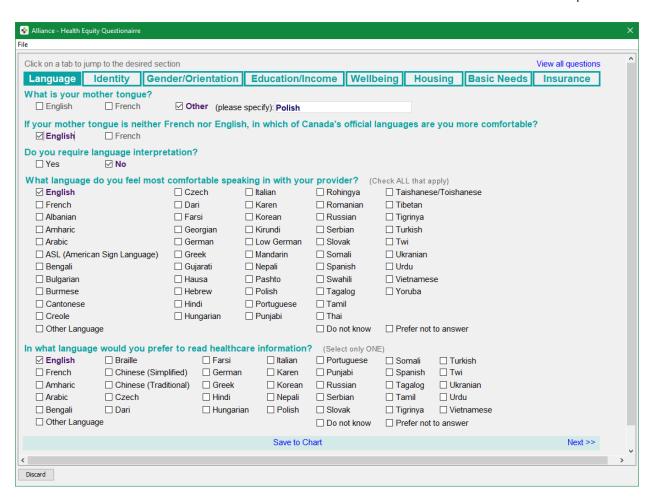


Alliance Health Equity Questionnaire

This form is designed to replace and supplement the prior "Extended Demographics" form used by the Alliance members since adopting PS Suite as their EMR platform. The new form continues to collect values recorded by the older form, while adding new data points to enhance health equity tracking. This will allow the Alliance BIRT reporting to seamlessly transition from the old Extended Demographics form on a site by site basis.

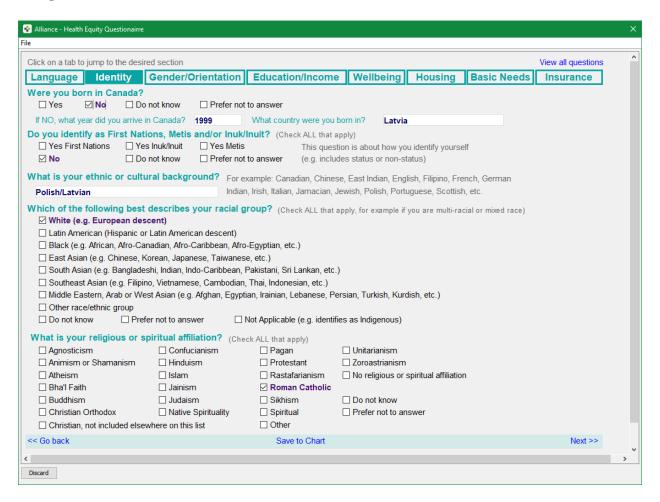
Language

This first section collects information about how to best communicate with the health provider.



Identity

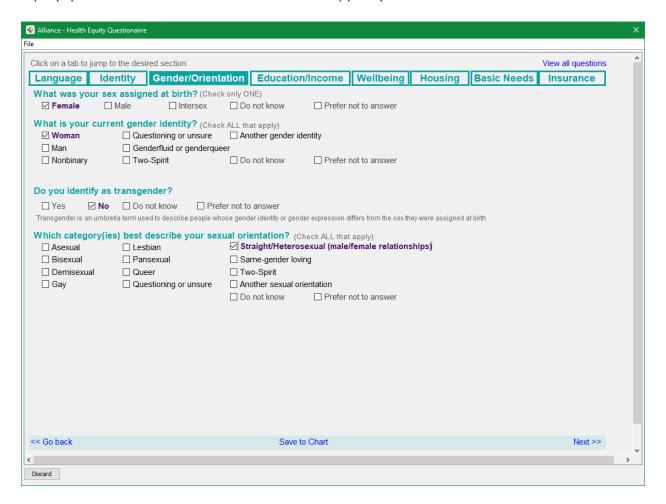
Were you born in Canada? Do you identify as Indigenous? What is your ethnic and racial background?





Gender/Orientation

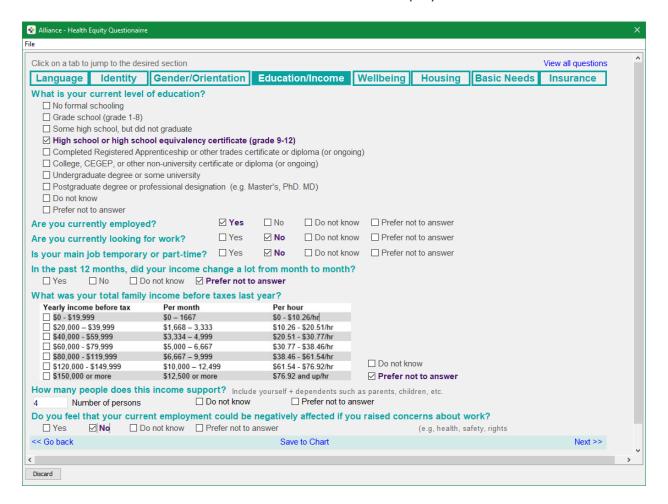
Self gender-identity and sexual orientation are collected with a single tab/section of the Health Equity questionnaire and is available to better support your LGBTQ+ clients.





Education/Income

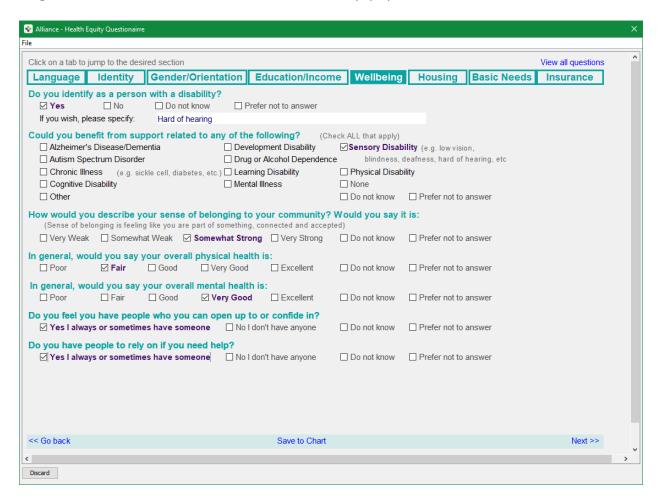
Education and economic determinants can impact an individual's health. This section collects information about a client's education level and current employment status





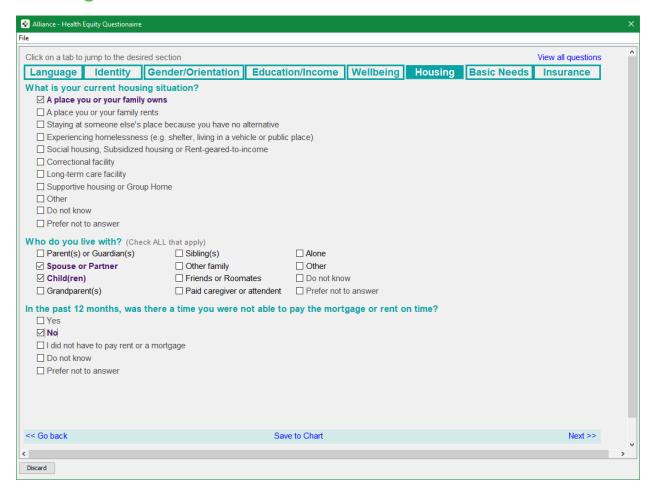
Wellbeing

This section covers an individual's self-assessed wellbeing. This includes any perceived or diagnosed disabilities, attachment to the community, physical and mental health, etc.



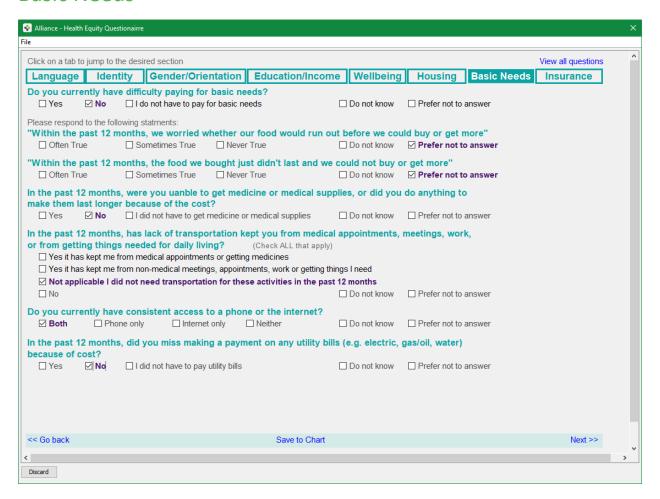


Housing





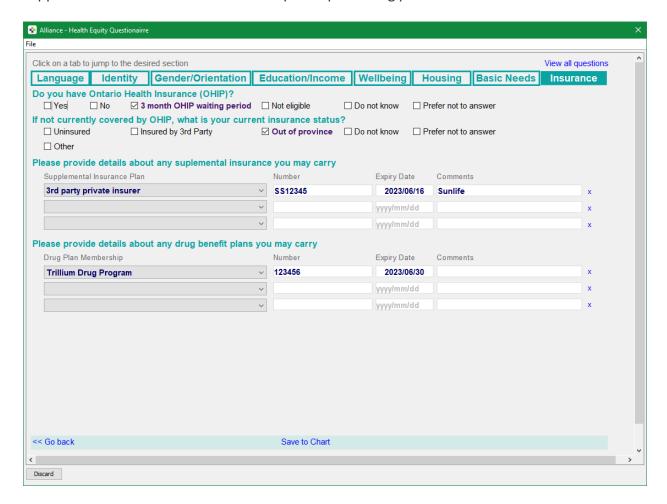
Basic Needs





Insurance

The final section of the questionnaire collects information about a client's primary and supplemental healthcare insurance and prescription drug plans.





Health Equity Note

Answers from the Health Equity Questionnaire are stored on a single page custom form in the chart. This form is designed so that it can be printed or attached to letters. The user creates or updates the note in the client chart by clicking on the blue Save to Chart link in the questionnaire.

The newly created or updated note will be displayed as a single page read-only form, known as the **Alliance Health Equity Note**. Newly created or recently edited HQ notes will be marked with a vertical yellow-bar in the records window, indicating that the client answers need to be reviewed before they can be submitted to BIRT.

Click on the blue Mark as Reviewed link in the upper right of the form, or on the Reviewed checkbox located at the bottom of form to designate the form as reviewed and ready for submission.

For an example, please the Sample Alliance Health Equity Note on the next page.



Language	261DemoOne Alliano	e	DOB:	Jan 1, 2000	Marked as reviewed	Edit answer
What is your mother tong		_				
In which of Canada's offi			e? English			
Do you require language		0				
What language do you fe			our provider?	English		
In what language would y		, ,				
	ou prefer to read field	and reduce in normalion	i: Liigiisii			
dentity	-0 N-					
Were you born in Canad			140-1		0. Baland	
If NO, what year did you		1990	What country w	ere you born in	7 Poland	
Do you identify as First N						
What is your ethnic or cu	_	Polish-German				
Which of the following be What is your religious or		cial group? Whi Roman Catholi				
Gender/Orientation						
What was your sex assig	ned at hirth?	male				
What is your current gen	,	man				
Do you identify as transg	•					
			leterosexual			
Which category(ies) bes	describe your sexu	ai orientation?	eterosexuar			
Education/Income						
What is your current leve		gh school				
Are you currently employ						
Are you currently looking						
Is your main job tempora						
In the past 12 months, di	,		to month?	Prefer not to	answer	
What was your total fam	*		Prefer not to an	swer		
How many people does t	his income support?	3				
Do you feel that your cur	rent employment cou	ıld be negatively af	ected if you raise	d concerns ab	out work? Do no	ot know
Wellbeing						
Do you identify as a pers	on with a disability?	Yes h	ard of hearing			
Could you benefit from s	upport related to any	of the following?	Sensory Disa	bility		
How would you describe	your sense of belon	ging to your comm	unity? Would you	say it is:	Somewhat Strong	
In general, would you say	your overall physica	al health is: Fair				
In general, would you say	your overall mental	health is: Ver	y Good			
Do you feel you have peo	ople who you can ope	en up to or confide	in? Yes			
Do you have people to re	ly on if you need help	o? Yes				
Housing						
What is your current hou	sing situation?	me				
Who do you live with?	-					
In the past 12 months, w			the mortgage or	rent on time?	No	
	as there a time you v	vere not able to pa	The mortgage of	Tent on time?	110	
Basic Needs						
Do you currently have dif						-
Within the past 12 month				, ,		irue
Within the past 12 month	,	,		, ,	Never True	
			cal supplies, or di	id you do anythi	ing to	
In the past 12 months, w make them last longer be			nodical appointm	ents. meetings	, work,	
	as lack of transportat	ion kept you from r	neuicai appointin			
make them last longer be		ion kept you from r Not applicable		, ····-g-		
make them last longer be In the past 12 months, ha	eded for daily living?	Not applicable				
make them last longer be in the past 12 months, had or from getting things nee Do you currently have co in the past 12 months, di	eded for daily living? ensistent access to a	Not applicable phone or the inter	net? Both		ater)	
make them last longer be In the past 12 months, ha or from getting things nee Do you currently have co In the past 12 months, di because of cost? No	eded for daily living? ensistent access to a	Not applicable phone or the inter	net? Both		ater)	

Sample Alliance Health Equity Note

