



Forces of Change Assessment Results

Thursday, May 21, 2015
Lorraine H. Morton Civic Center

GROUP 1

SOCIAL

1. Substance Use

- Persistence of alcohol and tobacco use
- Smoking (tobacco and marijuana)
- Social expectations—youth

2. Overextended life

- Overextended families
- Increasing pace of work, amount of work, less work/life balance
- Ability for parent to take time off for family medical appointments
- Stress and pressures for high achievement

3. Family structure changes

- Family structure change (increase in single parent households)
- Mobility of families and family size
- Family units
- Family unit changes

4. Lifestyles

- Video games, streaming video smartphones, computers, etc.
- Nutrition/healthy lifestyles
- Healthy lifestyles
- Changing attitude to increase physical activity

5. Togetherness

- Community events and health fairs

6. Food options

- Healthy food options
- Trend to improve healthy food choices/availability, especially for kids
- Grocery stores and access
- Affordable fresh produce

7. Built environment

- Built environment: safety issues, such as broken sidewalks, bike lanes, riders going the wrong way!
- Lighting: well-lit streets, good building signage
- Safe parks: safe equipment, kids can walk there, access via public transportation
- Desire for safe exercise options (walking, biking, running)

8. Knowledge

- Community knowledge of health needs, important precautions
- Apathy of community residents
- Lack of knowledge
- False beliefs about what is healthy

9. Involving young adults to become proactive

10. Disconnected services and institutions

11. Patients expect and are expected to passively receive health services from providers without being educated about their options and what they mean and being empowered to actively participate in their healthcare

12. Cultural competency

- Health literacy and language barriers
- Language/communication
- Health literacy
- Cultures
- Access to information via various languages—shifting demographics
- Language barrier
- Access to culturally specific information
- Changing ethnic demographic
- Sharp rise in refugees with needs that are current services don't meet (language and type of trauma)
- Socio-cultural norms: food and exercise

13. Affordable housing

- Affordable housing
- Broader understanding of how housing (affordable housing) impacts health
- Affordable housing
- Housing affordable
- Access to housing
- Many people without housing/homeless
- Decrease in affordable housing, decrease in low income houses

14. Disparities (across race, class, and culture) in whether people feel ownership of or access to resources in the community

15. Early Childhood Education

- School readiness for young children (birth to five ages)
- Early childhood/developmental health

16. Small ground still questioning immunizations

17. Technology

- Digital literacy
- Lack of access to websites and online databases
- Impact of social media on perceived rate of social change vs. actual

18. Economic

- Economic status
- Employment
- Shifts in state changes (Medicaid)
- Socioeconomics

19. Demographic shifts

- Elderly being driven out of their homes by an increase in taxes
- Increase in aging population

20. Access to care

- Having a primary care physician
- Lack of a primary health care provider or medical home
- Lack of a medical home/primary care physician

21. Mental Health

- Access to mental health services
- Broader recognition of mental health in the public health community
- Powerful stigma against persons with mental health conditions and struggles with addictions; Bootstrap mentality

Theme	Impact	Opportunity
1) <u>Cultural Competency</u>	Language barrier impacts	Culturally specific interventions
	Access to education	Training staff
	Social customs (eating habits, family structure)	More effective outreach
	Different belief systems	Partnerships/collaboration
	Impacts access to advocates and government workers	
2) <u>Mental Health Stigma</u>	Less people are accessing mental health programs	Public education
	Absence of public understanding	Common assessment tools amongst mental health organization in the same (so we can “weigh” mental health the same, in the community)
	No empathy of outsiders	Common referrals amongst

		mental health providers in Evanston
	Impacts access to care and physical health (it's all related!)	Better integration of public health services and mental health services (i.e. in general, integration of mental health into other services)
	Causes people to overaccess care	Can affect many health outcomes
		Bringing the safety community and the emergency preparedness community into the mental health discussions

ECONOMIC

1) Employment

- Declining/stagnating wages
- More part-time work
- More difficult for poor or lower middle class to survive or rise
- Income inequality
- Growing income inequality
- Changing job market (need for training)
- Jobs with livable wages
- Job training and education, fair wages
- Job opportunities
 - i. Accessible through transportation
 - ii. Benefits for part-time work
 - iii. Parental leave
 - iv. Minimum wage
- Access to job training and jobs
- Living wages
- Low wage jobs schedule employee hours so as to avoid having to provide benefits
- Low wage jobs in the community (more of them)
- Incentivize local merchants to hire those from under-resources populations
- Employment readiness trainings
- Job readiness: intentional outreach for residents in areas that are unemployed and underemployed
- Advocacy for livable wages

- Employment opportunities
 - Access to higher education
 - Employment
 - Career counseling
- 2) Budget counseling for individuals**
- 3) Childcare**
- Access to childcare services
- 4) Dental health not funded**
- 5) Lots of development in Evanston—more density, but increasing property tax base**
- 6) Money in politics driving who candidates are, what they stand for, who they represent: their donors**
- 7) Insurance**
- Full understanding of ACA
- 8) Affordable housing**
- Access to affordable housing
 - Housing: safe and affordable
 - Affordable housing
 - Lack of affordable housing
 - Affordable housing
 - Cost of housing and affordability; safe living arrangements
 - Lack of affordable housing
- 9) Affordable food**
- Affordable grocery stores that have healthy food
 - Healthy stores/more expensive
 - Access to cheap and nutritious food, and education about food choices
- 10) Access to technology**
- 11) Funding**
- Funding for community health
 - Shrinking city budgets
 - State funding cuts
 - State: support of prosperous
 - Restricted funding from grants vs. unrestricted motives to support agency
 - Donor fatigue within community to support critical services needed to supplement agency funding
- 12) Transportation**
- Transportation to resources and health care providers
- 13) Limited resources for low-income individuals**
- 14) Childcare**
- Quality, affordable childcare and support for toddler programs
- 15) Access to education**
- Disparities in access to high-quality education (K-12 and postsecondary)
 - Access to affordable education

- Access to education for all ages

16) Access to care

- Cost of healthcare (for those living above the poverty line, but under a living wage)
 - i. For prescription drugs, eyeglasses, dental care
- Access to health services (health insurance, affordable, near transit)
- Fear of medical bills→emergency room care
- Accountable care entities
- Access to affordable health care
- Lack of access/multiple resources to specialty care

17) Lack of education about medical debt relief. Medical bills still #1 cause of bankruptcy in the US

Theme	Impact	Opportunity
1) <u>Employment</u>	Less access to insurance	Advocacy for choices and filling gaps
	Higher education access	Increases in minimum wage
	Childcare	Increase equity in employment
	Healthy/affordable food	System to support employment opportunities
	Stable housing	Advocacy for better jobs
	Access to basic needs	COLLABORATE!
	Dental/oral health	
	Gender equality	
	Ex-offenders	
	Poorer quality of life	
	Living wage	
2) <u>Affordable Housing</u>	Increase in school enrollments in Evanston because families are doubling up to afford living here	Policy changes in economic development
	Low-income families moving out of Evanston—we are losing our diversity!	Sustain low-income housing (land trust model). Don't allow rental organizations to get out of their "low-income housing" quota by allowing them to pay
	Impacts mental health	Zoning ordinance for low-income housing
	Homelessness	
	Face of the community will change	
	Gentrification	

POLITICAL

1. State budget issues

- Participatory budgeting structure
- State budget cuts—austerity
 - i. Share of the sales tax to municipalities
 - ii. Medicaid cuts

1. Services to people, hospitals and providers

2. Pension issues

- Budget cuts= lack of resources
- State funding
- \$\$ for childcare and social services (appropriations)
- Reductions in state funds for programs
- Able-bodied adults without dependent children may lose SNAP if work requirements are reinstated
- Budget cuts and lack of fiscal responsibility of previous administrations at state level
- Can pressure state to raise sugar-sweetened beverage and alcohol tax to fund service
- State funding cuts

2. Politics (state government)

- Political shifts and “poor decision” affect all resources sitting in this room
- Political climate and views affect the future of mental health services
- Next 4 years at least, Republican governor, Democratic legislature
- Stability of stakeholders over long-term
- Lack of a political consensus on needed changes

3. Affordable Care Act

- Supreme court rushing on the ACA marketplace subsidies
- Roll-out of Medicaid Manage Care—transformed system and little education to people on rights, regulations, etc. involving private, for-profit entities in Medicaid
- Health care policies and access

4. Support for starting new businesses

5. Policing policies, incarcerating or criminalizing people of color disproportionately (creates instability)

6. Open government

- Transparency of City of Evanston “politics”
- Creating a citizen-led “open government” rather than the “in crowd”

7. Collaboration

- Funding policies that isolate major institutions that narrow their focus, or keep them from thinking cross-sector
- Evanston non-profits with shared missions should apply TOGETHER for some available government and federal grants
- Competition instead of collaboration in community services

8. Representation (elected) across socioeconomic divide

9. “Health in all policies”

- Engagement of PH+health stakeholders for all related decision making in government

10. Civic engagement

- Politically active community can be mobilized for health
- Community involvement in voting, protests, access to care and their representatives
- Social isolation: limited community engagement
- Increased citizen participation in voting
- Lack of representation by community residents
- Distrust in government by residents
- Community groups can affect local and state policies

11. Affordable housing

- Housing ordinance regarding affordable units
- Affordable housing
- Affordable housing policy
- Policy to ensure affordable housing

12. Allocation of local funds for public health initiatives

13. Parking for renters and for condo residents

14. The HEAL Act: Propose to fund community prevention (health department, schools, early childhood, etc.) through a tax on sugary drinks

15. Influence of larger social trends on policy

Theme	Impact	Opportunity
1) <u>Budget cuts/state funding cuts</u>	Cut back on services • Health, social, and public domain services	Advocacy (for referral, for services)
	Decreases value/prioritization of services	Community organizing (citizen engagement)—there is not enough of it in Evanston
	Short-term view on health problems→causes reaction actions towards health	Public/private partnerships
	Less focus of preventative services—harmful impact on	Community decision on budget allocation

	community	<ul style="list-style-type: none"> Local community discussion for the next five years
	Changing workforce—movement from public to private sectors <ul style="list-style-type: none"> Social service attracts less qualified talent 	Collaboration to do more with less resources (joint grant funding)
		Recognizing the needs of our community
2) <u>Community Engagement</u>	Decisions are made without everyone's voice	Partnerships and collaboration
	Lack of knowledge of resources by residents	Organizing internally
	Waste of resources and impact of that	Outreach
		Empowerment of community to advocate for self
		Use of technology <ul style="list-style-type: none"> Low cost, high-impact way to reach the community
		Partnership/involving corporations <ul style="list-style-type: none"> Getting them to understand the connections with the community

GROUP 2

SOCIAL

- 1) Mobility**
- 2) Communication**
- 3) Racism**
 - Racism
 - Inequality among different populations
 - Racism
- 4) Fear**
- 5) Age—specifically youth**
- 6) Masculinity—engaging men in health care and health education**
- 7) Violence**
 - Family violence
 - Gang violence
- 8) Coordination of multi service-involved residents**
- 9) Physical limitations (transportation)**
- 10) Underemployment**
- 11) Youth programming**
 - Lack of free programming for youth to promote healthy activities and lifestyles
 - Lack of opportunities for youth to have training in health-related needs
- 12) Sexual orientation and gender identity**
- 13) Isolation**
- 14) Access to resources/knowledge of resources**
 - Lack of access to resources
 - Lack of access to information also qualified and affordable health services
 - Lack of access to qualified health information
 - No access to receive or know how to receive care that positively influences health
 - Lack of education
 - Accessibility—lack of knowledge of where to get access
 - Knowledge gap
 - Knowledge of available resources in the community
- 15) Health literacy**
 - Health literacy and literacy
 - Education
 - Literacy (illiteracy)
 - Educated
- 16) Cultural competency**
 - Health information that is culturally appropriate (age, gender, ethnicity)

- Language barriers
- Language barriers
- Unable to communicate properly in an effective manner

17) Perception that resources are “not for me”

18) Lifestyle changes

- Lifestyle; health behaviors

19) Mental health

- Mental health
- Lack of knowledge regarding mental health
- Lack of adequate mental health services for young adults
- Mental health

20) Access to care

- Access to care
- Access to care
- Access to health care

21) Individual health accountabilities youth—elders (partners in care)

22) Walkable sidewalks and safe bike lanes for active transportation

23) Interprofessional collaboration

24) Early interventions for young children

25) Income inequalities

26) Aging population

- Increasing aging population
- Aging adults staying at home longer— isolation

27) Food

- Nutrition
- Access to grocery stores and farmers markets for healthy eating

28) Addictions

29) Children being fully vaccinated

Theme	Impact	Opportunity
1) <u>Access to Care</u>	1. Managed Care Medicine	1. Navigators at partners
	2. Geography	<ul style="list-style-type: none"> • More education and where
	3. Epidemiological outcomes	<ul style="list-style-type: none"> • 211 for seniors
	4. Knowledge of resources	2. School –based HC
	Barriers to Disability	<ul style="list-style-type: none"> • Universal fare cards
	Cultural competency and identity	<ul style="list-style-type: none"> • Locate health throughout community
		<ul style="list-style-type: none"> • Health asset map
		3. Data information sharing hub and transparency
		<ul style="list-style-type: none"> • PH infrastructure (communicate)

		4. Knowledge
		• HIRCULES at library
		• 311
		Increase trust of organizations within the community
2) <u>Mental Health</u>	1. Closing C4 (Community Counseling Centers for Chicago) Outcome	1. Public health campaign (program)
	2. Lack of services	• Mental health=health
	3. Funding	
	4. Providers and responder care	
	5. Population in jail	
	6. Lack of housing	
	7. Stigma	
3) <u>Education</u>		

ECONOMIC

1. State fiscal crisis

- State fiscal crisis
- State and federal funding is questionable
- State IL pension obligations → state budget
- State funding cut
- Lack of state funding
- Downsizing budget cuts
- Social/health services and workers cut due to state budget crisis
- Funding cuts + government + institutional
- Childcare funding
- The governor
- Debt
- Pension crisis throughout IL

2. Mental Health

- Cutting mental health funding
- Less services provided in school (school based health centers and mental health partnerships would help this)
- Mental health funding

3. Dental health not funded

4. Lots of development in Evanston—more density, but increasing property tax base

5. Lack of resources

6. High cost of healthier food options

7. Employment

- Job training opportunities
- Job cuts/availability of jobs
- Inability to seek out financial resources in positive manners
- Employment opportunities for all
- Employment opportunities (minimum wage)

8. Minimum wage

- Raising minimum wage
- Employment opportunities and minimum wage
- Raising min wage
- Working “poor”

9. Health=strong economy

- A healthy Evanston is an economically stronger Evanston
- Healthy employees are more productive employees
- Healthy citizens have more economic opportunities

10. A healthy Evanston is an economically stronger Evanston

11. Grants with collaboration

12. Priorities not on health

13. Funding cuts limit collaboration (when organizations are on tight budgets they sometimes collaborate less)

14. Insurance

- Insurance, or lack of (poor coverage)
- Effect of ACA on providers
- Employer offers no health benefits
- Low quality care for lower income individuals
- Ability to pay for services (gaps in various services funded)

15. Early intervention programs

- Cutting the CCAP funds before and after school care
- Not enough funding for early intervention for young children

16. Staff capacity at agencies/providers

17. Poverty and stress

- Stressors of poverty
- Extreme stress of poverty (Being poor sucks!)

18. Fixed income for elders

19. Affordable housing

- Lack of affordable housing
- Affordable housing

20. Property taxes increasing—ability to stay in community

21. Other monetary opportunities

- Foundation money making up for state cuts

- Need to help agencies access private and foundational funds

22. More collaboration amongst similar agencies

Theme	Impact	Opportunity
1) <u>Employment</u>	Stress impacts health	Advocate for raise in minimum wage; tip workers
	Unemployment/underemployment impacts how people seek resources	Creation of job opportunities (economy—increase in number of employees)
	Lack of benefits	Training programs—how to look for jobs
	Healthy employees=more productive	2 generation initiative
	Employment status and impact on family	Keeping kids in school, addressing truancy
	Food co-pays even if covered	Address early alcohol and drug use
	Violence/relationships, and how they can be affected by employment	Vocational training
	Services need trained/skilled employees	Public education campaign; Healthy Evanston= Economically strong Evanston
	Homelessness	Link schools to employment opportunities
2) <u>State funding</u>	Fewer programs and resources available as funding decreases	Lack of funds is a good reason to collaborate, not compete (force collaboration and mergers?)
	Fewer jobs—layoffs	Raise state income tax
	Cuts in before and after school care	Educate citizens to be part of local elections—educates and empowers
	Decrease in quality of services→people don't want to seek services	Can lead to more solidified, focused programs
	Gaps in services—people in the middle will be left out?	Grants, private partners—expand collaborations and partnerships
	Need to get more people into programs that they're eligible for	Advocate for increase in state support to promote healthy services of Evanston
	Decrease corruption in system	
3) <u>Insurance/ability to pay</u>		

POLITICAL

1. Advocacy

- Public recognition that health needs more public attention and higher priority
- Public promotion “Healthy People + Healthy Communities = Strong Evanston”
- Advocacy to promote value of Health and Human Services

2. Campaign: protect our water, protect our environment, protect our health

3. Funding

- Fund essential services
- Impact of cuts for mental health care and dental

4. Out of touch

5. Transparency

6. Political unwillingness to acknowledge violence in our community (its not ALL two families)

7. Affordable housing

- Affordable housing
- No affordable housing
- Lack of affordable housing ordinance for new construction

8. Civic engagement

- Be actively involved
- Vote
- Voting advocacy from high school to adult
- Voting
- Voting rights restored in released felons
- Lobby for your issue
- Limited knowledge of the political process

9. Mass incarceration of young Black men

10. Sustainable communities

11. Policies not being utilized at all times

12. Smoke-free policy! Lower rates of lung disease, heart disease, etc.

13. Funding for childcare

14. Funding for community health initiatives

15. Change policy so that teens in Evanston have better confidential access to reproductive healthcare

16. Barriers to access services due to paperwork and hours that are the result of overly complicated policy

17. Ensure school policies are inclusive of LGBTQ youth

18. Ordinance for big businesses operating in Evanston for minimum wage to be \$12/hr with benefits

19. Regressive taxes

20. Ignite greater community to decision-making tables leads to greater participation buy-in

21. Creating policies that positively affect the community

- 22. Increase state income tax
- 23. Insurance equity
- 24. Fewer statesmen in elected positions
- 25. Poor image of politicians

Theme	Impact	Opportunity
1. <u>Voting</u>	More voices would be heard	Bill for automatic voter registration
	Solid advocates	Direct reminders through technology
	Open communication with representation	Banners posted throughout the community/within community organizations
		Voting on the weekend
		Education and information on why residents should care about voting
2. <u>Increasing Health Awareness</u>	Healthier community	Involve City Council (take the lead)
	Unvaccinated children in schools increase the spread of infections	Youth and young adult health educators
	Lead	Full vaccination educations
	Air/water and environment are being compromised	Clearer mandates on policies for enrollment in schools
		Water
		Include issues regarding lead in safety plans; parent education

GROUP 3

SOCIAL

1. Technology

- Increasing technology=apps, etc. that will help individuals manage their health
- Need for chronic disease management
- Using technology like GIS mapping to improve non-profit/community stakeholder collaboration
- Increased reliance on digital technology and digital literacy (the digital divide)
- Digital dependency (connecting more online than in-person)
- The effect of social media on the younger population youth→teens, young adults

2. Children/youth

- Cradle to Career (a positive)
- Overschooling (kids and adults)
- Grandparents raising grandchildren
- Social norms surrounding substance use issues and issues related to the opening of medical marijuana dispensaries
- Need to work with preschool parents for guidance and direction—a healthy start!
- Disengaged youth
- Need to focus on all youth—give them a sense of a positive future!

3. Census Expansion

4. Inexpensive recreational events and places for all age groups

5. Aging

- Demographic shift: Increase in population of older adults, particularly 85+
- Aging population, building networks—like North Shore Village—to enable independent living
- Improved health of elderly population due to medical advances
- Aging of population—growing elderly
- Aging population is increasing. Also need for families to serve as caregivers
- Growing gap in wealth and health care, technology, etc.

6. Violence

- Violence and domestic abuse
- Community violence

7. Pressures on time lead to more fast food and less time for activity (play for kids, exercise for adults)

8. Mental Health

- Mental Health issues
- Mental health issues for teens (pressures of school)
- Open access to mental health help for all

- Increase in mental health issues

9. Unemployment

10. Affordable housing

- Displacement due to unaffordable housing (loss of community support)
- Lack of affordable housing
- Increase in homelessness

11. Immigrant population

- Immigrant population growing
- Increase in Latino community and lack of effective community engagement
- Demographic changes (increase in Latino population, and decrease in African AmericanS)
- Increase in non-English speaking residents who may not have access to information or barriers to information
- Growing Latino population
- Increase in Latino community and lack of effective community engagement

Theme	Impact	Opportunity
1. <u>Technology</u>	Over engagement with social media and all screens	Education and community collaboration
	Digital Divide	Inter-generational work
	Increase access to health information and individual organizations	Early education programs in different modes
	Cyber bullying	Create apps and technology
	Privacy	
	How to use digital information (data sharing)	

ECONOMIC

1. Employment

- Employment
- Unemployment, creating individuals/hardship
- Increase in people/families at and below the poverty line

2. Government/state funding

- Cuts in school funding
- Cuts in state funding result in cuts to services or more financial burden at the local/county agency level

- State funding: decreasing schools and social services
- State budget woes and potential/enormous negative impact on social services and education
- School funding—local burden vs. lack of state support
- Illinois budget cuts
- Mental health crisis
- Disastrous financial condition of state (junk bond status, etc.)
- Cuts in state funding result in cuts to services or more financial burden at local/county agency level
- Decrease in state funding
- Decrease in social service funding
- Reduction of federal and state funding that will impact numerous organizations
- Decreased state funding for public health programs
- Decreasing funds for governmental and social service programs
- Cuts in both state and city for human services and mental health services
- State funding short falls, late payments

3. With exception of Cradle to Career, increased competition for financial resources

4. Agency can only serve some clients while there are greater needs

5. Waste of local natural resources—we s=discard our lake, let's water recycle!

6. Assure that all students enter high school at reading and math level

7. Businesses work with community for preparation of students to develop good jobs skills

8. Free preschool education for all schools regardless of economic level

9. Unequal access to credit/lending

10. Affordable housing

- Loss of affordable housing
- Affordable housing

11. Increased costs and stagnant salaries leading to increase in financial stress on individuals/families

12. Income/wealth

- Access to living wage jobs, and families (potential and movement to increase minimum wage)
- Poverty impacts children's families' potentials in many detrimental ways
- Growing gap between high and low income, and shrinking middle
- Large disparities in household income and family resources in Evanston
- Rising income inequality
- Income/wealth inequality
- Service economy/loss of middle class jobs with benefits for adults and youths

- Slow economic growth that impacts both public funding and private giving

13. Racialized/poverty disparities

14. Increase in cost of living greater than wages results in individual/family stress, mental health, and decrease in healthy food/activity

15. Access to care

- Affordable health care
- Changes in insurance plans
- Health insurance: high deductibles

16. Decreased grant availability

17. Increase in social enterprise (businesses generating donations as marketing events)

Theme	Impact	Opportunity
2. <u>State/government funding</u>	Possible funding cuts	Coordinates efforts between COE groups
	Funding freeze	Identify 2 major themes and fund those projects
	Uncertainty	Engage faith groups
	Housing for mental health	Advocacy agenda
	Limits social services	“The City of Evanston stands for _____”
		Educate citizens on issues

POLITICAL

1. Health department wages

2. Increase health literacy

3. Involve public small town meetings, identify common threads

4. State government

- Need financial independence from the state of IL
- Worrying about IL government corruption and inefficiencies
- Changes in state policy to address pension crisis—how to meet that obligation—take from Peta to Pay Paul?
- Difficulty of negotiation between Republican governor and Democratic legislature

- Reluctance of all politicians to introduce income taxes
- The current need for austerity with in state government (reduction of services)

18. Federal Elections

- Presidential election—uncertainty
- Potential changes at federal level with next Presidential election

19. Local government

- 4-year local city elected official cycle can change priorities; April 2017 next election
- At the city level, reallocating funds from taxes (i.e. sugar-sweetened beverages, alcohol, tobacco) to specifically-related public health prevention programs. With status quo, it's not clear where the money goes

20. When political focus is on one issue, other important issues are left out

21. Integrating values into government work (e.g. broader, environmental justice issues/immigrant integration)

22. Collaboration with municipalities, share resources (always underway!)

23. Affordable Care Act

- Challenge to Obamacare
- Longer term impact of ACA on healthcare, affordability, and health outcomes
- Keep the ACA
- The stabilization of the Health Care Reform Act

24. Shift needed to move from decreasing costs to increasing revenue

25. Need consistent funding for early childhood family support and education

26. Funding

- Lack of consistent support for critical safety net services

27. Unified determinants of cultural aspects of life in Evanston that we must preserve!

28. Community Engagement

- Voices+engagement of many communities need to be incorporated
- Lack of youth engagement in political process
- Community engagement, voting
- Community engagement advocacy
- Being an informed community and voting!
- Lack of interested candidates resulting in a lack of voter engagement

29. Immigration

- Immigration laws and policies
- Effect of immigration laws and policies on access to higher education

30. Education

- Community education on issues (and in focus overload)
- Education of all persons, preschool through old age

Theme	Impact	Opportunity
<u>Education</u>	1. Disengagement in politics, not issues, process	1. Feedback loop/process is unknown. What people say

	disenfranchising (how do people feel like they are heard?) Starts at local level, starts at young age moving up	matters, how to continue (start at preschool, youth)
	2. Too many groups, do they coordinate, connection to City	<ul style="list-style-type: none"> • Packaging, positive attitude
		<ul style="list-style-type: none"> • Make it relevant
		<ul style="list-style-type: none"> • Personalize information, how to select information that is appropriate for each person
		2. Person needs to share, ambassador, person-to-person, known promotion
		<ul style="list-style-type: none"> • Reach people via press release, e-alert, social media/website
		<ul style="list-style-type: none"> • City action page on website, coordination of meetings; promote it
		<ul style="list-style-type: none"> • Make sure attachments are not prohibitive; use short emails, 3 click rule