

# 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 [Leah.Barth@iphionline.org](mailto:Leah.Barth@iphionline.org). More information about the CHNA process is available online at [www.allhealthequity.org](http://www.allhealthequity.org).

**Do you live in Chicago or Suburban Cook County?**  Yes

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

## Tell us about your community

Community can have many different meanings. For this survey, we are interested in learning about the places where you live, work, and play. The information you share is anonymous.

1. **What is your home zip code? (5 digits)**

2. **How many years have you lived in your community?**

3. **What are the best things about your community? (List up to three)**

1.

2.

3.

4. **Are there people in your community that you would feel comfortable asking for help?**

Yes  No

5. What is one health related resource or service that is working well for your community?

6. What is one health related resource or service that is missing in your community?

7. What are the most important health needs in your community?  
(Please rank your top three choices with 1 being the most important)

- |  |   |
|--|---|
| <input type="checkbox"/> Age-related illness ( <i>arthritis, hearing/vision loss, Alzheimer's/dementia, etc.</i> ) | <input type="checkbox"/> Lung disease ( <i>asthma, COPD, etc.</i> )                               |
| <input type="checkbox"/> Cancers ( <i>breast, prostate, skin, colon, etc.</i> )                                    | <input type="checkbox"/> Mental health ( <i>depression, anxiety, PTSD, suicide, etc.</i> )        |
| <input type="checkbox"/> Child abuse   | <input type="checkbox"/> Mother and Infant health   |
| <input type="checkbox"/> COVID-19  | <input type="checkbox"/> Motor vehicle crash injuries   |
| <input type="checkbox"/> Dental problems   | <input type="checkbox"/> Obesity ( <i>obese, overweight</i> )                                     |
| <input type="checkbox"/> Diabetes ( <i>high blood sugar</i> )  | <input type="checkbox"/> Police brutality   |
| <input type="checkbox"/> Domestic Violence ( <i>intimate partner/relationship</i> )                                | <input type="checkbox"/> Preventable injuries ( <i>falls, drowning, concussions</i> )             |
| <input type="checkbox"/> Heart disease and stroke  | <input type="checkbox"/> Sexually Transmitted Infections ( <i>STIs/STDs, HIV</i> )                |
| <input type="checkbox"/> Homelessness and housing instability  | <input type="checkbox"/> Substance-use ( <i>alcohol, prescription misuse, and other drugs</i> )   |
| <input type="checkbox"/> Hunger  | <input type="checkbox"/> Violence   |
| <input type="checkbox"/> Infectious diseases ( <i>hepatitis, TB, flu, etc.</i> )                                   | <input type="checkbox"/> Vaccine preventable illnesses ( <i>measles, chicken pox, HPV, etc.</i> ) |

8. Are there any other priority community health needs that you would like to add?

**9. What is needed to support improvements in the health issues you chose?**  
(Please rank your top three choices with 1 being the most important)

- |   |  |
|---|--|
| <input type="checkbox"/> Access to community services                       | <input type="checkbox"/> Diversity                             |
| <input type="checkbox"/> Access to health care                              | <input type="checkbox"/> Early childhood programs              |
| <input type="checkbox"/> Access to mental health services                   | <input type="checkbox"/> Good schools                          |
| <input type="checkbox"/> Access to healthy food                             | <input type="checkbox"/> Parks and recreation                  |
| <input type="checkbox"/> Access to transportation ( <i>buses, trains</i> )  | <input type="checkbox"/> Quality job opportunities             |
| <input type="checkbox"/> Activities for teens and youth                     | <input type="checkbox"/> Religion or spirituality              |
| <input type="checkbox"/> Affordable childcare                               | <input type="checkbox"/> Safety and low crime                  |
| <input type="checkbox"/> Affordable housing                                 | <input type="checkbox"/> Strong family life                    |
| <input type="checkbox"/> Arts and cultural events                           | <input type="checkbox"/> Welcoming neighbors and social groups |
| <input type="checkbox"/> Clean environment ( <i>safe water, clean air</i> ) |  |

**10. Are there any other types of support that you think would be helpful for addressing your community health needs?**

## Tell us how COVID-19 has impacted your life

**11. If you wanted to get vaccinated, were you able to access the COVID-19 vaccine?**

- Yes    No    Did not want to get vaccinated    Prefer not to answer

**12. If you answered NO to question 12, why were you unable to access the COVID-19 vaccine? (Select all that apply)**

- Scheduling or difficulty making an appointment
- Lack of transportation
- Disability
- Another reason (*write in*)
- Prefer not to answer

**13. If you are vaccinated, where did you receive your COVID-19 vaccine?**

- Hospital
- Health department site
- Community clinic (health center, urgent care, etc.)
- Mobile vaccination event
- Pharmacy (CVS, Walgreens, etc.)
- Onsite at workplace
- At home
- United Center
- Another vaccination site (*write in*) 
- Prefer not to answer

**14. The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of access to basic medical care                 | <input type="checkbox"/> Death of family members or friends   |
| <input type="checkbox"/> Shortage of food/hunger                              | <input type="checkbox"/> Feeling alone or isolated, not being able to socialize with other people                                       |
| <input type="checkbox"/> Shortage of infant supplies (formula, diapers, etc.) | <input type="checkbox"/> Feeling nervous, anxious, or on edge   |
| <input type="checkbox"/> Temporary layoff or furlough                         | <input type="checkbox"/> Not knowing when the pandemic will end, lack of control  |
| <input type="checkbox"/> Loss of employment                                   | <input type="checkbox"/> Lack of access to technology ( <i>internet access, WIFI, computer, tablet, etc.</i> )                          |
| <input type="checkbox"/> Reduced pay/hours                                    | <input type="checkbox"/> Lack of skills to use technology to communicate  |
| <input type="checkbox"/> Stress regarding employment status                   | <input type="checkbox"/> Unstable housing or homelessness   |
| <input type="checkbox"/> Loss or reduction of insurance coverage              | <input type="checkbox"/> Transportation difficulty  |
| <input type="checkbox"/> Loss of childcare                                    | <input type="checkbox"/> Another impact - Write In  |
| <input type="checkbox"/> Sick household members                               |   |
| <input type="checkbox"/> Ongoing or long-term illness                         | <input type="checkbox"/> Prefer not to answer   |

## Tell us about yourself

This section will help us learn more about the diverse groups of people living in Chicago and Suburban Cook County and their specific health needs. The information you share is anonymous.

### 15. What is your age?

- |  |   |
|--|---|
| <input type="checkbox"/> Younger than 10 | <input type="checkbox"/> 45-54                |
| <input type="checkbox"/> 10-13           | <input type="checkbox"/> 55-64                |
| <input type="checkbox"/> 14-17           | <input type="checkbox"/> 65-74                |
| <input type="checkbox"/> 18-24           | <input type="checkbox"/> 75-84                |
| <input type="checkbox"/> 25-34           | <input type="checkbox"/> 85 and older         |
| <input type="checkbox"/> 35-44           | <input type="checkbox"/> Prefer not to answer |

### 16. What is your gender identity?

- |   |  |
|---|--|
| <input type="checkbox"/> Female             | <input type="checkbox"/> Non-binary                                  |
| <input type="checkbox"/> Male               | <input type="checkbox"/> Another gender identity ( <i>write in</i> ) |
| <input type="checkbox"/> Transgender female | <input type="checkbox"/> <input type="text"/>                        |
| <input type="checkbox"/> Transgender male   | <input type="checkbox"/> Prefer not to answer                        |

### 17. What is your sexual orientation?

- |   |   |
|---|---|
| <input type="checkbox"/> Heterosexual, straight | <input type="checkbox"/> Another sexual orientation ( <i>write in</i> ) |
| <input type="checkbox"/> Gay or lesbian         | <input type="checkbox"/> <input type="text"/>                           |
| <input type="checkbox"/> Bisexual               | <input type="checkbox"/> Prefer not to answer                           |
| <input type="checkbox"/> Asexual                |   |

### 18. Which racial and ethnic groups do you identify with? (*Choose all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> African American/Black                  | <input type="checkbox"/> White   |
| <input type="checkbox"/> American Indian or Alaskan Native       | <input type="checkbox"/> Another race or ethnicity ( <i>write in</i> ) |
| <input type="checkbox"/> Hispanic/Latino(a)                      | <input type="checkbox"/> <input type="text"/>                          |
| <input type="checkbox"/> Middle Eastern/Arab American or Persian | <input type="checkbox"/> Prefer not to answer                          |
| <input type="checkbox"/> Pacific Islander or Hawaiian Native     |  |

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

- Elementary school (K-5)
- Middle school (6-8)
- Some high school
- High school graduate or GED
- Vocational or technical school
- Some college
- College graduate or higher
- Prefer not to answer

**19. Including yourself, how many people regularly live in your home?**

**20. How many children/youth of the following ages are regularly living in your home? (Circle one for each line)**

Children aged 0-4 in my household	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Children aged 5-12 in my household	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Adolescents aged 13-17 in my household	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Young adults aged 18-24 in my household	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>

**21. Does anyone in your household live with a physical, mental, or intellectual disability?**

- Yes    No    Prefer not to answer

**22. What is your annual household income?**

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$199,999
- Over \$200,000
- Prefer not to answer

**Thank you for taking our survey!** Your response is very important to us. If you have any questions about the survey, please contact [Leah.Barth@iphionline.org](mailto:Leah.Barth@iphionline.org). Survey results will be posted on [allhealthequity.org](http://allhealthequity.org) by June 30, 2022.