

# Alliance for Health Equity

## Community Input Survey for Chicago and Suburban Cook County

The Alliance for Health Equity is a group of over 30 hospitals, local health departments and community organizations in Chicago and Suburban Cook County that are working together to conduct a Community Health Needs Assessment (CHNA). Your input is very important and will help create a plan to improve community health. The survey should take about 5 minutes to complete. Your responses are anonymous, and you will not be asked your name. If you have any questions about the survey, please contact Andi Goodall at [Andi.Goodall@iphionline.org](mailto:Andi.Goodall@iphionline.org) or (312) 850-4744. More information about the CHNA process is available online at [www.alltheequity.org](http://www.alltheequity.org)



### Tell Us About Your Community

NOTE: This survey is intended for residents of Chicago and Cook County. If you do not live in Chicago or Cook County, please return the survey to the survey distributor.

Do you live in Cook County?

1. What is your home Zip Code: \_\_\_\_\_
2. What neighborhood or community do you live in? \_\_\_\_\_
3. How many years have you lived in your community? \_\_\_\_\_
4. What are the greatest strengths or best things in the community where you live? (List up to 3)
5. What do you think are the three most important health problems in your community? (Choose 3)
  - Age-related illness (arthritis, hearing/vision loss, Alzheimer's/dementia, etc.)
  - Cancers
  - Child abuse
  - Dental problems
  - Diabetes (high blood sugar)
  - Heart disease and stroke
  - Infectious diseases (hepatitis, TB, flu, etc.)
  - Lung disease (asthma, COPD, etc)
  - Mental health (depression, anxiety, PTSD, suicide, etc.)
  - Mother and Infant health
  - Motor vehicle crash injuries
  - Obesity
  - Sexually Transmitted Infections (STIs/STDs), including HIV
  - Substance-use (alcohol, prescription misuse, and other drugs)
  - Violence
  - Other: \_\_\_\_\_

Optional Comment:

6. What do you think are the three most important things necessary for a “Healthy Community?”  
(Choose 3)

- |   |  |
|---|--|
| <input type="checkbox"/> Access to community services                     | <input type="checkbox"/> Parks and recreation                          |
| <input type="checkbox"/> Access to health care and mental health services | <input type="checkbox"/> Quality job opportunities                     |
| <input type="checkbox"/> Access to healthy food                           | <input type="checkbox"/> Religion or spirituality                      |
| <input type="checkbox"/> Access to transportation                         | <input type="checkbox"/> Safety and low crime                          |
| <input type="checkbox"/> Affordable childcare                             | <input type="checkbox"/> Strong community cohesion and social networks |
| <input type="checkbox"/> Affordable housing                               | <input type="checkbox"/> Strong family life                            |
| <input type="checkbox"/> Arts and cultural events                         | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Clean environment                                |  |
| <input type="checkbox"/> Diversity and inclusion                          |  |
| <input type="checkbox"/> Good schools                                     |  |

Optional Comment:

7. What is one thing that you would like to see improved in your community?

## Tell Us About Yourself

8. Your Age

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64        |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74        |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75-84        |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 85 and older |

9. What is your gender identity?

- Female
- Male
- Non-Binary, Genderqueer
- Gender neutral
- Transwoman
- Transman
- Other: \_\_\_\_\_

10. What is your sexual orientation?

- Straight
- Gay or Lesbian
- Bisexual
- Prefer not to answer
- Other \_\_\_\_\_

11. Which racial and ethnic groups do you identify with? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Middle Eastern/Arab American  |
| <input type="checkbox"/> South Asian            | <input type="checkbox"/> Native American               |
| <input type="checkbox"/> East Asian             | <input type="checkbox"/> Polish                        |
| <input type="checkbox"/> Pacific Islander       | <input type="checkbox"/> White                         |
| <input type="checkbox"/> African American/black | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Hispanic/Latino(a)     |  |

12. What is the highest level of education you have completed?

- Some or no high school
- High school graduate or GED
- Vocational or technical school
- Some college
- College graduate or higher

13. How many people live in your household? \_\_\_\_\_

14. Are there children of the following ages living in your household? (Check all that apply)

- Children aged 0-4 in my household
- Children aged 5-12 in my household
- Children aged 13-17 in my household
- No children in my household

15. Do you or anyone in your household have a disability?

- Yes
- No

16. Annual Household Income

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$60,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$80,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$40,000 to \$59,999 |   |