



Measuring Health Equity Updated Core Questions

*Leveraging the existing Measuring Health Equity project and through extensive consultations with the Toronto Region Data Collection, Analysis & Use Community of Practice, the SPARK Study team, subject matter experts, and research literature, **the core questions have been updated** to be more reflective of contemporary language, diverse experiences, and identities.*

Nov 2022

Updated Toronto Region Measuring Health Equity Questions (1/3)

1. What language do you feel most comfortable speaking in with your provider? (check all that apply)

- | | | | | | |
|--|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> English* (Canadian Official Language) | <input type="checkbox"/> Burmese | <input type="checkbox"/> Hausa | <input type="checkbox"/> Pashto | <input type="checkbox"/> Somali | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> French* (Canadian Official Language) | <input type="checkbox"/> Georgian | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Greek | <input type="checkbox"/> Hindi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Swahili | <input type="checkbox"/> Taishanese/Toishanese |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Turkish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Czech | <input type="checkbox"/> Italian | <input type="checkbox"/> Rohingya | <input type="checkbox"/> Twi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> ASL (American Sign Language) | <input type="checkbox"/> Dari | <input type="checkbox"/> Karen | <input type="checkbox"/> Romanian | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Another language (please specify):____ |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Serbian | <input type="checkbox"/> Tamil | <input type="checkbox"/> Prefer not to answer |
| | | <input type="checkbox"/> Nepali | <input type="checkbox"/> Slovak | <input type="checkbox"/> Thai | |

2. (a) Were you born in Canada?

- Yes Do not know
 No Prefer not to answer

2.(b) If no, when did you arrive?

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 5 years ago | <input type="checkbox"/> 10 years ago, or more | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 5 to 9 years ago | <input type="checkbox"/> Do not know | |

3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (check all that apply). This question is about how you identify yourself (e.g. includes status or non-status)

- | | |
|--|--|
| <input type="checkbox"/> Yes, First Nations
<input type="checkbox"/> Yes, Inuk/Inuit
<input type="checkbox"/> Yes, Métis | <input type="checkbox"/> No
<input type="checkbox"/> Do not know
<input type="checkbox"/> Prefer not to answer |
|--|--|



Updated Toronto Region Measuring Health Equity Questions (2/3)

4. What is your ethnic or cultural background? For example: Canadian, Chinese, East Indian, English, Filipino, French, German, Irish, Italian, Jamaican, Jewish, Polish, Portuguese, Scottish, etc

- Please specify _____
- Do not know
- Prefer not to answer

5. Which of the following best describes your racial group? (check all that apply, for example If you are multi-racial or mixed race)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.) <input type="checkbox"/> Black (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian etc.) <input type="checkbox"/> East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.) <input type="checkbox"/> Latin American (Hispanic or Latin American descent) <input type="checkbox"/> South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.) | <ul style="list-style-type: none"> <input type="checkbox"/> Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.) <input type="checkbox"/> White (e.g., European descent) <input type="checkbox"/> Another race/ethnic group (please specify): _____ <input type="checkbox"/> Not Applicable (e.g. Identified as Indigenous in question #3) <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|--|--|

6.(a) Do you identify as a person with a disability?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> If you wish, please specify _____ <input type="checkbox"/> No | <ul style="list-style-type: none"> <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|---|---|

6.(b) Could you benefit from support related to any of the following? (check all that apply)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alzheimer’s Disease/Dementia <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Chronic Illness (e.g. sickle cell, diabetes etc.) <input type="checkbox"/> Cognitive Disability | <ul style="list-style-type: none"> <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or Alcohol Dependence <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical Disability | <ul style="list-style-type: none"> <input type="checkbox"/> Sensory Disability (e.g., low vision, blindness, deafness, hard of hearing etc.) <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> None <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|---|---|--|

7. What was your sex assigned at birth? (check one)

- | | | | | |
|-------------------------------|---------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer |
|-------------------------------|---------------------------------|-----------------------------------|--------------------------------------|---|

Updated Toronto Region Measuring Health Equity Questions (3/3)

8. What is your gender identity? (check all that apply)				
<input type="checkbox"/> Genderfluid or genderqueer	<input type="checkbox"/> Two- Spirit	<input type="checkbox"/> Questioning or unsure	<input type="checkbox"/> Do not know	
<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Another gender identity (please specify) _____	<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Nonbinary				
9. Do you identify as transgender? Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
10. Which category(ies) best describe your sexual orientation? (check all that apply)				
<input type="checkbox"/> Asexual	<input type="checkbox"/> Pansexual	<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Queer	<input type="checkbox"/> Two-spirit		
<input type="checkbox"/> Demisexual	<input type="checkbox"/> Questioning or unsure	<input type="checkbox"/> Another sexual orientation (please specify) _____		
<input type="checkbox"/> Gay	<input type="checkbox"/> Same-gender loving	<input type="checkbox"/> Do not know		
<input type="checkbox"/> Lesbian				
11. Do you currently have difficulty paying for basic needs?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable, I do not have to pay for basic needs	<input type="checkbox"/> Do not know	<input type="checkbox"/> Prefer not to answer
12. What was your total family income before taxes last year?				
<input type="checkbox"/> \$0 - \$19,999	<input type="checkbox"/> \$40,000 - \$59,999	<input type="checkbox"/> \$80,000 - \$119,999	<input type="checkbox"/> \$150,000 or more	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> \$60,000 - \$79,999	<input type="checkbox"/> \$120,000 - \$149,999	<input type="checkbox"/> Do not know	
13. How many people does this income support?				
<input type="checkbox"/> _____ persons	<input type="checkbox"/> Do not know	<input type="checkbox"/> Prefer not to answer		





Additional Optional Questions*

**These questions are not part of the core data set and are not mandatory.*

These questions are from the original Toronto Central LHIN Measuring Health Equity additional questions and SPARK Study and have been made available for HSPs to use based on their needs and demographic data collection goals

Toronto Region Additional Optional Questions (1/4)

1. What is your current level of education?

- | | |
|--|---|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> College, CEGEP or other non-university certificate or diploma (or ongoing) |
| <input type="checkbox"/> Grade school (grade 1-8) | <input type="checkbox"/> Undergraduate degree or some university |
| <input type="checkbox"/> Some high school, but did not graduate | <input type="checkbox"/> Postgraduate degree or professional designation (e.g., Master's, PhD, MD) |
| <input type="checkbox"/> High school or high school equivalency certificate (grade 9-12) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Completed Registered Apprenticeship or other trades certificate or diploma (or ongoing) | <input type="checkbox"/> Prefer not to answer |

2. Please respond to the following statements:

(a) "Within the past 12 months, we worried whether our food would run out before we could buy or get more"

- Often True
- Sometimes True
- Never True
- Do not know
- Prefer not to answer

(b) "Within the past 12 months, the food we bought just didn't last and we could not buy or get more."

- Often True
- Sometimes True
- Never True
- Do not know
- Prefer not to answer

Toronto Region Additional Optional Questions (2/4)

3. 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?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Not applicable, I did not have to get any medicine or medical supplies in the past 12 months | |

4. (a) What is your current housing situation?

- | | | |
|---|---|--|
| <input type="checkbox"/> A place you or your family owns | <input type="checkbox"/> Long -term care facility | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> A place you or your family rents | <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Social housing, Subsidized housing or Rent -geared -to -income | <input type="checkbox"/> Staying in someone else’s place because you have no alternative | <input type="checkbox"/> Prefer not answer |
| <input type="checkbox"/> Supportive housing or Group Home | <input type="checkbox"/> Experiencing homelessness (e.g., shelter, living in a public place or vehicle) | |

(b) Who do you live with? Select all that apply :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Parent(s) or Guardian(s) | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Friends or Roommates | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Paid caregiver or attendant | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Other family | <input type="checkbox"/> Alone | <input type="checkbox"/> Prefer not to answer |

(c) In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Not applicable, I did not have to pay rent or mortgage | |

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work , or from getting things needed for daily living? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Yes, it has kept me from medical appointments or getting medicines | <input type="checkbox"/> Not applicable, I did not need transportation for these activities in the past 12 months |
| <input type="checkbox"/> Yes, it has kept me from non - medical meetings, appointments, work, or getting things that I need | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Toronto Region Additional Optional Questions (3/4)

6. Do you currently have consistent access to a phone or the internet?

- | | |
|---|---|
| <input type="checkbox"/> Yes, phone only | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, internet only | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Yes, both | <input type="checkbox"/> Prefer not to answer |

7. In the past 12 months, did you miss making a payment on any utility bills (e.g., electric, gas/oil, water) because of cost?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Not applicable, I did not have to pay utility bills in the past 12 months or utilities already included in rent | |

8. (a) Do you feel you have people who you can open up to or confide in?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I always or sometimes have someone | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No, I don't have anyone | <input type="checkbox"/> Prefer not to answer |

(b) Do you have people to rely on if you needed help?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I always or sometimes have someone | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No, I don't have anyone | <input type="checkbox"/> Prefer not to answer |

9. (a) Are you currently employed (this includes self-employed, full-time, part-time or other)?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

(b) Are you currently looking for work?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Toronto Region Additional Optional Questions (4/4)

(c) Is your main job temporary or part-time (e.g., casual, contract, freelance, short-term, seasonal)?												
<input type="checkbox"/> Yes		<input type="checkbox"/> Do not know		<input type="checkbox"/> No		<input type="checkbox"/> Prefer not to answer						
(d) Do you feel that your current employment could be negatively affected if you raised concerns about your work (e.g., health, safety, rights)?												
<input type="checkbox"/> Yes		<input type="checkbox"/> Do not know		<input type="checkbox"/> No		<input type="checkbox"/> Prefer not to answer						
(e) In the past 12 months, did your income change a lot from month to month?												
<input type="checkbox"/> Yes		<input type="checkbox"/> Do not know		<input type="checkbox"/> No		<input type="checkbox"/> Prefer not to answer						
10. What is your religious or spiritual affiliation? Select all that apply:												
<input type="checkbox"/> Agnosticism <input type="checkbox"/> Animism or Shamanism <input type="checkbox"/> Atheism <input type="checkbox"/> Baha' I Faith <input type="checkbox"/> Buddhism		<input type="checkbox"/> Christian Orthodox <input type="checkbox"/> Christian, not included elsewhere on this list <input type="checkbox"/> Confucianism <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam		<input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Native Spirituality <input type="checkbox"/> Pagan <input type="checkbox"/> Protestant		<input type="checkbox"/> Rastafarianism <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Sikhism <input type="checkbox"/> Spiritual <input type="checkbox"/> Unitarianism		<input type="checkbox"/> Zoroastrianism <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Not Applicable, I do not have a religious or spiritual affiliation <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer				
11. In what language would you prefer to read healthcare information? Check one only.												
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Braille	<input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Czech <input type="checkbox"/> Dari <input type="checkbox"/> Farsi <input type="checkbox"/> Greek		<input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Karen <input type="checkbox"/> Korean		<input type="checkbox"/> Nepali <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian		<input type="checkbox"/> Serbian <input type="checkbox"/> Slovak <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog		<input type="checkbox"/> Tamil <input type="checkbox"/> Tigrinya <input type="checkbox"/> Turkish <input type="checkbox"/> Twi <input type="checkbox"/> Ukrainian		<input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Do not know	