



Health Impact Collaborative of Cook County

Take the survey online:



<https://www.surveymonkey.com/r/HealthImpactCook2015>

Working together for healthy communities.

Twenty-two (22) hospitals in Cook County, in partnership with health departments and many community organizations, are looking at health and wellness in neighborhoods across Cook County. Please take a few minutes to complete this survey. You will not be asked your name. **The responses are confidential and will only be used to understand what the important health issues are in your community.** If you have any questions about the survey, please contact: Kristin Monnard at Kristin.Monnard@iphionline.org or 312-850-4744.

1. Do you live in Chicago or suburban Cook County?

Yes No **** if you do not live in Chicago or Cook County, you are not eligible to complete this survey ****

2. Please enter the Zip Code in which you live: _____

Part 1: Community Health

For this section of the survey, we are asking about the community where you live. Think about community in terms of your neighborhood, Chicago community area, or suburban city or village.

1. In general, how would you rate your community on each item below?

A. As a healthy place to live	Excellent	Good	Fair	Poor	Very Poor
B. As a place to raise children	Excellent	Good	Fair	Poor	Very Poor
C. As a place to work	Excellent	Good	Fair	Poor	Very Poor
D. As a place to grow old	Excellent	Good	Fair	Poor	Very Poor

2. How would you rate your community on each item below?

A. How adequate is adult education and job training in your community?	Extremely	Very	Somewhat	Not Very	Not at All	Don't Know
B. How available is good childcare in your community?	Extremely	Very	Somewhat	Not Very	Not at All	Don't Know
C. How good are the schools (Kindergarten through 12th grade) in your community?	Extremely	Very	Somewhat	Not Very	Not at All	Don't Know
D. How affordable is the housing in your community?	Extremely	Very	Somewhat	Not Very	Not at All	Don't Know
E. How available are healthy foods, including fresh fruits and vegetables, in your community?	Extremely	Very	Somewhat	Not Very	Not at All	Don't Know

3. How would you rate your community on each item below?

A. How many good jobs can be found in your community?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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B. How many parks and recreational facilities does your community have?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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C. How many art, culture, and music activities does your community have?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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D. How many programs or activities for teens and youth during non-school hours does your community have?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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E. How much do neighbors trust and look out for each other in your community?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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F. How many opportunities are available for you to participate in improving your community?

A Great Deal	A Lot	A Moderate Amount	A Little	None / Not at All	Don't Know
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4. From what you know, how big of a problem is each issue in your community?

A. How common is hunger in your community?	Extremely	Very	Moderately	Not Very	Not at All
B. How common is it to drop out of school in your community?	Extremely	Very	Moderately	Not Very	Not at All
C. How common is drug abuse in your community?	Extremely	Very	Moderately	Not Very	Not at All
D. How common is homelessness in your community?	Extremely	Very	Moderately	Not Very	Not at All
E. How common are low wages or unemployment in your community?	Extremely	Very	Moderately	Not Very	Not at All
F. How common is Community Violence (gang-related crime, gun violence, drug-related crime, etc.) in your community?	Extremely	Very	Moderately	Not Very	Not at All
G. How common is Interpersonal Violence (domestic violence, child abuse, sexual assault, dating violence elder abuse, bullying, etc.) in your community?	Extremely	Very	Moderately	Not Very	Not at All

5. From what you know, how common is it for community members to be treated unfairly?

A. How common is it for community members to be treated unfairly because of race, ethnicity or skin color?	Extremely	Very	Moderately	Not Very	Not a All
B. How common is it for community members to be treated unfairly because of gender?	Extremely	Very	Moderately	Not Very	Not at All
C. How common is it for community members to be treated unfairly because of sexual orientation?	Extremely	Very	Moderately	Not Very	Not at All
D. How common is it for community members to be treated unfairly because of age?	Extremely	Very	Moderately	Not Very	Not at All
E. How common is it for community members to be treated unfairly because of the way they speak English?	Extremely	Very	Moderately	Not Very	Not at All

6. Please rate the following items related to the public transportation system in your community.

A. Cost of fares	Excellent	Good	Fair	Poor	Very Poor	Don't Know
B. Convenience of stops/timing for public transportation	Excellent	Good	Fair	Poor	Very Poor	Don't Know
C. Personal safety on public transportation	Excellent	Good	Fair	Poor	Very Poor	Don't Know
D. Reliability of public transportation	Excellent	Good	Fair	Poor	Very Poor	Don't Know
E. Quality and convenience of bike lanes	Excellent	Good	Fair	Poor	Very Poor	Don't Know
F. Quality of sidewalks	Excellent	Good	Fair	Poor	Very Poor	Don't Know

7. What is the most important thing to change or improve that would make your community healthier?

8. What is one strength or asset in your community that supports a healthy community?

Part 2: Personal Health and Perceptions

For this section, please tell us about your personal health, experiences and perceptions to better understand common needs in the community.

1. What kind of health insurance do you currently have? (Check all that apply.)

- Insurance from your employer or someone else's employer or your school
- Medicaid
- Medicare
- Military/Tricare/Champus
- Purchased plan through the Affordable Care Act/Obamacare or Marketplace
- Purchased individual plan **NOT** through Affordable Care Act/Obamacare or Marketplace
- No insurance / Uninsured
- Other (Please specify.) _____

2. In general, how would you rate your overall health?

Excellent	Good	Fair	Poor	Very Poor
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3. In general, how would you rate your overall mental or emotional health?

Excellent	Good	Fair	Poor	Very Poor
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4. Using a scale of 1 to 10, where 1 means "very dissatisfied" and 10 means "very satisfied," how do you feel about your life as a whole right now?

1	2	3	4	5	6	7	8	9	10
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5. Thinking about stress in your day-to-day life, which of these contribute the most to feelings of stress you may have?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Caring for children | <input type="checkbox"/> Personal and family's safety |
| <input type="checkbox"/> Caring for others | <input type="checkbox"/> Personal relationships |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Physical health problem or condition |
| <input type="checkbox"/> Emotional or mental health problem or condition | <input type="checkbox"/> School |
| <input type="checkbox"/> Employment status (e.g., unemployment) | <input type="checkbox"/> Time pressures / not enough time |
| <input type="checkbox"/> Financial situation (e.g., not enough money, debt) | <input type="checkbox"/> Your work situation (e.g., hours of work, working conditions) |
| <input type="checkbox"/> Health of family members | <input type="checkbox"/> Other (Please specify.) _____ |
| <input type="checkbox"/> Housing | |

6. In your day-to-day life, how often have any of the following things happened to you?

A. You are treated with less courtesy or respect than other people.	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
B. You receive poorer service than people at restaurants or stores.	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
C. People act as if they think you are not smart.	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
D. People act as if they are afraid of you.	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
E. You are threatened or harassed.	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never

7. In which of the following places have you been treated unfairly in the past 12 months? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> None – Have not been treated unfairly | |
| <input type="checkbox"/> By community members/neighbors | <input type="checkbox"/> School |
| <input type="checkbox"/> Medical care facility | <input type="checkbox"/> Work |
| <input type="checkbox"/> Police or courts | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Retail establishments | <input type="checkbox"/> Other (Please specify.) _____ |

8. Where do you or members of your immediate family usually go when you have a medical health problem?

(Select only one.)

- | | |
|--|--|
| <input type="checkbox"/> No Source of Medical Care | <input type="checkbox"/> VA |
| <input type="checkbox"/> Community Clinic | <input type="checkbox"/> Walk-in Clinic / Urgent Care |
| <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Other (Please specify.) _____ |
| <input type="checkbox"/> Emergency Room | |

9. In the past 12 months, did you or a member of your family put off or not seek medical care because of cost?

- Yes No

10. Please think about any time when you or a member of your family may have needed mental health treatment or counseling. If you did not get needed mental health care, which of these statements explain why you did not get it? (Check all that apply.)

- Don't know where to go to get services
- Cost / lack of insurance coverage
- Concerned other people might have a negative opinion of you
- Concerned that treatment or counseling might not fit your culture
- Wait times for treatment or counseling appointment
- Does not apply to me or my family / Not needed
- Other (Please specify.) _____

11. Suppose that you have a non-medical emergency expense that costs \$400 (like a car repair). Based on your current situation and finances, how would you pay for this emergency expense? (Select only one.)

- Put it on my credit card and pay it off in full at the next statement
- Put it on my credit card and pay it off over time
- Use cash or the money currently in my checking/savings account
- Use money from a bank loan or line of credit
- Borrow from a friend or family member
- Use a payday loan, deposit advance, or overdraft
- Sell something
- I wouldn't be able to pay for the expense right now
- Other (Please specify.) _____

12. In the past 12 months, how often did you or your family worry about whether your food would run out before you had the money to buy more?

All the Time	About 75% of the Time	About Half the Time	About 25% of the Time	Never
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13. Which of the following describes your current home? (Check all that apply.)

- Home was built before 1978 and paint is peeling
- Mold or mildew is present
- No carbon monoxide alarms
- No smoke alarms / smoke alarms do not work
- Outside air leaks in through windows, doors, holes, or cracks
- Pests such as roaches or mice in your home in the last 3 months
- Smoking occurs in your home
- Water leaks in the last 12 months
- None of these

14. Please indicate any reasons you felt unsafe in your neighborhood in the past 12 months. (Check all that apply.)

- Does not apply. I always feel safe.
- Abandoned vehicles
- Domestic violence
- Drug use / drug dealing
- Gang activity
- Graffiti / vandalism
- Loud music
- Presence of guns in the neighborhood
- Property maintenance issues / homes not being kept up
- Public intoxication
- Prefer not to respond
- Other (Please specify.): _____

Part 3: General Information/Demographics

This part of the survey asks general information about who is completing this survey. This is very important to complete so we can be sure we are collecting information from all types of people all over the community. Keep in mind that your answers are confidential and cannot be linked to you.

1. **Your Age Range:**

18-24 25-34 35-44 45-54 55-64 65-74 75 or older

2. **Your Gender:** Male Female Transgender

3. **Sexual Orientation:** Which of the following best represents how you think of yourself?

Heterosexual or Straight Gay or Lesbian Bisexual I'm not sure Other

4. **Race(s) You Identify With:**

Black / African American White Asian / Pacific Islander Native American / American Indian
 2 or More Races (Please specify.) _____ Other Race (Please specify.) _____

5. **Ethnicity: Do you identify as:** Hispanic/Latino(a) Middle Eastern Neither

6. **How long have you lived in your community/neighborhood?**

Less than 5 years 5-10 years 11-15 years More than 15 years

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

Less than High School High School Diploma/GED Some College College Degree or Higher

8. **Including yourself, how many people are in your household?**

_____ # of children (age 0-4) _____ # of children (age 5-12) _____ # of children (age 13-17)
 _____ # of adults (18-64) _____ # of adults (65 and over)

9. **Annual household income:** (Please circle one.)

Less than \$10,000	\$10,000 – \$19,999	\$20,000 – \$39,000	\$40,000 – \$59,999	\$60,000 – \$79,999	\$80,000 – \$99,999	Over \$100,000
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10. **What is your current employment status?**

Employed Full-Time Employed Part-Time Unemployed Homemaker
 Retired Student Unable to work

11. **Where do you live?**

In a rented house or apartment In Transitional Housing In a home that you/your family bought or is buying
 With family/friends In a shelter I am homeless Other (Please specify.) _____

Thank you for your time and thoughtful responses. Your opinions and information are important to understanding the needs of our community. Together we can identify the most important issues and work to improve the health of our community! If you have any questions about the survey, please contact Kristin Monnard at Kristin.Monnard@iphionline.org or 312-850-4744.