ALLIANCE for HEALTH EQUITY

Hospitals and Communities
Improving Health Across
Chicago and Cook County

COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY INPUT SURVEY REPORT

2019

ALLHEALTHEQUITY.ORG/2019-CHNA-REPORTS/

Introduction

The purpose of the community input survey was to understand the community health needs and assets from the community residents. The community input surveys, along with focus group data, informed the priority areas and strategies for community health improvement in Chicago and suburban Cook County.

Community Input Survey Methodology

Between October 2018 and February 2019, Alliance for Health Equity partners collected 5,934 community health surveys from individuals 18 or older living in Cook County. The surveys were available on paper and online and were disseminated in English, Spanish, Chinese, and Polish.[1] The surveys included questions asking respondents about health status of their communities, community strengths, opportunities for improvement, and priority health needs. Hospitals, community-based organizations, and health departments distributed the surveys with the intention to gain insight from priority populations that are typically underrepresented in assessment processes. Some of the priority populations were communities of color, immigrants, LBGTQ+ community members, individuals with disabilities, and low-income communities.

The intention of the community input survey was to complement existing community health surveys distributed throughout Chicago and suburban Cook County by local health departments. IPHI and the CHNA committee took the following steps to develop the survey tool: (1) IPHI drafted a survey based on review of 13 example community input surveys, (2) CHNA committee members from hospitals and health departments provided input, (3) IPHI incorporated revisions from CHNA committee members and the University of Illinois at Chicago Survey Research Laboratory, (4) IPHI made edits based on a health literacy review, (5) IPHI and two member hospitals piloted the survey at three community-based events, (6) IPHI made final edits to address minor challenges identified at the pilot events. The final survey tool included 16 questions—3 questions related to zip code/community of residence, 9 demographic questions, 2 multi-select questions about health problems and what's needed for a healthy community, and 2 open-ended questions about strengths and improvements. The Survey Tool is included in the Appendix.

Paper surveys were entered into the online platform (SurveyGizmo) so that electronic and paper surveys could be analyzed together. Survey data analysis was conducted using SAS 9.4 statistical analysis software and Microsoft Excel 2016.

Demographic Overview

The survey respondents were as demographic questions relating to their age, gender identity, sexual orientation, race and ethnicity, educational attainment, household size, number of children in the household, disability status, and annual household income. Figure 1 shows a brief overview of the demographics of respondents. Figure 2 is the zip code distribution of where the respondents live.

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[1] In addition to English, Spanish, Chinese, and Polish, the survey was also translated into Ukrainian, but there were no responses received in Ukrainian.

Figure 1. Demographics of Community Input Survey Respondents

Demographic	Percent
Language (n=5934)	
English	87%
Spanish	10%
Chinese	3%
Polish	1%
Gender Identity (n=5726)	
Female	71%
Male	28%
Non-Binary or Genderqueer	0.4%
Gender Neutral	0.3%
Other	0.3%
Transwoman	0.1%
Transman	0.1%
Sexual Orientation (n=5306)	
Straight	92%
Gay or Lesbian	4%
Bisexual	3%
Other	2%
Age (n=5709)	
18-24	11%
25-34	13%
35-44	13%
45-54	16%
55-64	20%
65-74	16%
75-84	9%
85 or older	3%
Annual Household Income (n=5014)	
Less than $10,000	21%
$10,000 to $19,999	15%
$20,000 to $39,999	19%
$40,000 to $59,999	15%
$60,000 to $79,999	10%
$80,000 to $99,999	7%
Over $100,000	14%

Demographic	Percent
Children in the Household (n=5472)	
No children in my household	62%
Age 0-4	14%
Age 5-12	20%
Age 13-17	17%
Someone in the Household with a Disability (n=5592)	
Yes	72%
No	28%
Race/Ethnicity (n=5528)	
White	31%
African American/Black	27%
Hispanic/Latinx	27%
Asian	8%
Multiracial	5%
Middle Eastern/Arab American	1%
Native American	0.3%
Pacific Islander	0.3%
Educational Attainment (n=5652)	
Some or no high school	11%
High school graduate or GED	21%
Vocational or technical school	5%
Some college	23%
College graduate or higher	40%
Household Size (n=5355)	
1	24%
2	28%
3	16%
4	15%
5	9%
6	5%
7	2%
8	1%
9	0.4%
10+	0.5%

Figure 2. Geographic distribution of community input survey respondents in Cook County
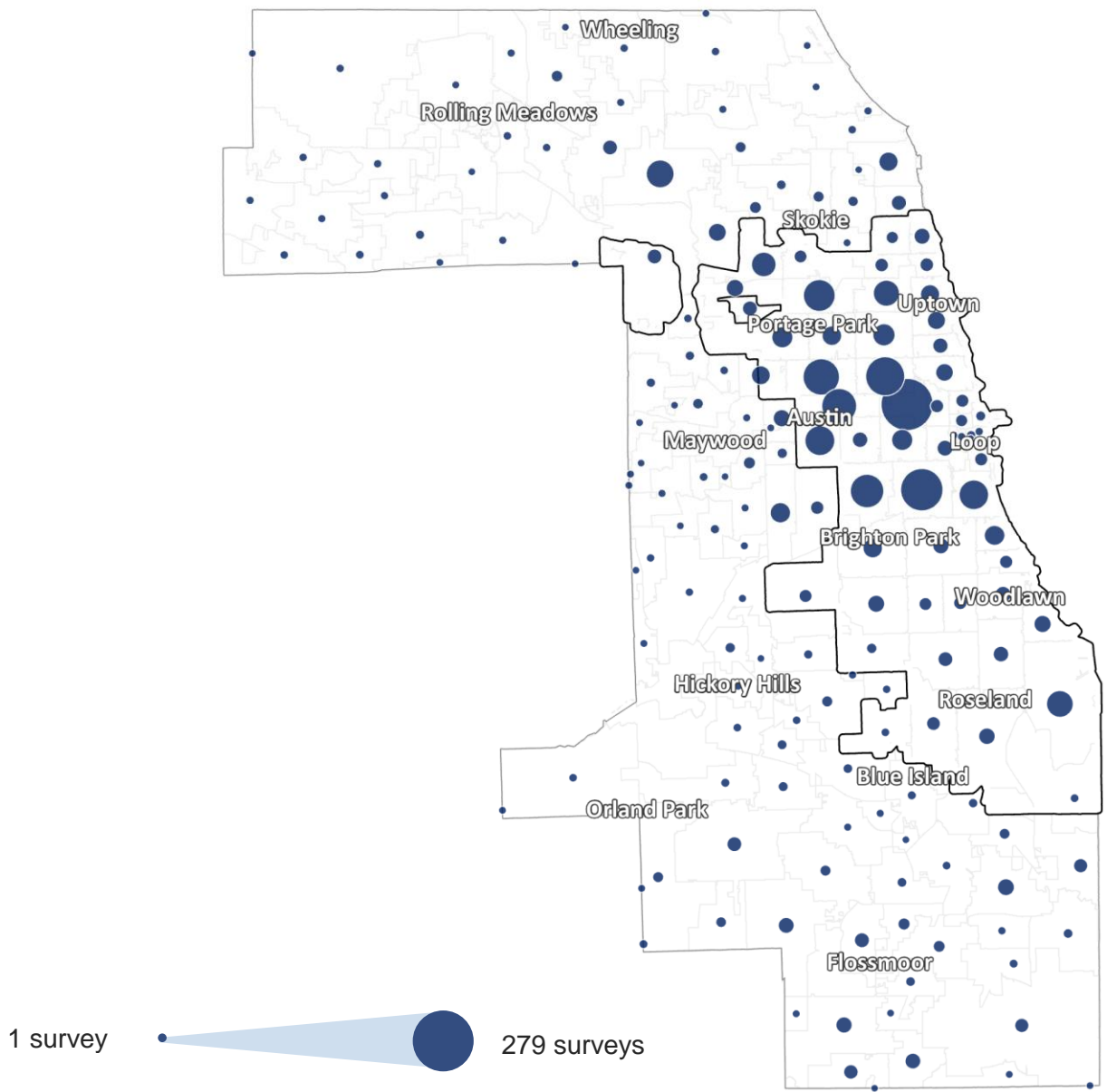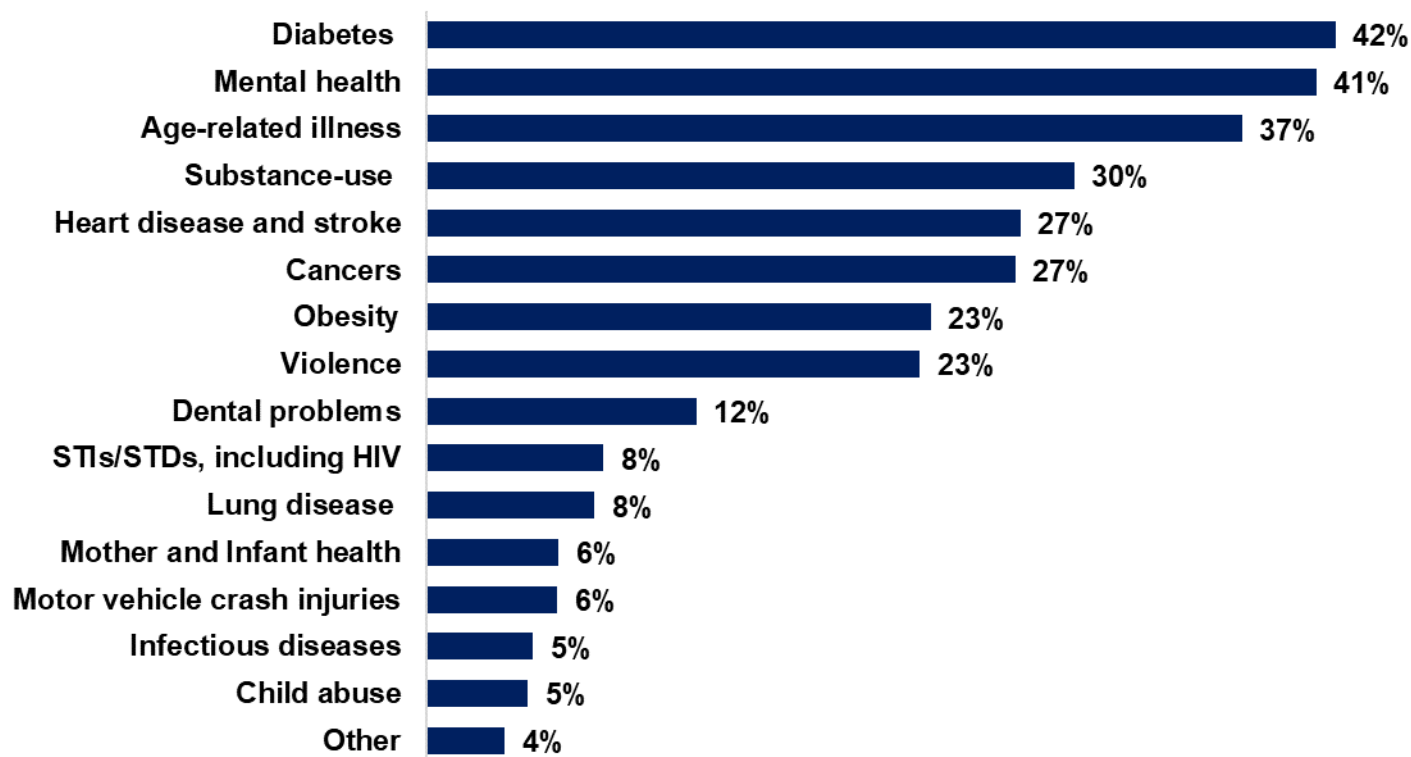

The community input survey had four questions related to residents' input about health in their community. Two of the questions were open-ended and two questions were multiselect. Residents were asked what the greatest strengths, most important health problems, most important factors for a healthy community, and improvements were in their community. Overall, the responses to the community input questions echoed each other in sentiment. The selections for what was needed for a health community aligned with the responses about the greatest strengths or improvements needed in the community.

Most Important Health Problems

Respondents were asked the multiple-choice question "What do you think are the three most important health problems in your community?" The respondents picked the top three health problems out of 16 choices. Of the 5,763 respondents, the most selected choice was diabetes (42%), followed by mental health (41%) and age-related Illness (37%).

Figure 3. **"What do you think are the three most important health problems in your community?"** (N=5763)

Diabetes, mental health, and age-related illness were the three most important health probblems for respondents.

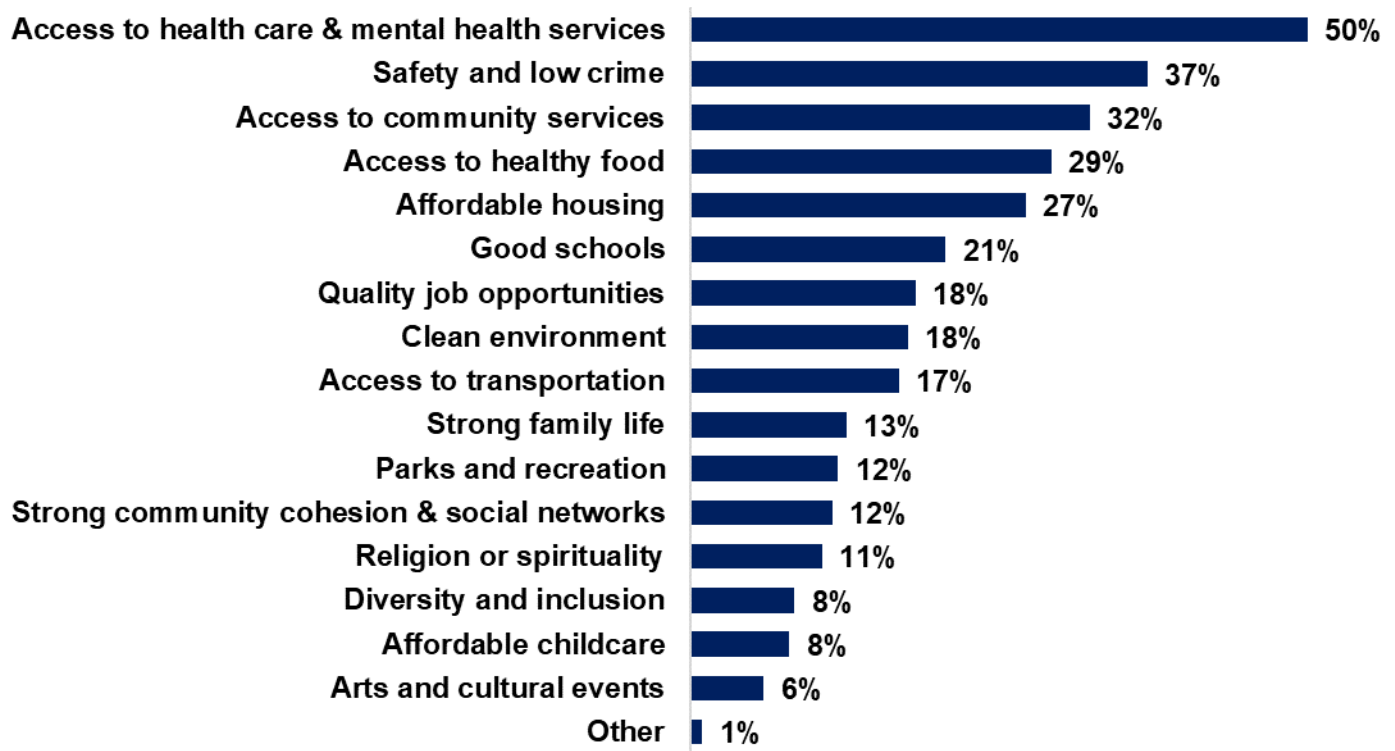| Health Problem	Percentage
Diabetes	42%
Mental health	41%
Age-related illness	37%
Substance-use	30%
Heart disease and stroke	27%
Cancers	27%
Obesity	23%
Violence	23%
Dental problems	12%
STIs/STDs, including HIV	8%
Lung disease	8%
Mother and Infant health	6%
Motor vehicle crash injuries	6%
Infectious diseases	5%
Child abuse	5%
Other	4%

A small portion of respondents selected "Other" (4%) and wrote in the most important health problem in their community. The majority of "Other" write-ins were specific conditions that would be categorized under the 16 choices listed.

Most Important Factors for a "Healthy Community"

Respondents were asked the multiple-choice question "What do you think are the three most important things necessary for a 'Healthy Community?'" The term "Healthy Community" was chosen because health can be interpreted many ways. Respondents were asked to use their personal definition of healthy community. The respondents picked the top three health problems out of 17 choices. Of the respondents, about half chose access to health care and mental health services (50%). safety and low crime and access to community services were prioritized by at least 30 percent of respondents as important factors for a healthy community.

Figure 4. **"What do you think are the three most important things necessary for a 'Healthy Community?'"** **(N=5**717)

Acess to health care and mental health services is the most important factor for a "Healthy Community" for respondents.

Access to health care & mental health services	50%
Safety and low crime	37%
Access to community services	32%
Access to healthy food	29%
Affordable housing	27%
Good schools	21%
Quality job opportunities	18%
Clean environment	18%
Access to transportation	17%
Strong family life	13%
Parks and recreation	12%
Strong community cohesion & social networks	12%
Religion or spirituality	11%
Diversity and inclusion	8%
Affordable childcare	8%
Arts and cultural events	6%
Other	1%

In the comment, section a number of respondents noted their concern that three choice selections are not enough for to define a healthy community, and in some cases, respondents identified all of the choices as integral to a healthy community.

Greatest Strengths

Survey respondents were asked the question "What are the greatest strengths or best things in the community where you live? (list up to 3)." The responses were coded and categorized into themes.

Of the responses, 1,779 respondents described Community Cohesion as the greatest strength in their community. Community Cohesion is defined as community qualities or attributes or people residing in the community. Respondents commonly referred to the relationships with people and the sense of community as Community Cohesion. Respondents frequently described the people in their community as friendly.

Many resources and services in the community were noted as advantages by respondents. These assets were applied to the theme Community Services. Some of the most frequent community services listed were community centers, clubs, and organizations aimed at helping specific populations, such as youth and older adult programs.

Most Common Themes
- Community Cohesion
- Community Services
- Safety and Low Crime
- Transportation
- Education
- Entertainment
- Accessibility
- Parks and Recreation
- Diversity and inclusion
- Health Care

Safety and Low Crime was the second most coded theme. About one-fifth of respondents reported that feeling safe and low crime rates were a strength in their community. Additionally, police and fire department responsiveness and presence were categorized under Safety and Low Crime.

> **"The greatest** strength of my community is the diversity that it's present. Also, when I first arrived at this community it was really easy to feel at **home even if I was far away from it."**

According to community respondents, a convenient transportation system stood out as a key strength in the community. Respondents listed public transportation systems such as the "L", buses, and trains when describing their community's assets. Several respondents mentioned access to major highways as a strength.

When answering to the open-ended question, respondents emphasized that educational opportunities were some of the best things in their community. Included in the theme Education was schools, libraries, and opportunities to learn. A few respondents indicated the proximity to the schools was also a strength.

In addition to availability of resources and social networks, respondents indicated that entertainment is a strength in their community. The theme Entertainment could vary from shopping opportunities to arts and cultural events. Some respondents noted specific festivals, parades, or events that occur annual in their community.

Frequently respondents indicated that proximity to their needs was a key factor in their community. Being close to resources such as the grocery store, work, school, and health care were coded under Accessibility. Additionally, the location of the neighborhood was stated as an asset and was grouped with the theme Accessibility.

Respondents frequently mentioned parks and recreation as a key strength in their community. Many respondents listed the parks closest to them by name. Additionally, respondents emphasized the importance of the activities offered through the parks in their community areas. The theme Parks and Recreation also included responses that included Lake Michigan and other nature-filled areas.

To complement the theme Community Cohesion, another theme, Diversity and Inclusion, was formed. Diversity and Inclusion identified responses that included a welcoming community regardless of race, ethnicity, sexual identity, sexual orientation, or culture. A few respondents recognized that an asset of their community was having predominantly one race. Most of those responses were from the Chinese or Spanish translations of the survey indicating that immigrant populations may feel more accepted in communities where they have cultural or racial similarities.

Of the strengths listed by respondents, many fell under the theme Health Care. Responses were attributed to Health Care if they mentioned hospitals, clinics, or pharmacies. Common responses included proximity to health care resources and quality of the health care.

Community Improvement

In response to the question "What is one thing that you would like to see improved in your community?", respondents shared open-ended responses that were coded and categorized into themes. The open-ended responses often echoed the responses to the multiselect question about factors for a healthy community. Additionally, the greatest strengths in some communities were identified as an area for improvement in other communities. Some of the overlapping areas were Safety and Low Crime, Health Care, and Transportation.

The most common theme was Safety and Low Crime, with over one fourth of respondents mentioning the theme. Responses coded under Safety and Low Crime frequently referred to "lower crime rates", "less violence", and "increased safety." Additionally, responses related to police relationships were coded under Safety and Low Crime. Often these responses were related to increasing the police presence, but a few responses indicated a need for a decrease in police presence or better relationships with law enforcement.

> Most Common Themes
> - Safety and Low Crime
> - Economic Development
> - Infrastructure
> - Community Cohesion
> - Health Care
> - Affordable Housing
> - Food Accessibility
> - Transportation
> - Education
> - Cleanliness

Frequently respondents pinpointed economic development as an area for improvement in their community. Respondents specified more job opportunities and businesses which were coded under Economic Development. Some respondents said their community needed more locally owned business, while other respondents mentioned big box stores like Walmart.

According to respondents, there is a need for infrastructure improvement in the communities they represent. Some of the improvements include roads, street lighting, bike lanes, and sidewalks. The potholes in roads were of particular interest to respondents.

> **"One thing I would like to see improved** is safety and reducing of crime because there is a lot of damage being done because of gang viole**nce."**

Despite being cited as the greatest asset or strength, community cohesion is an area for growth as reported by respondents. Responses such as more communication and unity between neighbors was classified as Community Cohesion. A few respondents noted that community cohesion is an initial step to improving the community as a whole.

In the top five most common themes was Health Care. Respondents specified affordable, quality, and accessible health care were all improvement they would like to see in their community. Another theme that often co-occurred with health care was access to mental health services.

Of the responses, affordable housing was a top improvement needed in the community. Affordable housing was identified as low rent and lower property taxes. A few respondents also mentioned gentrification and displacement in the context of affordable housing especially on the west side of Chicago.

A theme that occasionally co-occurred with health care and economic development was food accessibility. This theme included responses such as more grocery stores, more healthy food options, and low-cost food. In some cases, respondents indicated less fast food restaurants as an improvement for their community.

Respondents specified a variety of areas within transportation that need improvement. Some of the respondents identified better public transportation options while other respondents reported traffic reduction and motor vehicle laws as important areas for growth. A few respondents mentioned parking as a potential improvement.

Another area for progress according to respondents is education. Frequently the quality of education in schools was mentioned. Additionally, a few respondents specified an increase in school funding or a school located in their community.

One of the most common themes was cleanliness in the community. Respondents shared more frequent garbage pickup and a decrease in pollution would improve their communities.

Cross-Cutting Themes
Themes from both open-ended questions emerged as strengths and areas for improvement for respondents. The most common themes that overlapped were community cohesion, safety and low crime, transportation, education, and health care.

Community Cohesion
As a strength, community cohesion was referenced as a small-town atmosphere and friendly neighbors. As an area for improvement, community cohesion referred to community events and opportunities to get to know neighbors.

Safety and Low Crime
Safety and low crime emerged as a common strength for respondents. Some respondents often mentioned feeling safe and relationships with police and fire departments as a strength in their community. In an opposing way, some respondents mentioned police relationships and violence as an area for growth. An interesting pattern that emerged was respondents referencing safety and low crime as a strength and area for improvement for their community.

Transportation
Respondents who saw the transportation in their community as a strength often mentioned having multiple options for public transportation. Respondents who saw the transportation in their community as an area for improvement suggested more accessible public transportation and traffic control.

Education
The positive sentiments related to education were about the schools and libraries in the community. The responses related to areas for improvement often were more specific to the quality of education in the schools in the community.

Health Care
Many respondents mention the hospital or providers in their community as one of the greatest strengths. Most of the opportunities for growth mentioned additional health facilities and services in the community.

Priority Populations

Hospitals and community organizations distributed surveys to populations that are typically underrepresented in assessment processes. The priority populations determined were young adults aged 18-24, older adults ages 65 and older, low income communities, racial and ethnic groups, immigrant populations, the LGBTQ+ community, people with children in the household, and people with disabilities. The responses to the multiselect questions "What do you think are the three most important health problems in your community?" and "What do you think are the three most important things necessary for a 'Healthy Community?'" were analyzed.

Most Important Health Problems

In comparison to the overall responses to the question "What do you think are the three most important health problems in your community?", respondents in the priority populations generally selected the most important health problems in a similar way with a few differences to note. Figure 5 shows a gradient of the most selected health problem to least selected health problem.

Figure 5. Respondents prioritization of health problems.

Most important health problems	Overall	Ages 18-24	Ages 65 and older	African American/black	Asian	Hispanic/Latinx	Multiracial	White	Income <$20,000	Chinese	Polish	Spanish	LGBTQ+	Children	People with disabilities
Diabetes	42%	39%	47%	45%	50%	54%	38%	28%	42%	46%	37%	57%	30%	41%	43%
Mental health	41%	37%	31%	41%	27%	36%	51%	47%	39%	20%	23%	33%	51%	41%	45%
Age-related illness	37%	22%	55%	33%	45%	28%	34%	49%	36%	52%	49%	35%	30%	29%	44%
Substance-use	30%	45%	20%	28%	13%	33%	36%	33%	25%	2%	22%	25%	38%	33%	28%
Cancers	27%	16%	32%	29%	17%	21%	31%	31%	25%	13%	48%	28%	20%	24%	28%
Heart disease and stroke	27%	16%	39%	26%	45%	19%	21%	33%	25%	52%	40%	18%	20%	21%	27%
Obesity	23%	23%	21%	19%	19%	28%	24%	24%	19%	12%	33%	28%	23%	25%	22%
Violence	23%	40%	14%	26%	11%	34%	21%	13%	25%	4%	9%	26%	30%	28%	21%
Dental problems	12%	6%	16%	14%	22%	11%	15%	7%	20%	43%	11%	18%	11%	11%	16%
Lung disease	8%	6%	9%	8%	6%	8%	9%	7%	9%	5%	5%	13%	7%	7%	10%
STIs/STDs	8%	19%	3%	12%	6%	9%	8%	4%	9%	1%	1%	7%	23%	11%	7%
Mother and Infant health	6%	6%	3%	6%	8%	5%	6%	6%	7%	11%	8%	4%	7%	9%	5%
Motor vehicle crash injuries	6%	11%	4%	4%	6%	7%	10%	6%	6%	5%	6%	7%	5%	7%	5%
Child abuse	5%	7%	3%	6%	3%	6%	7%	2%	8%	3%	3%	7%	4%	7%	3%
Infectious diseases	5%	6%	3%	6%	8%	4%	5%	3%	6%	9%	4%	5%	6%	6%	5%
Other	4%	2%	3%	3%	4%	2%	6%	4%	3%	1%	1%	3%	2%	3%	5%

Most Important Factors for a "Healthy Community"

Respondents in the priority populations had more varied responses in comparison to the overall group of respondents to the question "What do you think are the three most important things necessary for a 'Healthy Community?'." Figure 6 displays the gradient of most important factors for a health community to least important factors for a healthy community.

Figure 6. Respondents prioritization of factors for a healthy community

Most important factors for a healthy community	Overall	Ages 18-24	Ages 65 and older	African American/black	Asian	Hispanic/Latinx	Multiracial	White	Income <$20,000	Chinese	Polish	Spanish	LGBTQ+	Children	People with disabilities
Access to health care & mental health services	50%	48%	45%	49%	39%	49%	57%	49%	44%	22%	54%	49%	57%	48%	55%
Safety and low crime	37%	47%	34%	31%	38%	41%	35%	31%	32%	39%	50%	38%	40%	39%	33%
Access to community services	32%	26%	38%	36%	41%	31%	34%	36%	37%	51%	29%	35%	26%	31%	37%
Access to healthy food	29%	29%	28%	32%	26%	29%	32%	32%	32%	11%	42%	30%	29%	28%	30%
Affordable housing	27%	23%	27%	31%	22%	31%	34%	31%	39%	21%	10%	37%	27%	26%	34%
Good schools	21%	17%	20%	21%	16%	21%	17%	21%	19%	10%	18%	19%	16%	26%	18%
Clean environment	18%	26%	17%	14%	23%	21%	18%	14%	19%	25%	25%	25%	19%	18%	16%
Quality job opportunities	18%	20%	13%	23%	11%	20%	23%	23%	19%	6%	17%	20%	17%	21%	19%
Access to transportation	17%	11%	24%	17%	34%	13%	21%	17%	24%	59%	12%	14%	12%	13%	20%
Strong family life	13%	11%	14%	11%	13%	11%	13%	11%	11%	11%	10%	12%	10%	13%	13%
Parks and recreation	12%	10%	12%	10%	11%	13%	12%	10%	13%	15%	22%	17%	8%	13%	12%
Strong community cohesion & social networks	12%	8%	12%	12%	8%	8%	14%	12%	8%	3%	7%	5%	16%	10%	11%
Religion or spirituality	11%	5%	15%	15%	6%	9%	13%	15%	11%	1%	7%	12%	6%	8%	13%
Affordable childcare	8%	11%	5%	9%	8%	9%	7%	9%	9%	7%	8%	9%	7%	12%	7%
Diversity and inclusion	8%	10%	7%	9%	8%	8%	10%	9%	7%	5%	3%	7%	15%	8%	8%
Arts and cultural events	6%	4%	6%	6%	6%	6%	11%	6%	7%	7%	2%	11%	8%	6%	7%
Other	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	1%	1%	1%	1%

Younger adults compared to older adults

Adults aged 18-24 compared to adults aged 65 and older prioritized the health problems in their communities varyingly. Younger adults chose substance use most frequently (45%) followed by violence (40%). Furthermore, chronic diseases such as heart disease, cancer, and age-related illness had a lower prioritization for younger adults. In the opposite way, older adults selected chronic diseases at a higher rate as the most important health problem, especially age-related illness which was chosen by 55% of the older adult respondents. Substance-use (20%) and violence (14%) were not chosen as frequently in the older adult population. Notably, sexually transmitted infections, including HIV (STIs/STDs) were picked as the least important health problem for respondents identified as older adults (3%), whereas 19% of younger people selected STIs/STDs as an important health problem. Younger and older adults chose mental health and obesity at similar rates with both health problems being chose by over 30% and over 20% of both groups of participants respectively.

Figure 7. Comparison of health problem prioritization between younger adults and older adults
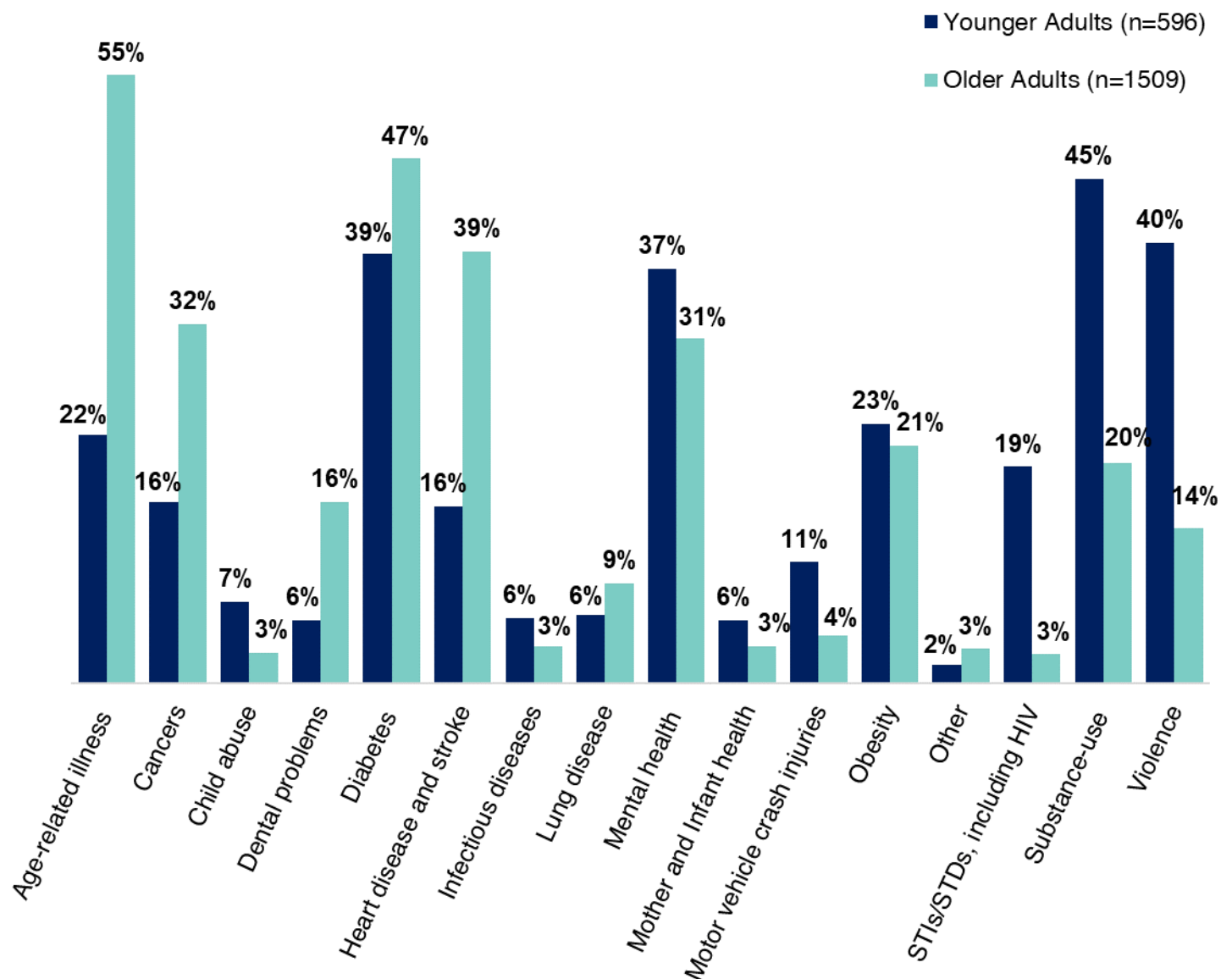
For the question related to factors for a healthy community, younger adults and older adults prioritized factors for a healthy community similarly compared to the health problem question. The largest gaps in prioritization was for safety and low crime and access to transportation. Respondents ages 18-24 selected safety and low crime significantly more often than older adults aged 65 or over, 47% and 34% respectively. Conversely, older

adults chose access to transportation more frequently than younger adults, 24% and 11% respectively. For both younger and older adults, access to health care and mental health services was the most chosen factor for a health community. Access to healthy food was also chosen at a similar rate with 29% of younger adult respondents and 28% of older adult respondents selecting this option.

Figure 8. Comparison of factors for a healthy community prioritization between younger adults and older adults
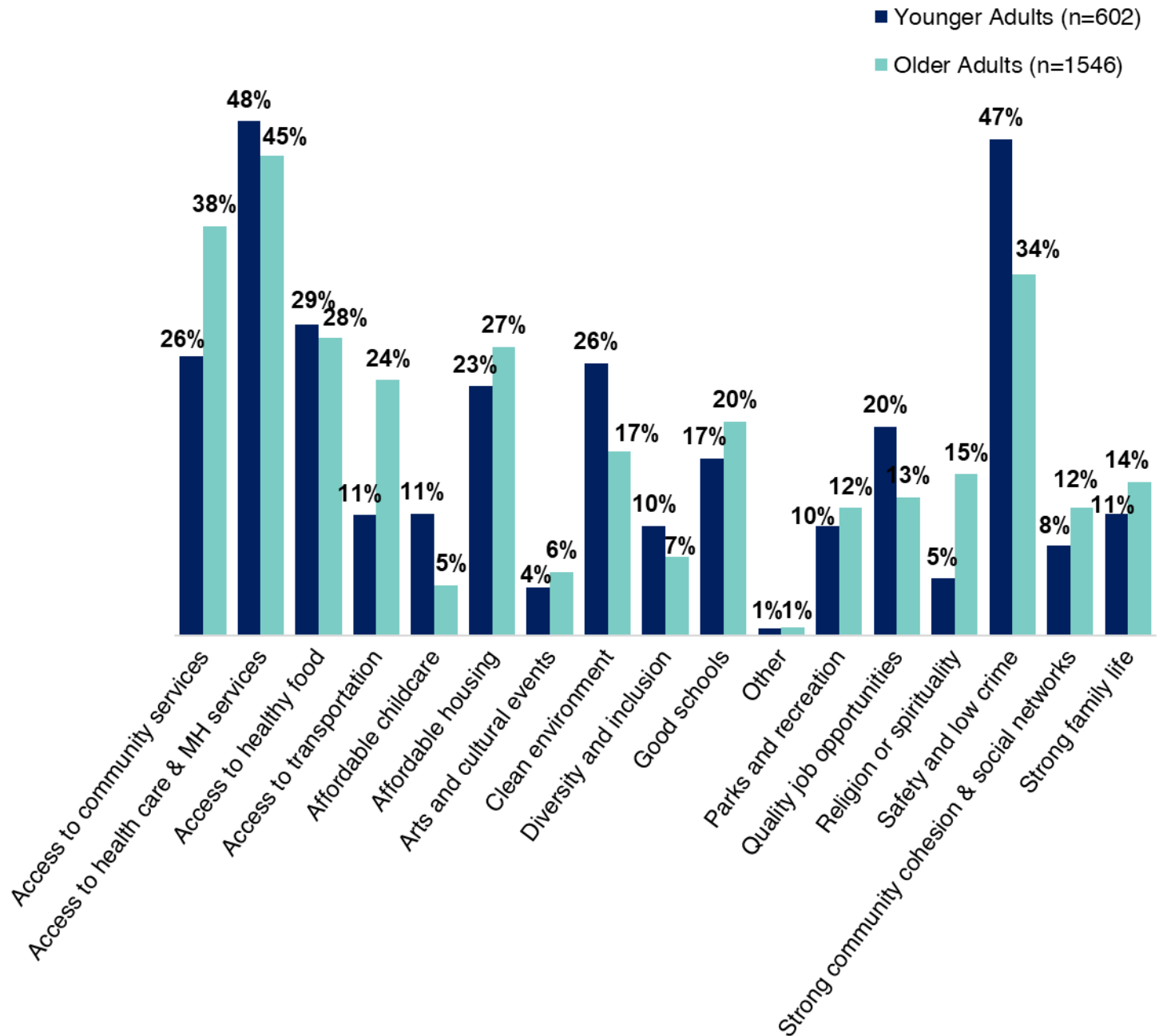
Racial and Ethnic Groups

With the exception of multiracial and white respondents, all racial and ethnic groups selected diabetes at the highest rate for the most important health problem. White and multiracial respondents chose mental health most often as an important health problem. At least one-fourth of all racial and ethnic group respondents chose diabetes, mental health, and age-related illness as important health problems in their communities. African American/black respondents chose STIs/STDs including HIV at the highest rate of all racial and ethnic groups with 12% of respondents selecting this option. Asian respondents varied the most from other racial and ethnic groups. For example, Asian respondents did not select substance-use and violence as often compared to other racial and ethnic groups. Only 13% and 11% of Asian respondents selected the substance-use and violence respectively. Violence was chosen most frequently by Hispanic/Latinx respondents compared to other racial and ethnic groups. Over half of the multiracial respondents chose mental health as an important health problem in their communities, which is more frequently than the respondents that identified as one racial and ethnic group. Finally, white respondents selected age-related illness more than other racial and ethnic groups (49%), but interestingly chose dental problems significantly less frequently than the other racial and ethnic groups (7%).

Figure 9. Comparison of health problem prioritization between racial and ethnic groups

Most important health problems	Overall	African American/black (n=1478)	Asian (n=402)	Hispanic/Latinx (n=1460)	Multiracial (n=289)	White (n=1701)
Age-related illness	37%	33%	45%	28%	34%	49%
Cancers	27%	29%	17%	21%	31%	31%
Child abuse	5%	6%	3%	6%	7%	2%
Dental problems	12%	14%	22%	11%	15%	7%
Diabetes	42%	45%	50%	54%	38%	28%
Heart disease and stroke	27%	26%	45%	19%	21%	33%
Infectious diseases	5%	6%	8%	4%	5%	3%
Lung disease	8%	8%	6%	8%	9%	7%
Mental health	41%	41%	27%	36%	51%	47%
Mother and Infant health	6%	6%	8%	5%	6%	6%
Motor vehicle crash injuries	6%	4%	6%	7%	10%	6%
Obesity	23%	19%	19%	28%	24%	24%
Other	4%	3%	4%	2%	6%	4%
STIs/STDs, including HIV	8%	12%	6%	9%	8%	4%
Substance-use	30%	28%	13%	33%	36%	33%
Violence	23%	26%	11%	34%	21%	13%

All racial and ethnic groups chose access to health care and mental health services as the most important factor for a healthy community with the exception of Asian respondents. Asian respondents chose access to community services as the most important factor for a healthy community. Overall, African American/black respondents' selections were similar to the other racial and ethnic groups' selections. One outlying factor was clean environment; African American/black respondents selected clean environment less often than the other racial and ethnic groups (14%). Similar to the question related to health problems, Asian respondents varied the most from the other racial and ethnic groups. Asian respondents chose access to transportation more often

than other racial and ethnic groups (34%). Complementing the health problems question, Hispanic/Latinx respondents chose safety and low crime more often than the other racial and ethnic groups (42%). Multiracial respondents chose access to health care and mental health at the highest rate with 57% of respondents selecting this option. White respondents had a fairly even distribution of selections compared to the other racial and ethnic groups, one outlier was affordable childcare. Only 5% of white respondents selected affordable childcare as an important factor for a healthy community.

Figure 10. Comparison of factors for a healthy community prioritization between racial and ethnic groups

| Most important factors for a healthy community	Overall	African American/black (n=1475)	Asian (n=409)	Hispanic/Latinx (n=1467)	Multiracial (n=288)	White (n=1711)
Access to community services	32%	36%	41%	31%	34%	28%
Access to health care & mental health services	50%	49%	39%	49%	57%	55%
Access to healthy food	29%	32%	26%	29%	32%	27%
Access to transportation	17%	17%	34%	13%	21%	15%
Affordable childcare	8%	9%	8%	9%	7%	5%
Affordable housing	27%	31%	22%	31%	34%	21%
Arts and cultural events	6%	6%	6%	6%	11%	4%
Clean environment	18%	14%	23%	21%	18%	16%
Diversity and inclusion	8%	9%	8%	8%	10%	7%
Good schools	21%	21%	16%	21%	17%	22%
Other	1%	1%	1%	1%	1%	1%
Parks and recreation	12%	10%	11%	13%	12%	13%
Quality job opportunities	18%	23%	11%	20%	23%	14%
Religion or spirituality	11%	15%	6%	9%	13%	9%
Safety and low crime	37%	31%	38%	41%	35%	39%
Strong community cohesion & social networks	12%	12%	8%	8%	14%	15%
Strong family life	13%	11%	13%	11%	13%	14%

Low-Income Respondents

Respondents with incomes less than $20,000 annually generally prioritized factors in a similar manner to the overall respondents. One exception was dental problems. About 20% of low-income respondents selected dental problems as an important health problem, whereas only 12% of the overall respondents selected this option.

Figure 11. Comparison of health problem prioritization between low-income respondents and the overall respondents
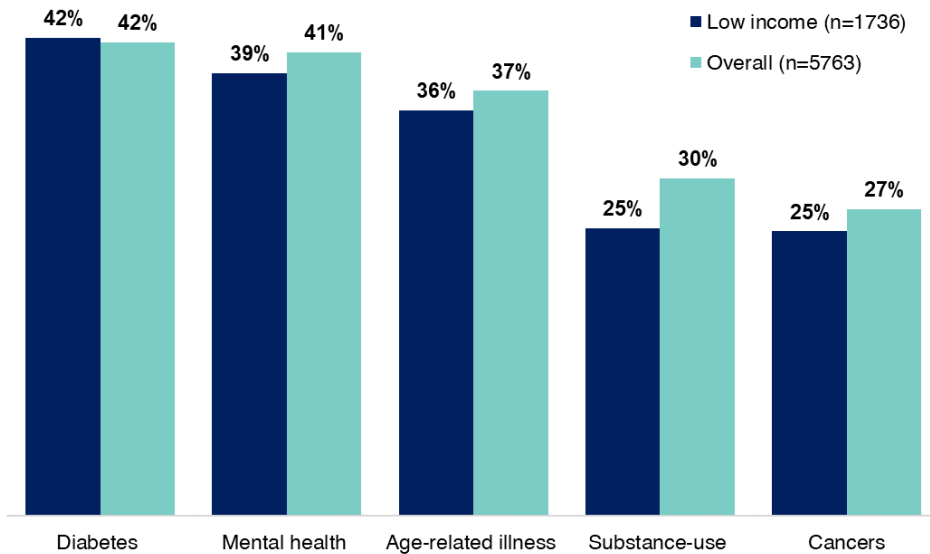
There was slightly more variation for the question related to factors for a healthy community. For respondents with incomes less than $20,000 annually, affordable housing was a more important factor for a healthy community in comparison to the overall respondents. Affordable housing was selected by 39% of low-income respondents, and 27% of the overall respondents selected this option. Low-income respondents selected access to health care and mental health services less often than the overall respondents with 44% of low-income respondents choosing this option compared to 50% of the overall respondents.

Figure 12. Comparison of factors for a healthy community prioritization between low-income respondents and the overall respondents
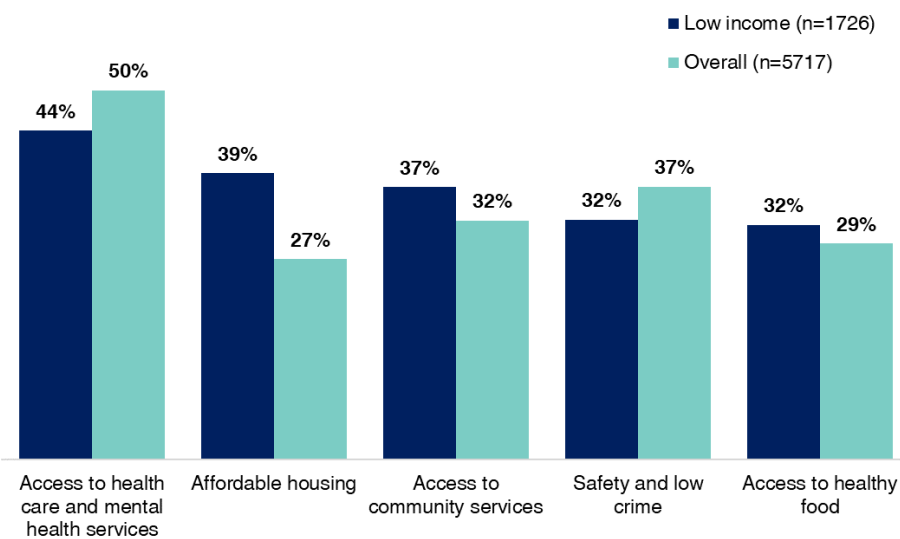
Immigrant Communities

The community input survey was translated into Chinese, Polish, and Spanish. In addition to the Polish translation of the survey, respondents who indicated Polish as their ethnic group were included in the immigrant community analysis. There was minor variation in the responses from the various immigrant populations. Chinese respondents prioritized dental problems and heart disease and stroke more frequently. Furthermore, Chinese respondents selected substance-use and violence significantly less frequently compared to the overall respondents with only 2% and 4% of respondents selecting those options respectively. Polish respondents selected age-related illness as an important health problem most frequently (49%) followed by cancers (48%). In contrast to the overall respondents, Polish respondents chose mental health, substance-use, and violence less often with less than 23% of respondents selecting each of the choices. About 57% of Spanish-speaking respondents selected diabetes compared to 42% overall. Conversely, heart disease and stroke was selected by 27% of the overall respondents compared to 18% of the Spanish-speaking respondents.

Figure 13. Comparison of health problem prioritization between immigrant communities

Most important health problems	Overall (n=5763)	Chinese (n=147)	Polish (n=101)	Spanish (n=551)
Age-related illness	37%	52%	49%	35%
Cancers	27%	13%	48%	28%
Child abuse	5%	3%	3%	7%
Dental problems	12%	43%	11%	18%
Diabetes	42%	46%	37%	57%
Heart disease and stroke	27%	52%	40%	18%
Infectious diseases	5%	9%	4%	5%
Lung disease	8%	5%	5%	13%
Mental health	41%	20%	23%	33%
Mother and Infant health	6%	11%	8%	4%
Motor vehicle crash injuries	6%	5%	6%	7%
Obesity	23%	12%	33%	28%
Other	4%	1%	1%	3%
STIs/STDs, including HIV	8%	1%	1%	7%
Substance-use	30%	2%	22%	25%
Violence	23%	4%	9%	26%

A significant portion of the Chinese respondents selected access to transportation as an important factor for a healthy community (59%). In contrast to the overall respondents, only 22% of Chinese respondents selected access to health care and mental health services compared to 50% of the overall respondents. Polish respondents prioritized access to healthy food more often than the overall respondents with 42% of Polish respondents selecting the option compared to 29% of overall respondents. Notably only 10% of Polish respondents selected affordable housing as an important factor for a healthy community, whereas 27% of the overall respondents selected that option. In the opposite way, Spanish-speaking respondents prioritized affordable housing significantly more than the overall group of respondents. About one-fourth of all the immigrant communities selected clean environment as an important factor for a healthy community compared to 18% of the overall respondents.

Figure 14. Comparison of factors for a healthy community prioritization between immigrant communities

Most important factors for a healthy community	Overall (n=5717)	Chinese (n=150)	Polish (n=101)	Spanish (n=547)
Access to community services	32%	51%	29%	35%
Access to health care and mental health services	50%	22%	54%	49%
Access to healthy food	29%	11%	42%	30%
Access to transportation	17%	59%	12%	14%
Affordable childcare	8%	7%	8%	9%
Affordable housing	27%	21%	10%	37%
Arts and cultural events	6%	7%	2%	11%
Clean environment	18%	25%	25%	25%
Diversity and inclusion	8%	5%	3%	7%
Good schools	21%	10%	18%	19%
Other	1%	0%	0%	1%
Parks and recreation	12%	15%	22%	17%
Quality job opportunities	18%	6%	17%	20%
Religion or spirituality	11%	1%	7%	12%
Safety and low crime	37%	39%	50%	38%
Strong community cohesion and social networks	12%	3%	7%	5%
Strong family life	13%	11%	10%	12%

Qualitative Community Input

Some of the greatest strengths in respondents' communities related to immigrant assets. Specifically, respondents mentioned communities with people from the same cultural background and organizations/services for immigrant communities. Respondents shared opportunities for communities to be more inclusive of immigrants like increased translation services for health and academic services.
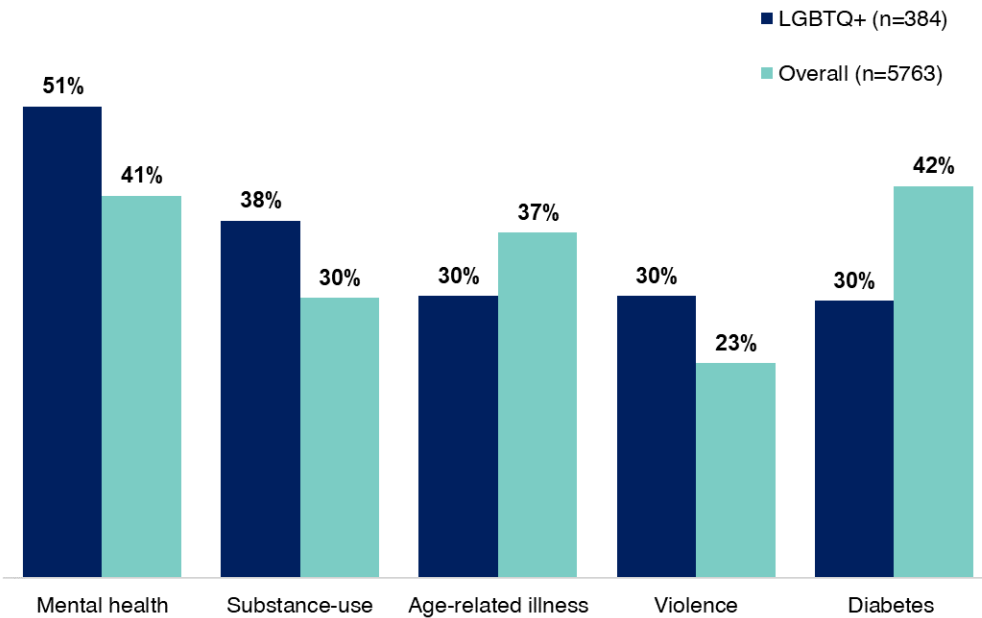
LGBTQ+

In comparison to overall respondents, LGBTQ+ respondents chose mental health, substance-use, and violence as important health problems more frequently compared to chronic diseases such as diabetes, age-related illnesses, and heart disease and stroke. Over half of LGBTQ+ respondents selected mental health. In contrast, 30% of LGBTQ+ respondents selected diabetes compared to 42% of overall respondents. LGTBQ+ and overall respondents aligned the most with obesity as an important health problem with 23% of both groups selecting the option.

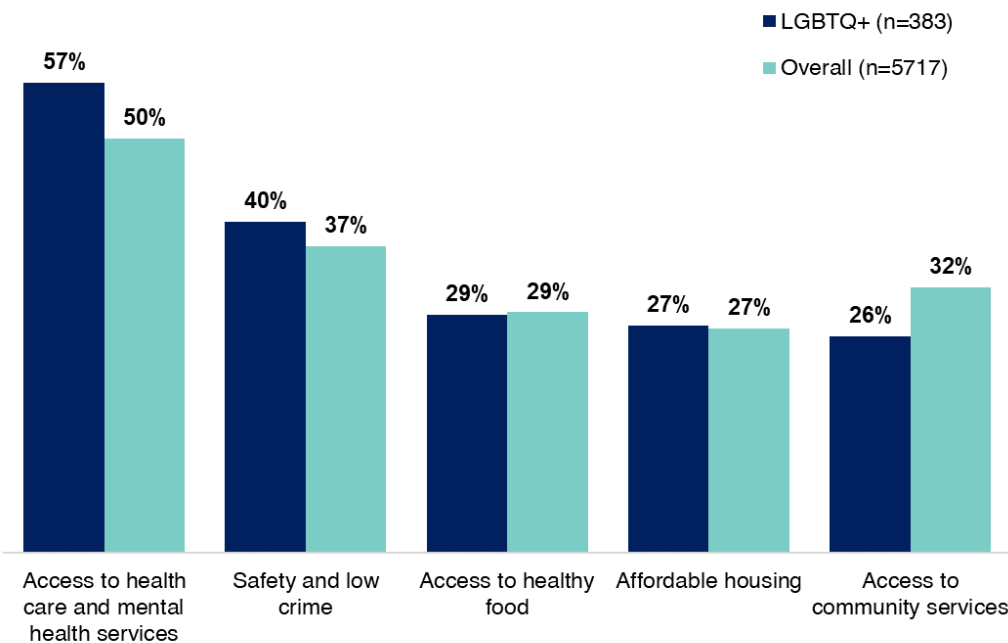## Qualitative Community Input

Survey respondents indicated having a LGBTQ+ community was a strength in their community. An opportunity for communities, according to respondents, is increased housing for LGBTQ+ individuals.

Figure 15. Comparison of health problem prioritization between LGBTQ+ respondents and overall

Legend:
- LGBTQ+ (n=384)
- Overall (n=5763)

Category	LGBTQ+	Overall
Mental health	51%	41%
Substance-use	38%	30%
Age-related illness	30%	37%
Violence	30%	23%
Diabetes	30%	42%

Respondents who identify as LGBTQ+ chose factors that contribute to a healthy community that generally aligned the overall respondents. LGBTQ+ respondents chose access to health care and mental health services at a higher rate with 57% of LGBTQ+ respondents selecting this option. Additionally, respondents in the LGBTQ+ community chose diversity and inclusion more often compared to the overall respondents, 15% and 8% respectively. Access to community services and good schools were selected less frequently by the LGBTQ+ respondents in comparison to overall respondents.

Figure 16. Comparison of factors for a healthy community prioritization between LGBTQ+ respondents and overall

Legend:
- LGBTQ+ (n=383)
- Overall (n=5717)

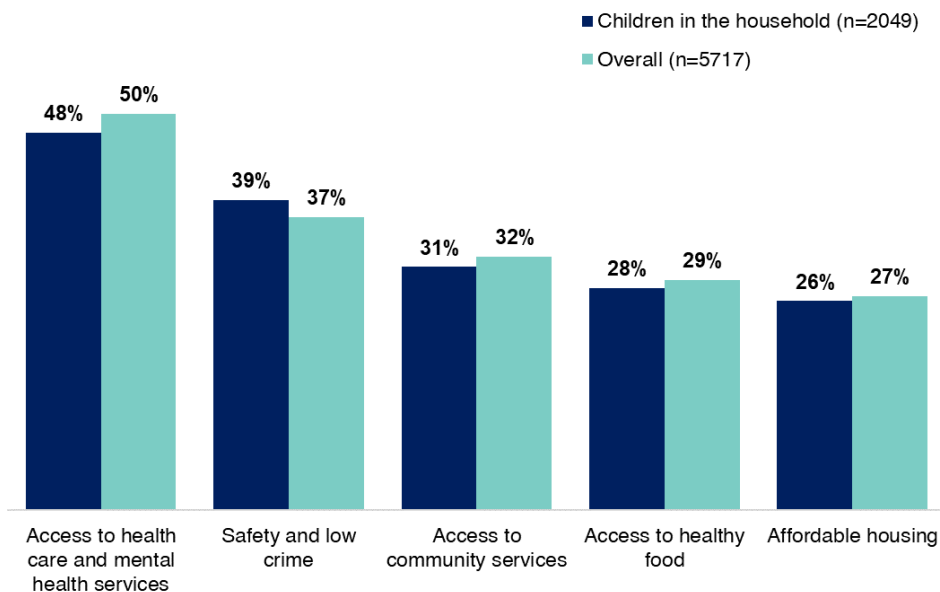| Category	LGBTQ+	Overall
Access to health care and mental health services	57%	50%
Safety and low crime	40%	37%
Access to healthy food	29%	29%
Affordable housing	27%	27%
Access to community services	26%	32%

Children in the Household

In general, the overall respondents' prioritization of health problems aligned with the respondents with children in the household. Respondents with children in the household selected violence as an important health problem more frequently than the overall respondents. Moreover, respondents with children in the household selected age-related illness less frequently than the overall respondents.

Figure 17. Comparison of health problem prioritization between respondents with children in the household and the overall respondents
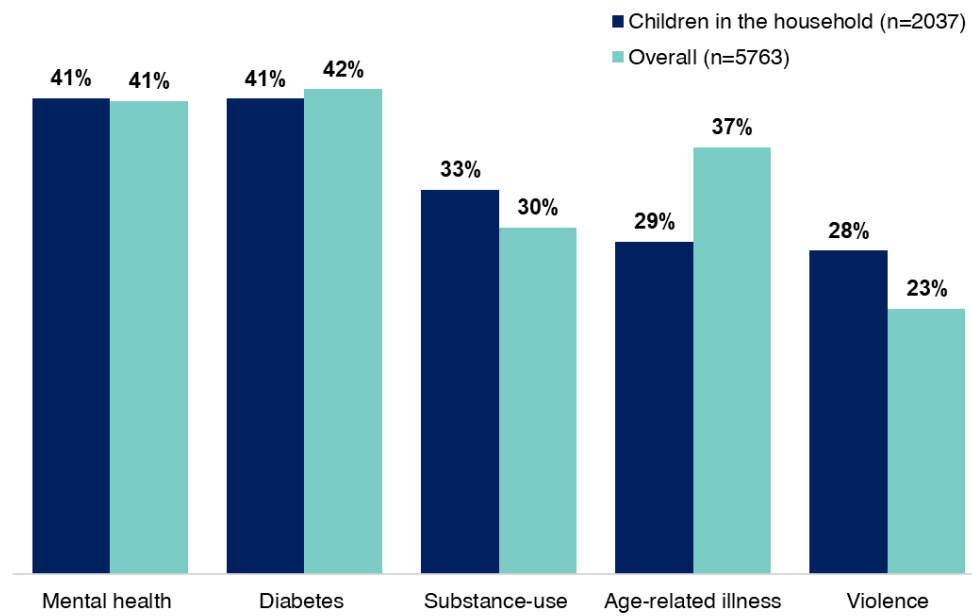
As expected, respondents with children in the household picked affordable childcare (12%) and good schools (26%) more often than the overall respondents. Access to transportation was only selected by 13% of respondents with children in the household compared to 17% of overall respondents.

Figure 18. Comparison of factors for a healthy community prioritization between respondents with children in the household and the overall respondents
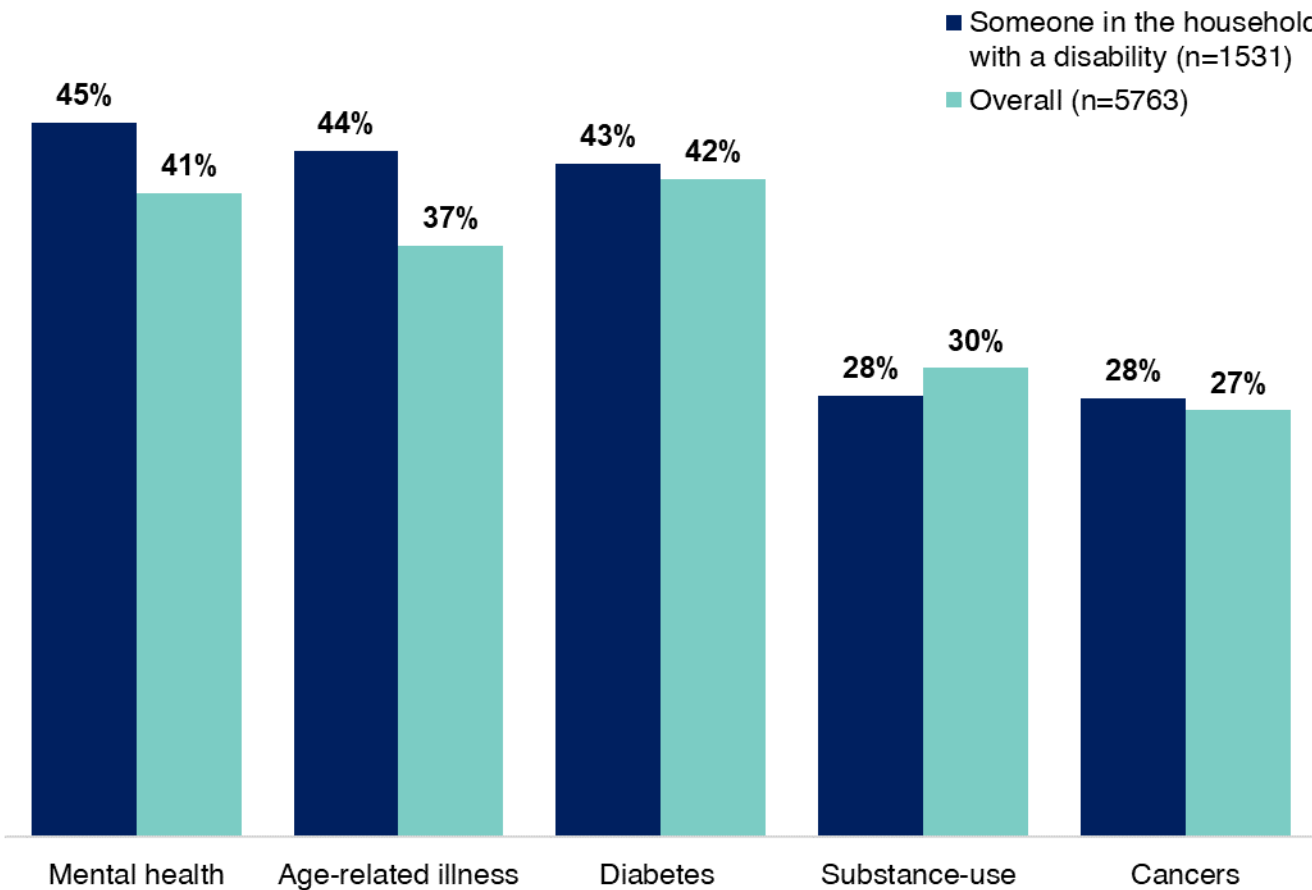
Someone in Household with a Disability

Of the respondents with someone with a disability in the household, the prioritization of health problems fell in line with the overall respondents. There was a higher selection of mental health and age-related illness for respondents with someone in the household with a disability in comparison to overall. Additionally, compared to the overall respondents with someone in the household with a disability chose violence less frequently (21%) and dental problems more frequently (43%).

Figure 19. Comparison of health problem prioritization between respondents with someone in the household with a disability and the overall respondents

Of the respondents with people with disabilities in the household, access to transportation (20%) and affordable housing (34%) more frequently than the overall respondents as a factor for a healthy community. A larger portion of respondents with someone with a disability in the household selected access to health care and mental health services compared to the overall respondents (55%). Respondents with someone in the household with a disability chose safety and low crime less frequently (33%) than overall respondents (37%).

Figure 20. Comparison of factors for a healthy community prioritization between respondents with someone in the household with a disability and the overall respondents
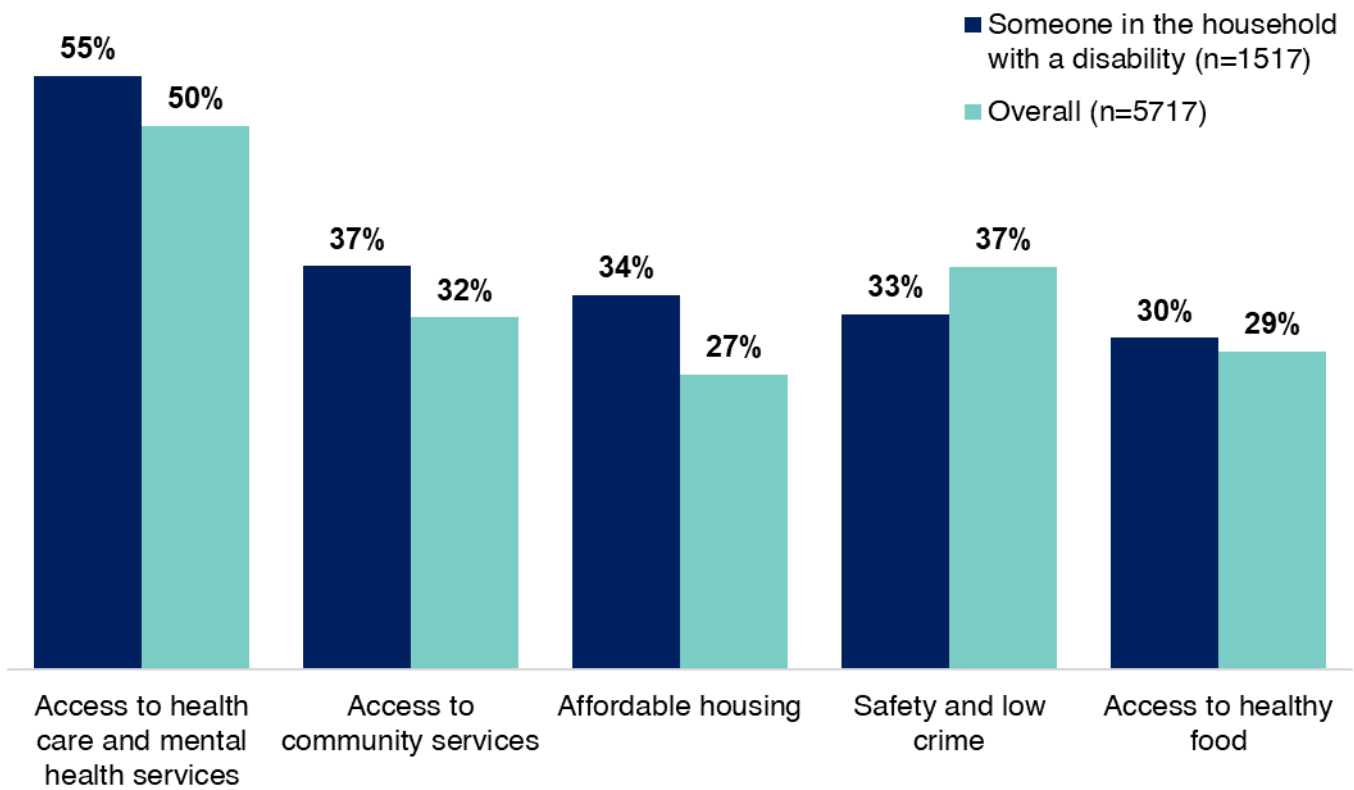
Qualitative Community Input

Survey respondents indicated some of the greatest strengths in their communities were accessible housing, transportation for people with disabilities, and programs for populations with disabilities. In contrast, some respondents indicated their community could be improved if there were additional accessible public transportation stations and programs for people with mental disabilities.

Appendix - Coded Responses

"What are the greatest strengths or best things in the community where you live? (list up to 3)."

Code	Definition	Count
Community Cohesion (formerly Neighborhood Feel)	Community qualities and attributes. People in the community.	1779
Community Services	Resources in community like programs, events, organizations, etc.	1779
Safety and Low Crime	Feeling of safety or a lack of crime in the community.	947
Transportation	Ability to get from one place to another whether it be by car, bus, or train.	890
Education	Quality educational opportunities such as schools, colleges, or libraries.	693
Entertainment	Events, businesses, or activities that provide entertainment.	693
Accessibility	Convenient to important needs like work, parks, schools, malls, grocery stores etc.	670
Parks and Recreation	Green space or natural environments	662
Diversity and Inclusion	A range of human differences including race, sex, gender, ethnicity, culture, economic status, etc.	514
Health Care	Access to hospitals, health care needs, or emergency services.	406
Food	Food availability in the community.	352
Cleanliness	Environment that is free of trash, dirt, or pollution.	326
Quiet	The area is quiet.	268
Businesses	The stores in the community.	263
Religion or Spirituality	Religious spaces or a spiritual community.	231
Housing	Quality housing in the community.	153
Economic Development	Growth related to economics, politics, or social well-being of the community.	140
Leadership	People or groups in positions of power such as aldermen, mayors, or neighborhood boards.	103
Walkability	Area to walk in the community for exercise.	103
Older Adults	Resources for people 65 years and older	95
Child and Adolescent Engagement	Resources for people 17 years and younger.	75
Nothing	No positive aspects of the community.	74
Affordable Housing	Low cost housing or property taxes.	71
Affordability	Low cost assets in the community.	67
Built Environment	Human-made structures like buildings, street lighting, roads, street signs, etc.	62
Everything	Content with all aspects of the community.	24
Immigrant	Resources for immigrant populations such as bilingual services and community organizations.	24
People with Disabilities	Resources for people with disabilities.	8
LGBTQ +	Resources for people on the LGBTQ+ spectrum.	3

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

Code	Definition	Count
Safety and Low Crime	Feeling of safety, a lack of crime in the community, or a good relationship with law enforcement.	994
Economic Development	Growth related to economics, politics, or social well-being of the community.	329
Infrastructure	Human-made structures like buildings, street lighting, roads, street signs, etc.	288
Community Cohesion (formerly Neighborhood Feel)	The sense of unity and peace in the community and the amount of community events.	269
Health Care	Health care services that are accessible and high quality.	266
Affordable Housing	Lower cost housing or property taxes	258
Food Accessibility	Access to food that is affordable, healthy, and high quality.	209
Transportation	Ability to get from one place to another whether it be by car, bus, or train.	187
Education	Learning opportunities in the community	176
Cleanliness	Improving the cleanliness of the community	161
Diversity and Inclusion	A range of human differences including race, sex, gender, ethnicity, culture, economic status, etc.	138
Community Services	Resources in the area such as community organizations and programs	134
Mental Health	Access to behavioral health resources.	134
Child and Adolescent Engagement	Incorporating youth and making more programming for youth, after school programs, education programs	127
Affordability	Lower cost assets in the community	97
Older Adults	Resources for adults 65 years and older.	92
Substance Use	Harmful use of substances	87
Housing	A place to reside that is high quality	84
Green Space	Parks and natural spaces in the community.	81
Entertainment	Events, businesses, or activities that provide entertainment.	69
Nothing	Nothing in the community needs improvement	61
Leadership	People or groups in positions of power such as aldermen, mayors, or neighborhood boards.	43
Homelessness	Being without permanent shelter.	41
Affordable Services	Lower cost services in the community such as childcare or recreational programs	31
Health Insurance Coverage	Method of payment for medical services such as private insurance, Medicare, Medicaid, self-pay, out of pocket	27
Gentrification	Construction of new and unnecessary expensive buildings or businesses that displace the residents.	25
Pollution	Harmful substances in the community	25
Health Education	Information sharing regarding health services and conditions.	24
Fitness	Opportunities for exercise in the community.	21
Accessibility	Increased access to needs such as grocery stores, transportation, health care, etc.	20
Everything	Dissatisfied with the state of the community	18
People with Disabilities	Resources for people with disabilities	12
Immigration	Resources for that are not natural born US citizens.	10
Religion or Spirituality	Religious spaces or a spiritual community.	9

Appendix – Priority Population Comparison Tables

Low Income Respondents compared to overall respondents

Most important health problems	Overall (n=5763)	Low income (n=1736)
Age-related illness	37%	36%
Cancers	27%	25%
Child abuse	5%	8%
Dental problems	12%	20%
Diabetes	42%	42%
Heart disease and stroke	27%	25%
Infectious diseases	5%	6%
Lung disease	8%	9%
Mental health	41%	39%
Mother and Infant health	6%	7%
Motor vehicle crash injuries	6%	6%
Obesity	23%	19%
Other	4%	3%
STIs/STDs, including HIV	8%	9%
Substance-use	30%	25%
Violence	23%	25%

Most important factors for a healthy community	Overall (n=5717)	Low income (n=1726)
Access to community services	32%	37%
Access to health care and mental health services	50%	44%
Access to healthy food	29%	32%
Access to transportation	17%	24%
Affordable childcare	8%	9%
Affordable housing	27%	39%
Arts and cultural events	6%	7%
Clean environment	18%	19%
Diversity and inclusion	8%	7%
Good schools	21%	19%
Other	1%	1%
Parks and recreation	12%	13%
Quality job opportunities	18%	19%
Religion or spirituality	11%	11%
Safety and low crime	37%	32%
Strong community cohesion and social networks	12%	8%
Strong family life	13%	11%

LGBTQ+ Respondents compared to overall respondents

Most Important Health Problems	Overall (n=5763)	LGBTQ+ (n=384)
Age-related illness	37%	30%
Cancers	27%	20%
Child abuse	5%	4%
Dental problems	12%	11%
Diabetes	42%	30%
Heart disease and stroke	27%	20%
Infectious diseases	5%	6%
Lung disease	8%	7%
Mental health	41%	51%
Mother and Infant health	6%	7%
Motor vehicle crash injuries	6%	5%
Obesity	23%	23%
Other	4%	2%
STIs/STDs, including HIV	8%	23%
Substance-use	30%	38%
Violence	23%	30%

Most Important Health Problems	Overall (n=5763)	LGBTQ+ (n=384)
Age-related illness	37%	30%
Cancers	27%	20%
Child abuse	5%	4%
Dental problems	12%	11%
Diabetes	42%	30%
Heart disease and stroke	27%	20%
Infectious diseases	5%	6%
Lung disease	8%	7%
Mental health	41%	51%
Mother and Infant health	6%	7%
Motor vehicle crash injuries	6%	5%
Obesity	23%	23%
Other	4%	2%
STIs/STDs, including HIV	8%	23%
Substance-use	30%	38%
Violence	23%	30%

Respondents with children in the household compared to overall respondents

Most important health problems	Overall (n=5763)	Children in the household (n=2037)
Age-related illness	37%	29%
Cancers	27%	24%
Child abuse	5%	7%
Dental problems	12%	11%
Diabetes	42%	41%
Heart disease and stroke	27%	21%
Infectious diseases	5%	6%
Lung disease	8%	7%
Mental health	41%	41%
Mother and Infant health	6%	9%
Motor vehicle crash injuries	6%	7%
Obesity	23%	25%
Other	4%	3%
STIs/STDs, including HIV	8%	11%
Substance-use	30%	33%
Violence	23%	28%

Most important factors for a healthy community	Overall (n=5717)	Children in the household (n=2049)
Access to community services	32%	31%
Access to health care and mental health services	50%	48%
Access to healthy food	29%	28%
Access to transportation	17%	13%
Affordable childcare	8%	12%
Affordable housing	27%	26%
Arts and cultural events	6%	6%
Clean environment	18%	18%
Diversity and inclusion	8%	8%
Good schools	21%	26%
Other	1%	1%
Parks and recreation	12%	13%
Quality job opportunities	18%	21%
Religion or spirituality	11%	8%
Safety and low crime	37%	39%
Strong community cohesion and social networks	12%	10%
Strong family life	13%	13%

Respondents with someone in the household with a disability compared to overall

Most Important Health Problems	Overall (n=5763)	Someone with a disability in the household (n=1531)
Age-related illness	37%	44%
Cancers	27%	28%
Child abuse	5%	3%
Dental problems	12%	16%
Diabetes	42%	43%
Heart disease and stroke	27%	27%
Infectious diseases	5%	5%
Lung disease	8%	10%
Mental health	41%	45%
Mother and Infant health	6%	5%
Motor vehicle crash injuries	6%	5%
Obesity	23%	22%
Other	4%	5%
STIs/STDs, including HIV	8%	7%
Substance-use	30%	28%
Violence	23%	21%

Most important factors for a healthy community	Overall (n=5717)	Someone in the household with a disability (n=1517)
Access to community services	32%	37%
Access to health care and mental health services	50%	55%
Access to healthy food	29%	30%
Access to transportation	17%	20%
Affordable childcare	8%	7%
Affordable housing	27%	34%
Arts and cultural events	6%	7%
Clean environment	18%	16%
Diversity and inclusion	8%	8%
Good schools	21%	18%
Other	1%	1%
Parks and recreation	12%	12%
Quality job opportunities	18%	19%
Religion or spirituality	11%	13%
Safety and low crime	37%	33%
Strong community cohesion and social networks	12%	11%
Strong family life	13%	13%

Appendix – Survey Tool

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 or (312) 850-4744. More information about the CHNA process is available online at www.allhealthequity.org

ALLIANCE for HEALTH EQUITY | Hospitals and Communities Improving Health Across Chicago and Cook County

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.

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 <u>best things</u> in the community where you live? (List up to 3)**

5. **What do you think are the <u>three</u> 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 <u>three</u> most important things necessary for a "Healthy Community?" (Choose 3)**

   ☐ Access to **community services**
   ☐ Access to **health care and mental health services**
   ☐ Access to **healthy food**
   ☐ Access to **transportation**
   ☐ Affordable **childcare**
   ☐ Affordable **housing**
   ☐ **Arts and cultural events**
   ☐ Clean **environment**
   ☐ **Diversity and inclusion**
   ☐ Good **schools**

   ☐ **Parks** and recreation
   ☐ Quality **job opportunities**
   ☐ **Religion or spirituality**
   ☐ **Safety** and low crime
   ☐ Strong **community cohesion and social networks**
   ☐ Strong **family** life
   ☐ Other: _____

   Optional Comment:

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

Tell Us About Yourself

8. **Your Age**

   ☐ 18-24   ☐ 55-64
   ☐ 25-34   ☐ 65-74
   ☐ 35-44   ☐ 75-84
   ☐ 45-54   ☐ 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)

- ☐ Asian
- ☐ South Asian
- ☐ East Asian
- ☐ Pacific Islander
- ☐ African American/black
- ☐ Hispanic/Latino(a)

- ☐ Middle Eastern/Arab American
- ☐ Native American
- ☐ White
- ☐ Other (please specify):_____

12. What is the <u>highest</u> 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

- ☐ 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
- ☐ Over $100,000