment Framework

The Evanston Health and Human Services Department initiated the EPLAN process in early 2021. Using the Bay Area Regional Health Inequities Initiative Public Health Framework to guide our assessment, we focused the majority of EPLAN data collection and analysis on upstream social and structural factors. These structural factors provide the critical context necessary to understand the drivers of health and mortality outcomes, and the health inequities we observe across our community.

Our health assessment and planning process also centered a geographic and racial equity focus, stratifying data to more granular levels to explore neighborhood-level and race/ethnicity-level inequities. Drilling down to the level of race/ethnicity and geography allows us to better pinpoint where inequities exist so we can concentrate our efforts accordingly.

The Evanston Health Advisory Council served as our steering team, providing guidance on assessment methodology, data interpretation, prioritization, and community health improvement initiatives.

Community Collaboration and Alignment

While this report is authored by the Evanston Health and Human Services Department, the EPLAN process was conducted in close collaboration with a wide range of community voices, without whom this effort would not have been possible. As a community with rich human capital and a strong spirit of civic engagement, we lift up the important equity and community-building work that many individuals and organizations are engaged in, and seek to support and build on this essential foundation.

Wherever possible, we have sought to align, rather than duplicate, efforts with broader community initiatives to assess community needs and advance health equity.

In addition to striving for alignment with equity initiatives across Evanston, we also seek to align our efforts with those of our regional public health partners, including Cook County Department of Public Health, Skokie Health Department, Oak Park Health Department, Stickney Public Health District, Chicago Department of Public Health, and the Alliance for Health Equity, Cook County's regional hospital Community Health Needs Assessment collaborative. Together, we share a collective value of reducing health inequities and building systems and environments that support health and wellbeing, and we understand that this work must be done in partnership.

Community Input and Engagement

Community participation was a critical element of the EPLAN process. Because the EPLAN process was conducted during the pandemic, community engagement occurred primarily through virtual group discussions and key stakeholder interviews.

Key Stakeholder Interviews

The health department completed over 60 interviews with key community stakeholders across a wide range of sectors, including healthcare, education, social services, business, government, and community advocacy.

Community Dialogues

The health department held two group dialogues with community members in collaboration with COFI Evanston, focusing on (1) strategies to improve quality of life for low income families in Evanston; and (2) community mental health needs.

Additionally, we aligned with the partnership between the Evanston Community Foundation, Evanston Cradle to Career, Northwestern University Office of Neighborhood and Community Relations, and the City of Evanston to conduct a series of seven community roundtable discussions, four town halls, and a youth survey to gather community input on priority investments to facilitate community recovery and rebuilding from the wide-reaching impacts of the COVID-19 pandemic. Each roundtable was organized around a different sector: 1) Workforce Development/ Emerging Adults; 2) School Age Children; 3) Immigrant and Undocumented Community Members; 4) Arts/ Humanities; 5) Economic/ Community Development; 6) Seniors/ Individuals with Disabilities; and 7) Housing and Homelessness. Over 500 community members and 62 organizations participated in this community engagement process.

Additional Inputs

In addition to the community engagement activities described above, the health department also considered findings from a number of concurrent surveys and focus groups conducted by our partners. To avoid duplication of efforts, these partners generously shared their survey and focus group findings with us. We gratefully acknowledge the contributions of their data. These inputs include:

- Alliance for Health Equity 2018-2019 Evanston resident survey and two community focus groups
- City of Evanston Department of Community Development Housing & Grants Division 2019 Community Needs Assessment Survey
- Evanston Collective's Empower Evanston 2020 Community Survey
- Mental Health Task Force of Evanston 2021 Community Mental Health Survey
- Environmental Justice Evanston (a Citizens' Greener Evanston committee) 2021-2022 Environmental Justice Listening Sessions
- League of Women Voters 2022 Evanston Health Equity Report

Prioritization

With guidance from the Evanston Health Advisory Committee and our community partners, three key priorities were chosen based on recurring themes within our quantitative data and community input process, as well as considerations of feasibility and available resources for implementation:

- Advance Health and Racial Equity
- Improve Mental and Emotional Wellbeing
- Strengthen Climate Resilience

Implementation and Next Steps

This EPLAN report represents the beginning of our efforts to advance health and wellbeing rather than the culmination of them. The EPLAN serves as a foundation on which we will build out the development and implementation of initiatives, policies, and programs to address the health and wellbeing needs identified by this process. It is our vision that this report will serve as a living document to guide our actions in the coming years, and a rallying point around which our community can unite to pursue these shared goals.

References

1. Robert Wood Johnson Foundation. 2017. What is Health Equity? https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
2. Bay Area Regional Health Inequities Initiative. The BARHII Framework. https://www.barhii.org/barhii-framework
3. World Health Organization. (n.d.). *Constitution.* https://www.who.int/about/governance/constitution
6. Sanchez, Gabriel R. March 2022. What are the Consequences of the Latino Undercount in the 2020 US Census? Brookings Institute. https://www.brookings.edu/blog/how-we-rise/2022/03/24/what-are-the-consequences-of-the-latino-undercount-in-the-2020-u-s-census/
7. Cohn, D and Passel, J. 2022. Key facts about the quality of the 2020 census. Pew Research Center. https://www.pewresearch.org/fact-tank/2022/06/08/key-facts-about-the-quality-of-the-2020-census/
8. All data from American Community Survey 2019 5 Year Estimate Unless Otherwise Noted.
9. 2020 Decennial Census Redistricting Data (PL 94-171) https://data.census.gov/cedsci/table?g=1600000US1724582&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.P1
10. 2020 Decennial Census Redistricting Data (PL 94-171) https://data.census.gov/cedsci/table?g=1600000US1724582&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.P1
11. Department of Population Health, NYU Langone Health [U.S. Small-area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File, National Center for Health Statistics]. (2010-2015, 6 Year Modeled Estimates). *City Health Dashboard: Life Expectancy in 2015*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=837&metricYearRange=2010-2015%2C+6+Year+Modeled+Estimate&dataRange=city
12. City of Evanston. (2018, November). *Climate Action and Resilience Plan, Carbon Neutral by 2050*. https://www.cityofevanston.org/home/showdocument?id=45170
13. Department of Population Health, NYU Langone Health [ParkServe®]. (2018). *City Health Dashboard: Park Access in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=51&metricYearRange=2018&dataRange=city
14. Center for City Park Excellence. 2018 City Park Facts. https://www.tpl.org/sites/default/files/CityParkFacts2018.8_13_18finLO.pdf
15. 2021 American Forests. Tree Equity Score. https://treeequityscore.org/
16. Department of Population Health, NYU Langone Health. City Health Dashboard. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=20&metricYearRange=2019&dataRange=city
17. United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
18.Department of Population Health, NYU Langone Health [Walk Score®]. (2019). *City Health Dashboard: Walkability in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=20&metricYearRange=2019&dataRange=city
19. Department of Population Health, NYU Langone Health. City Health Dashboard. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=20&metricYearRange=2019&dataRange=city
20. Department of Population Health, NYU Langone Health [Food Access Research Atlas, Economic Research Service, United States Department of Agriculture]. (2019). *City Health Dashboard: Limited Access to Healthy Foods in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=19&metricYearRange=2015&dataRange=city
21. .United States Census Bureau (2001). *1996-2000 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
22. .United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
23. Department of Population Health, NYU Langone Health [American Community Survey]. (2019). City Health Dashboard: Racial and Ethnic Diversity in 2019. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=49&metricYearRange=2019%2C+5+Year+Estimate&dataRange=city
24. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
25. Department of Population Health, NYU Langone Health [Community Multiscale Air Quality model, US Environmental Protection Agency]. (2018). City Health Dashboard: Air Pollution - Particulate Matter in 2018.https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=21&metricYearRange=2016&dataRange=city

26. Population Reference Bureau. 2018 Average Particulate Matter Concentration in Air. www.kidsdata.org
27. Chicago Metropolitan Agency for Planning. Analysis of 2017 Illinois Environmental Protection Agency, HERE Technologies, and U.S. Census Bureau data. https://www.cmap.illinois.gov/documents/10180/102881/Evanston.pdf
28. Department of Population Health, NYU Langone Health [American Community Survey]. (2019, 5 Year Estimate). *City Health Dashboard: Lead Exposure Risk Index in 2019.* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=48&metricYearRange=2019%2C+5+Year+Estimate&dataRange=city
29. America's Health Rankings analysis of U.S. Census Bureau, American Community Survey, United Health Foundation. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/housing_leadrisk/
30. United States Census Bureau (2015, 2020). 2010-2014 and 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
31. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
32. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
33. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
34. Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The Future of children*, *7*(2), 55–71.
35. Ekono, M., Yang, J., & Smith, S. (2016). Young Children in Deep Poverty. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
36. Department of Population Health, NYU Langone Health [American Community Survey]. (2018, 5 Year Estimate). *City Health Dashboard: Children in Poverty in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=10&metricYearRange=2018%2C+5+Year+Estimate&dataRange=city
37. United States Census Bureau (2019). *2014-2018 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
38. Department of Population Health, NYU Langone Health [American Community Survey]. (2018a, 5 Year Estimate). *City Health Dashboard: Children in Poverty in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=10&metricYearRange=2018%2C+5+Year+Estimate&dataRange=city
39. United States Census Bureau (2019). *2014-2018 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
40. Beyers, M., Jacobson B., & Smith A.V. (2015). *Applying Social Determinants of Health Indicator Data for Advancing Health Equity, A Guide for Local Health Department Epidemiologists and Public Health Professionals.* Bay Area Regional Health Inequities Initiative (BARHII). https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/698ccf_a764e268f2db4549b086e642d9d2b750.pdf
41. Department of Population Health, NYU Langone Health [American Community Survey]. (2018, 5 Year Estimate). *City Health Dashboard: Income Inequality in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=16&metricYearRange=2018%2C+5+Year+Estimate&dataRange=city
42. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
43. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
44. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
45. Richardson, T., et al. (2013). The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis. *Clinical Psychology Review, 33(8): 1148-1162.*
46. Department of Population Health, NYU Langone Health [City Health Dashboard], New York Fed Consumer Credit Panel/Equifax, 2020. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=1608&metricYearRange=2020&dataRange=city
47. Department of Population Health, NYU Langone Health [American Community Survey]. (2019, 5 Year Estimate). *City Health Dashboard: Housing Cost, Excessive in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=12&metricYearRange=2018%2C+5+Year+Estimate&dataRange=city
48. American Housing Survey, 2017. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04/data
49. United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
50. United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
51. United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year*

Estimates. https://data.census.gov/cedsci/
52. Martin, I. W., & Beck, K. (2018). Gentrification, Property Tax Limitation, and Displacement. Urban Affairs Review, 54(1), 33–73. https://doi.org/10.1177/1078087416666959
53. United States Census Bureau (2020). *2015-2019 American Community Survey (ACS) 5-Year Estimates.* https://data.census.gov/cedsci/
54. Department of Population Health, NYU Langone Health [American Community Survey]. (2019, 5 Year Estimate). *City Health Dashboard: Broadband Connection in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=1511&metricYearRange=2019%2C+5+Year+Estimate&dataRange=city
55. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
56. Pharr JR, Moonie S, Bungum TJ. The Impact of Unemployment on Mental and Physical Health, Access to Health Care and Health Risk Behaviors. ISRN Public Health. 2012;2012:7.
57. Department of Population Health, NYU Langone Health [American Community Survey]. (2019, 5 Year Estimate). *City Health Dashboard: Unemployment - Annual, Neighborhood-Level in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=13&metricYearRange=2018%2C+5+Year+Estimate&dataRange=city
58. US Census 2019 5 Year Estimate, Table S2301 https://data.census.gov/cedsci/table?q=S2301%20&tid=ACSST5Y2019.S2301
59. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
60. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
61. CareQuest Institute for Oral Health. Dental Insurance Is Out of Reach for Many. Boston, MA; July 2021.
62. Illinois Department of Public Health. ED Non-Traumatic Dental Condition by Payer Mix. 2017-2019. http://www.healthcarereportcard.illinois.gov/maps
63. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2018b, 1 Year Modeled Estimate). *City Health Dashboard: Dental Care in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=33&metricYearRange=2018%2C+1+Year+Modeled+Estimate&dataRange=city
64. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, https://www.americashealthrankings.org/explore/annual/measure/dental/state/ALL?edition-year=2020
65. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/
66. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2018h, 1 Year Modeled Estimate). *City Health Dashboard: Preventive Services, 65+ in 2018*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=32&metricYearRange=2018%2C+1+Year+Modeled+Estimate&dataRange=city
67. Ogden, L. L., Richards, C. L., & Shenson, D. (2012). Clinical preventive services for older adults: the interface between personal health care and public health services. *American journal of public health*, *102*(3), 419–425. https://doi.org/10.2105/AJPH.2011.300353
68. Tran, D. T., Silvestri-Elmore, A. (2020). Healthcare-Seeking Behaviours in College Students and Young Adults: A Review. Journal of Research in Nursing 1-19. http://dx.doi.org/10.1177/1744987120951594
69. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2019, 1 Year Modeled Estimate). *City Health Dashboard: Routine Checkup, 18+, 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=1581&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=city
70. National Center for Health Statistics. Percentage of having a wellness visit in the past 12 months for adults aged 18 and over, United States, 2019. National Health Interview Survey. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html
71. Illinois State Board of Education. Illinois Report Card. https://www.illinoisreportcard.com/District.aspx?source=trends&source2=iar.details&Districtid=05016065004
72. U.S. Department of Education. Chronic Absenteeism in the Nation's Schools: An Unprecedented Look at a Hidden Educational Crisis. https://www2.ed.gov/datastory/chronicabsenteeism.html
73. Balfanz R, Byrnes V. The importance of being in school: A report on absenteeism in the nation's public schools. The Education Digest. 2012;78(2):4.
74. Robert Wood Johnson Foundation. The Relationship Between School Attendance and Health. September 2016. https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html
75. Illinois State Board of Education. Illinois Report Card , 2019-2020. Evanston CCSD 65. https://www.illinoisreportcard.com/district.aspx?source=studentcharacteristics&source2=chronicabsenteeism&Districtid=05016065004 ;

Illinois State Board of Education, Illinois Report Card 2019-2020. EVANSTON TWP HSD 202

https://www.illinoisreportcard.com/District.aspx?districtId=05016202017 Illinois State Board of Education. Illinois Report Card.

76. United Health Foundation. America's Health Rankings. https://www.americashealthrankings.org/explore/annual/measure/Graduation_A
77. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/table?q=S1501&tid=ACSST5Y2019.S1501
78. United States Census Bureau (2020). 2015-2019 American Community Survey (ACS) 5-Year Estimates. https://data.census.gov/cedsci/table?q=education&tid=ACSST5Y2019.S1501
79. Kaiser Permanente. 2017. PTSD and Negative Coping. https://wa.kaiserpermanente.org/kbase/topic.jhtml?docId=ad1032spec
80. Campaign for Tobacco Free Kids. 2021. *Stopping Menthol, Saving Lives: Ending Big Tobacco's Predatory Marketing to Black Communities.*
81. Truth Initiative. 2020. Retail Store Assessments for Flavored Tobacco Products: Pilots in Tobacco Nation. https://countertobacco.org/resources-tools/store-assessment-tools/fstars/
82. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention. (2018i, 1 Year Modeled Estimate). *City Health Dashboard: Smoking in 2019.* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=22&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
83. Paoletti, L., Jardin, B., Carpenter, M. J., Cummings, K. M., & Silvestri, G. A. (2012). Current status of tobacco policy and control. *Journal of thoracic imaging*, *27*(4), 213–219. https://doi.org/10.1097/RTI.0b013e3182518673
84. Centers for Disease Control and Prevention. Tobacco Control Interventions. https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html
85. National Institutes of Health, National Institute on Drug Abuse.. 2021, August 3. https://nida.nih.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction
86. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2018a, 1 Year Modeled Estimate). *City Health Dashboard: Binge Drinking in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=24&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=cityhttps://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=24&metricYearRange=2018%2C+1+Year+Modeled+Estimate&dataRange=city
87. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2019. [accessed May 17, 2022]. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=CLASS01&islTopic=TOPIC07&islYear=2020&rdRnd=76190
88. Wilmot, E.G., Edwardson, C.L., Achana, F.A. *et al.* Sedentary time in adults and the association with diabetes, cardiovascular disease and death: systematic review and meta-analysis. *Diabetologia* 55, 2895–2905 (2012). https://doi.org/10.1007/s00125-012-2677-z
89. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.
90. Clarke TC, Norris T, Schiller JS. Early release of selected estimates based on data from the National Health Interview Survey. National Center for Health Statistics. May 2019. https://www.cdc.gov/nchs/nhis/releases/released201905.htm#7A
91. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2018g, 1 Year Modeled Estimate). *City Health Dashboard: Physical Inactivity in 2019*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=25&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
92. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
93. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Tobacco Use Fact Sheet. https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm
94. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/
95. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention. (2019, 1 Year Modeled Estimate). *City Health Dashboard: Smoking in 2019.* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=22&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
96. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
97. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention)]. (2019, 1 Year Modeled Estimate). *City Health Dashboard: Frequent Mental Distress in 2019*

https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=30&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
98. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/ALL?edition-year=2020
99. Moriarty DG, Zack MM, Kobau R. The Centers for Disease Control and Prevention's Healthy Days Measures - population tracking of perceived physical and mental health over time. Health and quality of life outcomes. 2003;1:37.
100. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention)]. (2019, 1 Year Modeled Estimate). *City Health Dashboard: Frequent Physical Distress in 2019* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=27&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
101. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, https://www.americashealthrankings.org/explore/annual/measure/Physical_distress/state/ALL?edition-year=2020
102. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2019, 1 Year Modeled Estimate). *City Health Dashboard: Obesity in 2019* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=29&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=city
103. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
104. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention)]. (2019, 1 Year Modeled Estimate). *City Health Dashboard: High Blood Pressure in 2017*9. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=36&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=national
105. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, www.AmericasHealthRankings.org
106. Illinois Department of Public Health. Illinois Public Health Community Map, 2017-2019.
107. Department of Population Health, NYU Langone Health [PLACES Project (formerly 500 Cities Project), Centers for Disease Control and Prevention]. (2019,, 1 Year Modeled Estimate). *City Health Dashboard: Diabetes in 2019.* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=37&metricYearRange=2019%2C+1+Year+Modeled+Estimate&dataRange=city
108. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/ALL?edition-year=2020
109. Widyahening Indah Suci, Khunti Kamlesh, Vos Rimke C.,Chew Boon-How. 2022. Achieving Effective Management and Treatment of Diabetes Mellitus in Future Primary Care. Frontiers in Endocrinology, Vol 13.DOI=10.3389/fendo.2022.854244. ISSN=1664-2392
110. Raynard E. Washington, Ph.D., Roxanne M. Andrews, Ph.D., and Ryan Mutter, Ph.D. Emergency Department Visits for Adults with Diabetes, 2010. Agency for Healthcare Research and Quality. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb167.jsp
111. Illinois Department of Public Health. Illinois Public HEalth Community Map, 2017-2019.
112. Meng, Y., Babey, S. H, Hastert, T. A, Lombardi, C., & al., E. (2008). Uncontrolled Asthma Means Missed Work and School, Emergency Department Visits for Many Californians. *UCLA: Center for Health Policy Research*. https://escholarship.org/uc/item/53w2089w
113. Skopec, Laura. November 2017. Household asthma triggers can lead to ER visits for children, which cost $800 million in 2014. https://www.urban.org/urban-wire/household-asthma-triggers-can-lead-er-visits-children-which-cost-800-million-2014
114. Illinois Department of Public Health. Illinois Public Health Community Map, 2018-2020.
115. Illinois Department of Public Health Vital Statistics, 2015-2019.
116. Stanford Children's Health. 2022. Low Birth Weight. https://www.stanfordchildrens.org/en/topic/default?id=low-birthweight-90-P02382
117. Illinois Department of Public Health Vital Statistics, 2015-2019.
118. Illinois Department of Public Health Vital Statistics, 2015-2019.
119. Illinois Department of Public Health Vital Statistics, 2019.
120. Department of Population Health, NYU Langone Health [City Health Dashboard, incorporating data from the American Community Survey and the Centers for Disease Control and Prevention's PLACES Project and Social Vulnerability Index]. (March 2021, Using Data from 2018 and 2014-2018 Estimates). *City Health Dashboard: COVID Local Risk Index in 2021.* https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=1422&metricYearRange=March+2021%2C+Using+Data+from+2018+and+2014-2018+Estimates&dataRange=city
121. City of Evanston Health and Human Services Department. 2022.
122. Department of Population Health, NYU Langone Health [U.S. Small-area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File, National Center for Health Statistics]. (2010-2015, 6 Year Modeled Estimates). *City Health Dashboard: Life Expectancy in 2015*.

https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=837&metricYearRange=2010-2015%2C+6+Year+Modeled+Estimate&dataRange=city
123. Illinois Department of Public Health Vital Statistics, 2016-2020.
124. Evanston Police Department. 2022.
125. Illinois Department of Public Health Vital Statics, 2014-2020.
126. Department of Population Health, NYU Langone Health [City Health Dashboard]. https://www.cityhealthdashboard.com/metric/31
127. Department of Population Health, NYU Langone Health [Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics]. (2015-2017e). *City Health Dashboard: Premature Deaths (All Causes) in 2017*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=31&metricYearRange=2015-2017&dataRange=national
128. Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics, 2017 3 year estimate, https://www.countyhealthrankings.org/app/illinois/2019/measure/outcomes/1/datasource
129. America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, 2017, United Health Foundation, www.AmericasHealthRankings.org
130. Yedjou CG, Sims JN, Miele L, et al. Health and Racial Disparity in Breast Cancer. *Adv Exp Med Biol*. 2019;1152:31-49. doi: 10.1007/978-3-030-20301-6_3
131. Stringer-Reasor EM, Elkhanany A, Khoury K, Simon MA, Newman LA. Disparities in Breast Cancer Associated With African American Identity. Am Soc Clin Oncol Educ Book. 2021 Jun;41:e29-e46. doi: 10.1200/EDBK_319929. PMID: 34161138.
132. Department of Population Health, NYU Langone Health [Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics]. (2015-2017a). *City Health Dashboard: Breast Cancer Deaths in 2017*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=42&metricYearRange=2015-2017&dataRange=national
133. *QuickStats:* Age-Adjusted Death Rates from Female Breast Cancer, by State — National Vital Statistics System, United States, 2017. MMWR Morb Mortal Wkly Rep 2019;68:617. DOI: http://dx.doi.org/10.15585/mmwr.mm6827a4
134. Silva, Abigail & Sayad, Nazia & Maio, Fernando & Benjamins, Maureen. (2020). Abstract B137: Colorectal cancer mortality and disparities in America's 30 most populous cities. B137-B137. 10.1158/1538-7755.DISP19-B137.
135. Department of Population Health, NYU Langone Health [Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics]. (2015-2017c). *City Health Dashboard: Colorectal Cancer Deaths in 2017*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=43&metricYearRange=2015-2017&dataRange=national
136. National Cancer Institute. Colorectal Cancer Age-Adjusted Death Rate. https://seer.cancer.gov/statfacts/html/colorect.html
137. Department of Population Health, NYU Langone Health [Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics]. (2015-2017b). *City Health Dashboard: Cardiovascular Disease Deaths in 2017*. https://www.cityhealthdashboard.com/il/evanston/metric-detail?metric=41&metricYearRange=2015-2017&dataRange=national
138. American Heart Association. 2022. Heart Disease and Stroke Statistics - 2020 Update. https://professional.heart.org/en/science-news/heart-disease-and-stroke-statistics-2020-update
139. City of Evanston Health and Human Services Department. 2022.
140. Chicago Department of Public Health. 2020. *Healthy Chicago 2025.* https://www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/HC2025_917_FINAL.pdf