

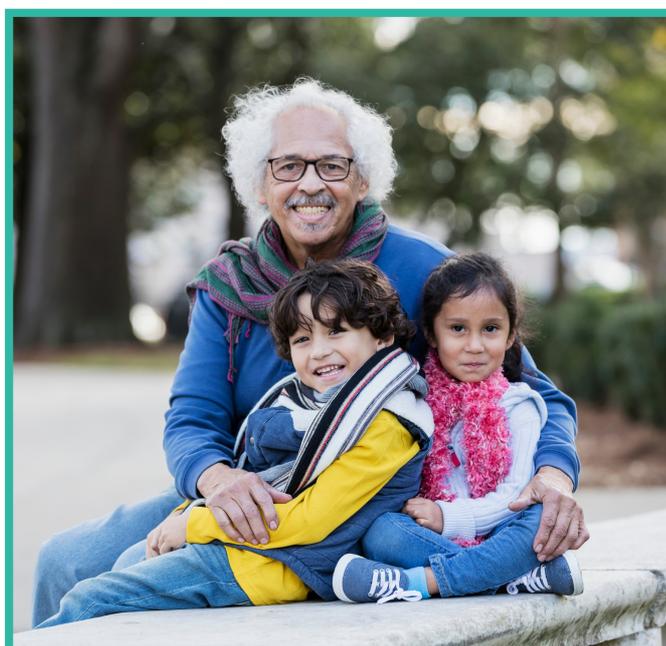


Hospitals and Communities
Improving Health Across
Chicago and Cook County



COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY SURVEY - SUMMARY REPORT



June
2022
Survey Report



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Hospitals and Communities
Improving Health Across
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2022 Community Health Needs Assessment

Community Input Survey – Key Findings from Equity-Focused Analysis

Data collected September 2021 – December 2021

Between September 2021 and December 2021, Alliance for Health Equity partners collected over 5,200 community input surveys from individuals ten or older living in Chicago and Suburban Cook County. The surveys were available online in English and Spanish. In addition, surveys were collected in paper format at focus groups and select in-person events. The survey asked participants about the health status of their communities, community strengths, opportunities for improvement, priority health needs, and COVID-19 impacts. Hospitals, community-based organizations, and health departments distributed the surveys with the intention of gaining insight from priority populations that have been historically excluded in assessment processes. Survey data were analyzed by our partners at Sinai Urban Health Institute (SUHI) using STATA.

The intention of the community input survey was to complement existing surveys such as the Healthy Chicago Survey and CDC PLACES. IPHI and the CHNA planning committee took the following steps to develop the survey tool:

1. Illinois Public Health Institute (IPHI) drafted a survey based on a review of six existing survey tools as well as peer-reviewed standards for survey development.
2. CHNA committee members provided feedback on survey questions.
3. IPHI incorporated revisions from the CHNA committee members and partner organizations with survey expertise.
4. A Spanish translation of the survey was created by Heartland Alliance Health's Cross Cultural Interpreting Services.
5. The survey tool was uploaded into the web-based survey platform Alchemer and paper versions were created for in-person events.
6. The online survey was tested on Microsoft Windows and MacOS desktop platforms as well as Android and iOS mobile platforms before public release.

The final survey tool included 24 questions – two multi-select questions about health priorities and needs; five open-ended questions about community strengths, resources, and needs; four questions about COVID-19 impacts, recovery, and vaccine access; one question about access to help; two questions related to ZIP code and community of residence; and ten demographic questions.

Through the community input survey and focus groups, the Alliance for Health Equity is focused on hearing voices of community members most impacted by inequities through the community input survey including communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental health conditions or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults. Given some of the challenges with collecting surveys during the COVID-19 pandemic—in particular not being able to distribute paper surveys as we have in the past—the overall demographics of survey respondents skewed more high-income, older, and less Black and Latine/Hispanic respondents (overall demographic tables are presented at the end of this summary document). Therefore, the Alliance for Health Equity undertook a more in-depth equity-focused analysis of the responses by various subpopulations of survey respondents. The analysis was led by Sinai Urban Health Institute (SUHI).

The purpose of this equity-focused analysis is to highlight the responses of priority groups that are most impacted by inequities. Here we present responses from eight priority groups: **Households with children, youth and young adult respondents, respondents that identified as LGBTQ+, Black/African American respondents, Latine/Hispanic respondents, Spanish-language respondents, respondents with lower educational attainment, and households that include an individual with a disability.**

Overall survey responses (n=5405)

Most important community health needs (each respondent ranked 3)	Top 6: 1. Age-related illness 2. Mental health 3. COVID-19 4. Homelessness and housing 5. Cancer 6. Violence
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 6: 1. Mental health services access 2. Healthcare access 3. Community service access 3. Safety and low crime 4. Affordable housing 5. Healthy food access 6. Activities for teens and youth
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 6: Lack of Control, Not Knowing when the Pandemic will End (56%) Feeling nervous, anxious, or on edge (53%) Feeling alone or isolated, Not being able to socialize with other People (51%) Stress regarding employment status (29%) Reduced pay and hours (22%) Loss of employment (20%) Death of family members or friends (20%) For all respondents, psychological impacts were the top household experiences reported during the COVID-19 pandemic. In addition to the psychological impacts, employment-related impacts were among the most common household experiences reported, followed by experiencing loss of family members or friends.

Households with children (n=1285)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Mental health 2. COVID-19 3. Age-related illness 4. Homelessness and housing 5. Cancer	While the top 5 health needs were similar for respondents from households with and without children, several health needs had statistically significant differences between groups in the <i>magnitude</i> of average ranked importance.
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Mental health services access 2. Healthcare access 3. Community service access 4. Activities for teens and youth 4. Safety and low crime 5. Affordable housing	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Feeling nervous, anxious, or on edge (56%) 2. Lack of Control, Not Knowing when the Pandemic will End (52%) 3. Feeling Alone or isolated, Not being able to Socialize with Other People (47%) 4. Stress regarding employment status (36%) 5. Reduced pay and hours (30%)	The top household experiences were similar for households with and without children.

Youth and young adult respondents (n=248)

Youth under 18 (n=94)

Most important community health needs (each respondent ranked 3)	Top 5: 1. COVID-19 2. Age-related illness 2. Mental health 4. Child Abuse 5. Violence	
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Healthcare access 2. Mental health services access 3. Community service access 4. Activities for teens and youth 5. Healthy food access	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Lack of Control, Not Knowing when the Pandemic will End (37%) 2. Sick household members (32%) 3. Feeling nervous, anxious, or on edge (30%) 4. Loss of employment (28%) 5. Reduced pay and hours (24%)	For all respondents, regardless of age group, psychological impacts were the top household experiences reported during the COVID-19 pandemic. For younger respondents, in addition to the psychological impacts, employment-related impacts were among the most common household experiences reported.

Young adults 18-24 (n=154)

Most important community health needs (each respondent ranked 3)	Top 5: 1. COVID-19 2. Mental health 3. Age-related illness 4. Homelessness and housing 5. Diabetes 5. Violence	
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Healthcare access 2. Mental health services access 3. Community service access 4. Affordable housing 5. Healthy food access	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Feeling nervous, anxious, or on edge (53%) 2. Lack of Control, Not Knowing when the Pandemic will End (52%) 3. Feeling Alone or isolated, Not being able to Socialize with Other People (44%) 4. Reduced pay and hours (40%) 5. Stress regarding employment status (38%)	For all respondents, regardless of age group, psychological impacts were the top household experiences reported during the COVID-19 pandemic. For younger respondents, in addition to the psychological impacts, employment-related impacts were among the most common household experiences reported.

Respondents that identified as LGBTQ+ (n=457)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Mental health 2. Homelessness and housing 3. COVID-19 4. Age-related illness 5. Racism and other discrimination	For the LGBTQ+ group, racism and other discrimination was the 5th top priority. There were significant differences between groups in the magnitude of importance for age-related illness, housing instability, mental health, and racism and other discrimination health needs.
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Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Mental health services access 2. Healthcare access 3. Community service access 4. Affordable housing 5. Safety and low crime	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Lack of Control, Not Knowing when the Pandemic will End (66%) 2. Feeling nervous, anxious, or on edge (64%) 3. Feeling Alone or isolated, Not being able to Socialize with Other People (61%) 4. Stress regarding employment status (39%) 5. Loss of employment (26%)	While the top household experiences for those identifying as LGBTQ+ were similar to those identifying as heterosexual, cisgender, those identifying as LGBTQ+ reported a significantly higher frequency of psychological impacts and stress related to employment status.

Black/African American respondents (n=633)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Mental health 2. Age-related illness 3. COVID-19 4. Homelessness and housing 5. Violence 6. Racism and other discrimination	The top 5 health needs were relatively similar among different racial/ethnic groups; however, the magnitude of importance varied across groups. Comparing Black respondents to overall respondents, there were significant differences around the magnitude of importance of Racism and Discrimination, Homelessness and housing, Dental problems, and Diabetes.
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Mental health services access 2. Healthcare access 3. Community service access 4. Affordable housing 5. Healthy food access 5. Safety and Low Crime	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Lack of Control, Not Knowing when the Pandemic will End (49%) 2. Feeling Alone or isolated, Not being able to Socialize with Other People (44%) 3. Feeling nervous, anxious, or on edge (43%) 4. Death of Family Members or Friends (28%) 5. Stress regarding employment status (27%)	As was the case across respondents overall and in stratified assessment, the top household experiences by racial/ethnic group clustered around psychological impacts and employment-related impacts; however, the frequency of these experiences varied by the racial/ethnic group of the respondent. In addition, Black, Latinx, Indigenous (interpret with caution due to sample size), and Two or More Race/Ethnicity respondents were twice as likely as white respondents to report the death of family members or friends.

Latine/Hispanic respondents (n=606)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Mental health 2. Age-related illness 3. COVID-19 4. Homelessness and housing 4. Diabetes 5. Cancer	The top 5 health needs were relatively similar among different racial/ethnic groups; however, the magnitude of importance varied across groups. Comparing Latine/Hispanic respondents to overall respondents, there were significant differences
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		around the magnitude of importance of Dental problems, Diabetes, Racism and Discrimination, and Homelessness and housing.
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Mental health services access 2. Healthcare access 3. Community service access 4. Activities for teens and youth 5. Safety and low crime 6. Affordable housing 6. Healthy food access	
Household Experiences due to the COVID-19 Pandemic (each respondent could select all that apply)	Top 5: 1. Lack of Control, Not Knowing when the Pandemic will End (49%) 2. Feeling Alone or isolated, Not being able to Socialize with Other People (44%) 3. Feeling nervous, anxious, or on edge (43%) 4. Death of Family Members or Friends (28%) 5. Stress regarding employment status (27%)	As was the case across respondents overall and in stratified assessment, the top household experiences by racial/ethnic group clustered around psychological impacts and employment-related impacts; however, the frequency of these experiences varied by the racial/ethnic group of the respondent. In addition, Black, Latinx, Indigenous (interpret with caution due to sample size), and Two or More Race/Ethnicity respondents were twice as likely as white respondents to report the death of family members or friends.

Spanish-language respondents (n=145)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Age-related illness 2. Mental health 3. Cancers 4. Dental problems 5. Homelessness and housing	The top health needs were overall similar between respondents who took the English and Spanish surveys; however, there were significant differences between groups in the magnitude of importance of different health needs (housing instability and cancer). COVID-19 and dental problems also showed significant differences between groups in the magnitude of their importance, with COVID-19 ranking in the top 5 for English survey respondents and Dental problems in the top 5 for Spanish survey respondents.
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Mental health services access 2. Community service access 3. Healthcare access 4. Activities for teens and youth 5. Healthy food access	
Household Experiences due to the COVID-19 Pandemic	Top 5: 1. Stress regarding employment status (49%) 2. Reduced pay and hours (47%) 3. Loss of employment (39%) 4. Feeling nervous, anxious, or on edge (37%) 4. Sick household members (37%) 5. Death of family members or friends (36%)	Among English-speaking respondents, psychological impacts were the top household experiences reported during the COVID-19 pandemic; however, among Spanish-speaking respondents, employment-related impacts were the top household experiences reported during the COVID-19 pandemic. In addition, Spanish-speaking respondents were over twice as likely to report that someone in their

		household experienced employment-related impacts than English-speaking respondents. Spanish-speaking respondents were also over twice as likely to report that the death of a family member or friend was a COVID-19 impact compared to English-speaking respondents.
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Respondents with lower educational attainment (n=457)

High School Diploma or Equivalent (n=297)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Age-related illness 2. Mental health 2. COVID-19 3. Cancers 4. Diabetes 5. Homelessness and housing	
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Community service access 2. Healthcare access 3. Mental health services access 4. Safety and low crime 5. Activities for teens and youth 5. Healthy food access	
Household Experiences due to the COVID-19 Pandemic	Top 5: 1. Lack of Control, Not Knowing when the Pandemic will End (40%) 2. Feeling Alone or isolated, Not being able to Socialize with Other People (36%) 3. Feeling nervous, anxious, or on edge (33%) 4. Stress regarding employment status (32%) 5. Loss of employment (31%)	Among the top household experiences for respondents with lower educational attainment was loss of employment. Respondents with higher educational attainment reported that their households experienced psychological impacts more frequently compared to households of respondents with lower educational attainment, although this category of responses was the top rated household experience for all groups.

Less than high school (n=168)

Most important community health needs (each respondent ranked 3)	Top 5: 1. Age-related illness 2. COVID-19 3. Cancer 4. Mental health 5. Homelessness and housing 5. Dental problems 5. Diabetes	
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	Top 5: 1. Community service access 2. Healthcare access 3. Mental health services access 4. Activities for teens and youth 5. Healthy food access	
Household Experiences due to the COVID-19 Pandemic	Top 5: 1. Feeling nervous, anxious, or on edge (38%) 2. Lack of Control, Not Knowing when the Pandemic will End (34%)	Among the top household experiences for respondents with lower educational attainment was loss of employment. Respondents with higher educational

	<ul style="list-style-type: none"> 3. Feeling Alone or isolated, Not being able to Socialize with Other People (33%) 4. Stress regarding employment status (31%) 4. Reduced pay and hours (31%) 4. Loss of employment (31%) 	attainment reported that their households experienced psychological impacts more frequently compared to households of respondents with lower educational attainment, although this category of responses was the top rated household experience for all groups.
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Household includes individual with a disability (n=870)

Most important community health needs (each respondent ranked 3)	<p>Top 5:</p> <ul style="list-style-type: none"> 1. Mental health 2. Age-related illness 3. COVID-19 4. Homelessness and housing 5. Cancer 	The top 5 health needs were similar for respondents from households with and without individuals with a disability. Among the top 5 health needs, there were significant differences between groups in the magnitude of importance of mental health needs.
Actions Needed to Support Improvements in Community Health Needs (each respondent ranked 3)	<p>Top 5:</p> <ul style="list-style-type: none"> 1. Mental health services access 2. Healthcare access 3. Community service access 4. Affordable housing 5. Safety and low crime 	
Household Experiences due to the COVID-19 Pandemic	<p>Top 5:</p> <ul style="list-style-type: none"> 1. Feeling nervous, anxious, or on edge (58%) 2. Feeling Alone or isolated, Not being able to Socialize with Other People (57%) 3. Lack of Control, Not Knowing when the Pandemic will End (56%) 4. Stress regarding employment status (38%) 5. Loss of employment (28%) 	The top experiences were similar for households with and without someone who had a disability. However, households with an individual who had a disability were more likely to report sick household members, ongoing illness, and death of family/friends than households without an individual who had a disability.

Overall Survey Demographics

DEMOGRAPHICS - COMMUNITY INPUT SURVEY RESPONDENTS		
Years Lived in Community (N=5,095)*	N	Percent
0 to <2 Years	315	6.2
3 to <5 Years	741	14.5
5 to <10 Years	743	14.6
10 to <20 Years	1112	21.8
20 Years or More	2184	42.9
<i>*310 (5.7% of 5,405 total sample) did not respond or provided a number >85 years and are not included in table.</i>		
Respondent Identified as LGBTQ+* (N=4,816)**	N	Percent
No	4305	89.4
Yes	511	10.6
<i>*Includes individuals who identified as transgender female, transgender male, non-binary, or another gender</i>		
<i>*589 (10.9% of 5,405 total sample) excluded because responses were missing or they selected prefer not to</i>		
Race/Ethnicity (N=5,044)*	N	Percent
White Only	3030	60.1
African American/Black Only	673	13.3
Latino(a)/Hispanic Only	642	12.7
Asian Only	274	5.4
American Indian or Alaskan Native Only	8	0.2
Middle Eastern, Arab American, or Persian Only	103	2.0
Pacific Islander or Hawaiian Native Only	10	0.2
Other Only**	15	0.3
Two or More Race/Ethnicities	289	5.7
<i>*361 (6.7% of 5,405 total sample) did not respond or said prefer not to answer and are not included in table.</i>		
<i>**Examples of other responses included: Jewish, North African, East African, West Indian</i>		
Educational Attainment (N=5,256)*	N	Percent
Less than High School	189	3.6
High School Diploma or Equivalent	322	6.1
Some College**	843	16.0
College Graduate or Higher	3,902	74.2
<i>*149 (2.8% of 5,405 total sample) did not respond or said prefer not to answer and are not included in table.</i>		
<i>**Includes those who attended vocational or technical school.</i>		
Annual Household Income (N=4,028)*	N	Percent
Less than \$20,000	379	9.4
\$20,000 to \$39,999	438	10.9
\$40,000 to \$59,999	456	11.3
\$60,000 to \$79,999	452	11.2
\$80,000 to \$99,999	458	11.4
\$100,000 to \$199,999	1,069	26.5
Over \$200,000	776	19.3
<i>*1,377 (25.5% of 5,405 total sample) did not respond or said prefer not to answer and are not included in table.</i>		

Age of Respondents (N=5,278)*	N	Percent
Younger than 18 years	98	1.9
18 to 24	162	3.1
25 to 34	651	12.3
35 to 44	812	15.4
45 to 54	837	15.9
55 to 64	979	18.6
65 to 74	1116	21.1
75 and older	623	11.8
<i>*127 (2.4% of 5,405 total sample) did not respond or said prefer not to answer and are not included in table.</i>		
Household includes Children (Aged <18 Years) (N=5,405)*	N	Percent
No	4033	74.6
Yes	1372	25.4
<i>*If respondent did not respond, it was assumed that there were no children in the house</i>		
Household includes Young Adults (Aged 18-24 Years) (N=5,405)*	N	Percent
No	4643	85.9
Yes	762	14.1
<i>*If respondent did not respond, it was assumed that there were no children in the house</i>		
Household includes Individual with a Disability (N=5,086)*	N	Percent
No	4,170	82.0
Yes	916	18.0
<i>*319 (5.9% of 5,405 total sample) did not respond or said prefer not to answer and are not included in table.</i>		