

The LEAGUE *of*
WOMEN VOTERS
of EVANSTON
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Honoring the Past, Celebrating the Future

League of Women Voters of Evanston (LWVE)

Health Equity Report

April 2022

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PREFACE

The League of Women Voters of the United States was founded in 1920 to help American women exercise their newly-won right to vote. For over 100 years, the League has influenced government through citizen education and advocacy at all government levels. The League provides information on voter registration, election issues, candidates' positions, and election procedures, but it is non-political and never supports or opposes candidates. Membership is open to all citizens of voting age.

The League of Women Voters of Evanston was founded in 1922. For one hundred years it has observed meetings of Evanston City government and worked to improve community institutions and services. We worked for the passage of the city's first zoning ordinance, adoption of the council-manager form of government, development of a comprehensive general plan, and an open-housing ordinance. For a full description of League positions see www.lwve.org

Every year the League of Women Voters meets to plan a local program. Members gather to suggest and discuss ideas for projects for the coming year. In Spring 2021, members identified four areas for investigation and programs, including Health Equity in Evanston. We formed a working group to learn more about the nature of health equity, what health equity means in Evanston, and then what resources were available to meet the inequities identified. Our findings are summarized in this Report, aimed at League members and the broader Evanston community. As we conducted our research, we were gratified to find that our local project was consistent with a broader national discussion of the issue. We appreciate the generosity of all the Evanston organizations and individuals who agreed to meet with us and share their expertise and experience.

LWVE Health Equity Committee

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Introduction

The League of Women Voters of Evanston was inspired to investigate health equity when we learned that there is a large gap in life expectancy between different parts of Evanston. The average life expectancy is 82 years, but depending on where you live it ranges from 86 years in northeast Evanston to only 75.5 in west Evanston.

Life expectancy is often used to measure the overall health of a community. Research by the NYU School of Medicine recently reported life expectancy data by census tract, and demonstrated that your health can have more to do with your zip code than your genetic code. Disparities in health outcomes may exist because of differences in health insurance coverage, access to and use of care, and quality of care. Social determinants of health such as education, housing, water and air quality, and safety in the streets are all linked to health inequities. Cities with bigger life expectancy gaps had more racial segregation, and racism is often cited as a major factor.

One of our challenges was to take analysis from the national level or in specific cities like Chicago and understand what is useful for improving health equity in Evanston. Interviews with health providers, city staff, council members, and legislators offer a picture of our local situation. Our goal is to provide this report to league members and other members of the community to increase our understanding of the dimensions of health equity and to advocate for change to benefit our city.

Background

We began by reading general articles on the topic of health equity. Many articles cited the importance of understanding the difference between equity and equality in order to ensure that health resources are directed appropriately. Equality means each individual or group is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the resources and opportunities needed to reach an equal outcome.

According to the World Health Organization (WHO), health inequities involve more than lack of equal access to resources to maintain or improve health outcomes. Research supports the importance of socioeconomic factors in shaping health. They are the primary factors responsible for health inequities – the unfair and avoidable differences in health status seen within and between neighborhoods. Most people don't think about health in terms of social factors, but the combined effect of a person's income, education and employment are important predictors of health status. In order to reduce health disparities, the underlying issues and individual needs of underserved and vulnerable populations must be effectively addressed.

Interviews

To gain a better understanding of health equity in Evanston, we interviewed health providers, professionals from local health care institutions and community organizations, city council members, and state legislators. Some of the interview questions aimed to get comparable information from all interviewees, and other questions were more specifically tailored to the organization. We interviewed twenty individuals representing thirteen organizations, and the list of interviews is in the Appendix 1.

Themes

Interview data identified several major themes: Access and Equity, COVID and Equity, and Health Concerns and Gaps in Services. Mental health was identified as a significant gap in services and the priority health concern.

Access and Equity

The health care infrastructure in Evanston is strong. It has a city-based Health and Human Services Department (HHS) and two major hospitals that provide comprehensive medical care primarily to patients with health insurance.

Since 2012 the community has been served by the Erie Family Health Center. It is a Federally Qualified Health Center (FQHC) which provides medical, dental, and behavioral health care to underserved residents. Twenty-seven percent of the patients at the Health Center are uninsured. Patients are charged on a sliding scale, and 62% of revenue comes from patient fees and insurance, a substantial portion from Medicaid. The Health Center plays a major role in ensuring access to health care regardless of income, insurance, or citizenship. Without the Erie Family Health Center, comprehensive patient care would remain an unmet need for most of the population it serves.

Community based services are an important part of the healthcare infrastructure in Evanston. All youth who attend ETHS have access to a school-based health center that provides primary care. The clinic has remained open and provided health care services throughout the pandemic. A key mission of the clinic is to eliminate barriers of access to quality healthcare for all ETHS students. Clinic staff reported that some students they serve have private insurance, but most of the students are either uninsured or have insurance through Medicaid or *All Kids* (an insurance program in Illinois that provides comprehensive, affordable health insurance for youth if their families meet the income qualifications).

Non-profit community organizations provide important services for individuals who are homeless and for individuals who need mental and behavioral health services. However, access may be limited due to an inadequate number of treatment professionals and workforce shortages at all levels of staffing. According to the President and CEO of Trilogy Behavioral Healthcare, “This is a particularly crucial time as we are facing the worst workforce shortages in my 25 years of being in the field of mental health”.

Evanston is one of only four certified municipal health departments in Illinois. The Health Department is part of the Department of Health and Human Services (HHS) in Evanston. It works to ensure the public’s health through ongoing activities to protect residents and assess the needs of the community. Every five years the Department conducts a community assessment and makes a plan to address the priority health needs in the community. They work in collaboration with community partners, governmental departments, and local agencies to meet desired health outcomes. The important role of the Health Department was demonstrated by the significant role they played in responding to the COVID pandemic.

Evanston is a resource-rich community, but resources may not be adequate and may not be equally accessible. Insurance costs and coverage are factors that affect accessibility. According to the Department of Health, 94% of Evanston residents reported that they had health insurance in the most recent community health assessment. However, not all health insurance has the same coverage. The Affordable Care Act expanded Medicaid coverage, but many physicians do not accept it.

A common thread in our interviews was that health inequity is not only a result of limited access to medical services. The interviewees agreed that systemic issues and social determinants of health such as income, housing, nutrition, education, transportation, clean air and water, literacy skills, and trust in the system were also responsible.

Data from HHS showed a large disparity between census tracts within Evanston in terms of factors such as life expectancy, child poverty, and COVID risk. An examination of child poverty in Evanston provides an example. Although the city compares well on the national level, inequities exist within the city itself. The city's child poverty level was 8.7% (nationally 18.5%), but if you looked at the census tracts in Evanston, some areas were 0% and in the census track aligned with the 5th ward, it was 28.9%. Sharp differences among different areas in Evanston are visible in numerous measures of well-being, including life expectancy, poverty, mental health, housing, or educational outcomes.

COVID and Equity

The Evanston community rallied to respond to COVID emergencies, working together to protect and treat residents. The rapid spread of COVID led to increased contact and collaboration among our hospitals, health centers, private agencies, and clinics. This closer collaboration has strengthened on-going partnerships.

The Department of Health and Human Services (HHS) recognized the initial signs of the pandemic, and they started planning early, before the first patient in Evanston. They set up a plan that consisted of contact tracing, testing, and isolation, and after a year, the distribution of vaccines. HHS was in position to order vaccines from the State and was a conduit for getting vaccines to Evanston hospitals, the Levy Senior Center, Northwestern University, ETHS Clinic and other sites. HHS developed a protocol for vaccination priority, starting with front line workers, paramedics, police, and firefighters.

Erie Health Center was involved in both COVID testing and vaccines, which helped to meet health equity concerns for the underserved. Testing was a problem initially with delays in supplies and results. Erie played a role in directing out-reach to get vaccines to home-bound and other hard to reach populations. Providers from Erie represent a diverse population, and they performed skits focused on "Why Vaccinate" targeting non-English speaking populations in their own language, including Arabic, Korean, Chinese, Spanish and other languages. During the COVID crisis, each client filled out a questionnaire that asked about holes and gaps in their needs, such as food insecurity or the inability to pay rent and utilities. Then case managers connected clients with resources that could help meet their needs.

Areas of the city with multigenerational housing and crowded living conditions had a higher COVID risk index, especially the 5th ward which had the highest incidence of cases. There was some vaccine hesitancy among Black residents, stemming from a history of inequities in healthcare and mistrust of health providers. HHS worked with their IT Department to highlight areas of the city where there were a lower percentage of vaccinated residents, so they could target vaccine events in those areas.

Because individuals diagnosed with COVID needed to be isolated, housing was an important issue. Quarantine and isolation housing was provided for students at Northwestern who tested positive, and Evanston residents who tested positive were housed in hotels if they were unable to isolate at home. To prevent transmission of the virus among the homeless in Evanston, Connections for the Homeless provided housing for their clients at the Margarita Inn. Food delivery was set up, and Connections provided staff at that site. Eighty people were living at the Margarita Inn during the pandemic, and a quarantine room was available for individuals who tested positive.

In the initial distribution of the vaccine, age and vulnerability were considered in distributing vaccines. Vaccinations were provided for residents of the 26 state-licensed, congregate homes in Evanston and for residents who were confined to their home by illness. There are 15,000 seniors living in Evanston and vaccines were first offered to residents 90 or over. The age range was lowered until all adults were eligible. Vaccination events were offered in multiple sites to provide education, accessibility, and convenience.

Currently the vaccination rate is 87% of eligible residents and 98% for those over 65. The Director of HHS said that he's gratified that Evanston residents believe in science and were willing to get vaccines and increase the safety of our community.

Health Concerns and Gaps in Services

Mental health was the priority health concern identified in our interviews. The Director of the Health Department reported an increase in anxiety and depression as well as an increase in severe mental illness. He reported that mental health needs have gone up by 25% since the beginning of the pandemic. Mental health has been affected by the pandemic, but there were significant unmet mental health needs in Evanston before COVID. Mental health is an area that needs increased resources so that access and treatment are available for those who need it.

Mental health needs are not unique to Evanston. The 2021 State of Mental Health in America reported that "health trends in the U.S. continue a downward spiral of which states are ill-prepared to manage. It's estimated that one out of twenty Americans face the need for mental health care."

Mental illness is becoming increasingly common among teenagers, and an increase in mental health needs has been reported at ETHS. A report by the Principal for Student Services documented a sharp increase in suicide risk and student psychiatric hospitalizations from fall 2019 to fall 2021.

Insurance coverage and access are critical issues for those who need mental health services. Many providers do not accept Medicaid, and coverage provided by traditional insurance is often inadequate. Despite the need, it is very difficult to hire and retain mental health professionals. There is competition with all health care organizations in the Chicago area, and the supply of mental health workers is not adequate to meet the demand. Erie Health Center and other organizations that provide mental health services are hindered because of low reimbursement rates and the inability to hire and retain adequate numbers of staff at all levels. There is also a need for a consulting psychiatrist to manage care and medications for patients with complex mental health needs. Mental health professionals are scarce and in high demand. This is a gap in service for the entire community, but it especially affects underserved populations.

Early interviews made it clear that mental health was a priority health concern. In order to further explore this issue, we added interviews with four community organizations that provide mental health services for residents of Evanston.

Trilogy Behavioral Healthcare is a private not-for-profit organization that provides resources and support for clients in recovery from mental illness disorders. Services include intake and referral, in-person counseling, telehealth/digital services, and an Intensive Community Outreach Program, which provides assessment and intervention for individuals experiencing a psychiatric crisis. The organization is staffed by licensed Social Workers, but there are no psychologists, psychiatrists, or nurses available on staff. Trilogy works with the patient's doctor or outside therapist to address medication management issues. Because of staffing shortages, appointments may be difficult to obtain, and there are long waiting lists. With additional funding and staff, they would like to expand their services and add a partnership with ETHS. They would also like to expand their staff substantially and hire and expand peer services.

Amita St. Francis Behavioral Health Clinic is a full-service behavioral health/addiction facility that offers a wide selection of treatment programs that covers the mental health spectrum for nearly every age group. Their biggest need is for more funding. As a non-profit organization, they cannot pay their staff competitive wages, and some staff leave because of low pay. It is challenging to keep staff and add needed staff. The clinic has a psychiatrist on staff that can prescribe medications. The clinic has a contract with the Evanston Department of Health and Human Services to provide mental health services. The contract includes a full time Social Worker at the Evanston Library, who provides immediate services for library patrons, including counseling and referrals. They may have 600-700 "encounters" a year at the library, and many are repeat patrons. Library patrons served are not just the homeless, but any resident in need.

Peer Services is a community-based substance use prevention and treatment center for teens and adults. It is located in Evanston, but their service area also includes Northfield, New Trier, Maine and Niles Townships. They have a Medical Director, a psychiatrist who provides 3 hours of counseling weekly, and several RNs who dispense medication. About 65% of the funding is from the government (Medicaid, Medicare, and a state gap program). The rest is from insurance, private fundraising, and grants.

All the clients are low-income and most of them struggle on a daily basis with health equity issues such as food, housing, loss of jobs, etc. and the stress these create. The treatment centers

served about 1100 clients before the pandemic but were closed due to COVID. A major issue during that time was an increase in the use of alcohol and cannabis. Some counseling was provided via the Internet or by phone, but many do not have access to the Internet or live in crowded housing with no space for privacy. Remote interventions are not as effective as personal contact. It's of interest to note that the Blue Cross Health Insurance organization is underwriting the cost of phones for this population.

Connections for the Homeless is a bridge from homelessness to housing. The staff at Connections includes two behavioral health specialists, a Registered Nurse, a psychiatric specialist, and a nursing assistant. Clinical help is available, but services are not long-term. They provide homelessness prevention, housing, and shelter. It is based in Evanston but also serves 36 communities in north suburban Cook County. During the pandemic, they moved to a hotel-based model. After their hotel stay, clients were connected to permanent supportive housing, but there is no funding for after-care support.

City Council and Legislative Responses to Identified Needs

We interviewed two City Council members and our legislative representative in the Senate and General Assembly. The issues related to health equity and mental health needs were recognized by all of them. They provided information on several new programs and legislative efforts to respond to mental health needs and to address health equity.

• Programs

➤ Mental Health Crisis Team

This service began on January 3, 2022 and is provided by Trilogy Behavioral Health. They will respond to calls in Evanston, Skokie, Rogers Park and several other communities. The program is designed as an alternative to sending police officers on certain calls. Funding is primarily from a state grant and also with money raised by Trilogy.

➤ Proposed Living Room Program – This program is currently in the planning stage. It will create an alternative to hospital emergency rooms for persons experiencing a mental health crisis. Members of the Evanston City Council have developed this proposal for implementation. It may be located in a single-family home at 311 Elmwood Ave. that is owned by Amita St. Francis Hospital. It is suggested that, after renovation, the facility could be operated by Turning Point in partnership with Trilogy Behavioral Healthcare and Impact Behavioral Health. Turning Point estimates the annual cost for operating the facility would be about \$650,000, and the cost of renovations at about \$225,000. Renovation costs could be paid for with American Rescue Plan Act funds, and there may be other grant money

➤ My City, Your City, Our City Initiative - Evanston City Council approved this initiative on January 10, 2022. This program focus is to provide free activities for youth at parks and community centers. The program started in 2021 as collaboration between city service agencies and departments. It was designed to address the youth isolation and concerns with youth gun violence. The free event provided enriching summer activities for youth and their families. \$552,500 of ARPA funds will expand the program for another year. The expansion will increase the age range of its clients from 14-24 years old to 11-30 years old and a workforce development program will be provided.

- **988 Hotline** - When the implementation is completed, U.S. residents will be able to call 988 for a mental health emergency, just as 911 connects people in need to first-responders for other emergencies. Rules for the new hotline were established by the Federal Communication Commission in July 2020. In August 2021, Governor Pritzker signed the Community Emergency Services and Support Act (CESSA) into law. It requires that all Illinois municipalities coordinate 911 and 988 services by July 2022.

● **Legislation Recently Enacted**

- **American Rescue Plan Act (ARPA)** - The American Rescue Plan, passed in March 2021, provides federal funds for emergency relief to states and local governments. Funds for community health centers, hospitals, the health workforce, and mental health and substance treatment have been allocated to Illinois for distribution to municipalities. Funding is included to increase wages for current healthcare workers and create a pipeline for future healthcare workers. Evanston will receive \$43,173,654 directly and City Council has been discussing allocations. Some funds will be used to continue COVID prevention and treatment, some will be used for economic development and job training, and some will create additional social services, including the proposed Living Room and other mental health services
- **Chief Behavioral Health Officer** - In his Budget Address in January 2022, Governor Pritzker said that he will appoint a Chief Behavioral Health Officer to oversee and coordinate behavioral health services directly with the Governor's Office. Behavioral health services can be fragmented within a variety of departments such as Children and Family Services, Healthcare and Family Services, the Board of Education, and the Health Department. The new position will coordinate services to prioritize and invest in behavioral services.

● **Proposed Legislation**

- **Support for Illinois House Bill 4238 - The Rebuild Illinois Mental Health Workforce Act.** The purpose of the Act is to preserve and expand access to Medicaid community mental health care in Illinois to prevent unnecessary hospitalizations and avoid the criminalization of mental health conditions.
- **Support for Illinois House Bill 4595 – The 340b Drug Discount Program**
The 340B Drug Discount Program is critical to patients at Erie Family Health Center and other Federally Qualified Health Centers (FQHC). The program makes prescription medications affordable to patients. It also supports many of the comprehensive services offered to patients at FQHCs, such as care and case management, HIV/AIDS services, referrals support, benefits navigation, telehealth services, and Medication-Assisted Treatment. Recent actions by pharmacy benefit managers and changes to state regulations have put the program in jeopardy.

Education and Advocacy

The League of Women Voters is a nonpartisan political organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.

Through the readings and interviews, our group learned that the challenges of health equity are great, and they are not easily solved. An understanding of the causes of health inequity will guide our advocacy. The results of this project support an investment in building the healthcare workforce, especially in mental health. The understanding of the social determinants of health leads us to consider systemic issues such as education, housing, and environmental issues.

This project made us aware of the many providers and organizations in Evanston who are committed to making Evanston a healthy community for all neighborhoods. Continued collaboration and commitment will lead to progress in reducing health inequities, and the LWVE lends its support to these efforts.

We support efforts of the City Council to develop programs to address mental health emergencies, and we also encourage the expansion of mental health treatment to address unmet mental health needs before they evolve into emergencies. We will advocate for the legislation proposed above, and monitor the implementation and outcomes of the new programs

LWVE will use this investigation and this report to inform our members and the broader community about our findings. We have published three articles in the Intercom, the League newsletter, and will write others. We will also submit articles to local media to reach a broader audience, and distribute this report to our elected and appointed officials.

We arranged a program for our members via zoom in February 2022 to highlight the role of the Erie Family Health Centers in providing health services for low-income residents, and an additional program will be organized in the fall on the new 5-year EPLAN developed by HHS. This plan will identify community strategies to address both health equity and mental health in Evanston. Members of the league will continue to work with Evanston and state officials to advocate for programs to address health equity and improve our community's access to health services.

Appendix 1: Interviews

- **City of Evanston Health and Human Services (HHS):** *Ike Ogbo*, Director, and *Kristin Meyer*, Community Health Specialist
- **Erie Evanston/Skokie Health Center:** *Robin Varnado*, Operations Director, and *Elizabeth Feldman*, retired Medical Director
- **NorthShore University Health Systems:** *Brandon Buchanan*, Director Health Equity Impact Team, and *Mark Schroeder*, Community Relations for Evanston and Skokie
- **ETHS Student Health Care Center:** *Ida Joyce Sia*, RN, Clinic Manager, *Julie Russell*, NP, and *Aimee Crow*, MD Medical Director
- **Amita St. Francis Hospital:** *Jerica Thompson* MHA, Director, Patient Experience & Volunteer Services, and *Cindy Castro*, MSW, Manager, Behavioral Health Clinic and Social Worker in the Library Program – Based at Amita St. Francis Hospital in the Outpatient Behavior Clinic
- **Connections for the Homeless:** *Tina White*, MSW, Community Health Specialist
- **Peer Services:** *Maureen McDonnell*, MPH, Executive Director
- **Trilogy Behavioral Health Care, Inc:** *Meghan Miller*, LCSW, Case Manager
- **Evanston Mental Health Task Force:** *Christine Somervill*, PhD
- **Northwestern Medical Group:** *Steven Fox*, MD
- **Evanston City Council Members:** *Eleanor Revelle* – 7th Ward; *Bobby Burns* – 5th Ward
- **Illinois General Assembly:** Representative *Robyn Gabel*
- **Illinois Senate:** Senator Laura Fine

Appendix 2: League of Women Voters of the United States (LWVUS) Position on Health

GOALS: The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

ACCESS TO HEALTH CARE: LWVUS believes that access to health care includes the following: preventive care, primary care, maternal and child health care, emergency care, catastrophic care, nursing home care, and mental health care as well as access to substance abuse programs, health and sex education programs, and nutrition programs.

BASIC LEVEL OF QUALITY CARE: Every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care. Every U.S. resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care. Dental, vision, and hearing care also are important but lower in priority. We believe that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

EQUITY ISSUES: The League believes that health care services could be more equitably distributed by:

- Allocating medical resources to underserved areas.
- Providing for training health care professionals in needed fields of care.
- Standardizing basic levels of service for publicly funded health care programs.
- Requiring insurance plans to use community rating instead of experience rating.
- Establishing insurance pools for small businesses and organizations.

League of Women Voters (LWVIL) of Illinois Action Plan

LWVIL Action LWVIL has supported the following legislative initiatives.

- Medical assistance for TANF (Temporary Assistance for Needy Families)
- Medicaid funding for prenatal care, nursing women, children under 6
- Nurse practitioners and nurse midwives to serve eligible Medicaid patients
- Financial incentives to increase health care workers in underserved areas
- Women have option to select an obstetrician/gynecologist as primary health care provider in managed care plans

Locally, leagues urged their counties to provide health services for the indigent, access to and information on family planning and abortion services. LWVIL worked with the Campaign for Better Health Care (CBHC) to pass the Health Care Justice Act (2004), gave testimony to the Adequate Health Care Task Force at statewide hearings. The Task Force's final report with the recommendation for affordable, quality health care for all Illinois citizens was presented to the Governor and legislature in 2007. However, enabling legislation expired January 2009.