



Alliance for Healthier Communities

Advancing Health Equity in Ontario

Health Equity Questions

(December 2023)

Language

	What is your mother tongue?	Mandatory
	If your mother tongue is neither French nor English, in which of Canada's official languages are you more comfortable?	Mandatory
	Do you require language interpretation	Optional
	What language do you feel most comfortable speaking in with your provider?	Mandatory
*	In what language would you prefer to read healthcare information	Optional

Identity

	Were you born in Canada?	Mandatory
	If NO, what year did you arrive in Canada?	Mandatory
	What country were you born?	Mandatory
*	Do you identify as First Nations, Métis and/or Inuk/Inuit?	Mandatory
	What is your ethnic or cultural background?	Mandatory
	Which of the following best describes your racial group?	Mandatory
	What is your religious or spiritual affiliation?	Optional

Gender/Orientation

	What is your sex assigned at birth?	Mandatory
	What is your current gender identity?	Mandatory
*	Do you identify as transgender?	Mandatory
	Which category (ies) best describe your sexual orientation?	Mandatory

Education/Income

	What is your current level of education?	Mandatory (Optional for OH)
*	Are you currently employed?	Optional
*	Are you currently looking for work?	Optional
*	Is your main job temporary or part-time?	Optional
*	In the past 12 months, did your income change a lot from month to month?	Optional
	What was your total family income before taxes last year?	Mandatory
	How many people does this income support?	Mandatory
*	Do you feel that your current employment could be negatively affected if you raised concerns about your work?	Optional

Wellbeing

	Do you identify as a person with a disability?	Mandatory
	Could you benefit from support related to any of the following?	Mandatory
	How would you describe your sense of belonging to your community?	Mandatory (Optional for OH)
	In general, would you say your overall physical health is:	Mandatory (Optional for OH)
	In general, would you say your overall mental health is	Mandatory (Optional for OH)
*	Do you feel you have people who you can open up to or confide in?	Optional
*	Do you have people to rely on if you needed help?	Optional

Housing

*	What is your current housing situation?	Mandatory (Optional for OH)
	Who do you live with?	Mandatory (Optional for OH)
*	In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?	Optional

Basic Needs

*	Do you currently have difficulty paying for basic needs?	Mandatory
*	Within the past 12 months, we worried whether our food would run out before we could buy or get more	Optional
*	Within the past 12 months, the food we bought just didn't last and we could not buy or get more	Optional
*	In the past 12 months, were you unable to get medicine or medical supplies, or did you do anything to make them last longer because of the cost?	Optional
*	In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	Optional
*	Do you currently have consistent access to a phone or the internet?	Optional
*	In the past 12 months, did you miss making a payment on any utility bills because of cost?	Optional

Insurance

	Do you have Ontario Health Insurance (OHIP)?	
	If not currently covered by OHIP, what is your current insurance status?	
	Please provide details about any supplemental insurance you may carry	
	Please provide details about any drug benefit plans you may carry	