Welcome to this Milwaukee community health survey. The information collected in this survey will allow community organizations across the county of Milwaukee to better understand the health needs in your community. The knowledge gained will be used to implement programs that will benefit everyone in the community. We can better understand community needs by gathering the voices of community members like you to tell us about the issues that you feel are the most important.

REMINDER: You must be 18 years old or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not attributed to you personally in any way. Your participation in this survey is completely voluntary. If you have any questions, please contact Justin Rivas by email at jrivas@mkehcp.org. Thank you very much for your input and your time!

Please answer a few questions about yourself.

1. In what zip code do you live? Please select your five-digit zip code from the drop down below.

- [ ] 53110 (1)
- [ ] 53129 (2)
- [ ] 53130 (3)
- [ ] 53132 (4)
- [ ] 53154 (5)
- [ ] 53172 (6)
- [ ] 53202 (7)
- [ ] 53203 (8)
- [ ] 53204 (9)
- [ ] 53205 (10)
- [ ] 53206 (11)
- [ ] 53207 (12)
- [ ] 53208 (13)
- [ ] 53209 (14)
- [ ] 53210 (15)
- [ ] 53211 (16)
- [ ] 53212 (17)
- [ ] 53213 (18)
- [ ] 53214 (19)
- [ ] 53215 (20)
- [ ] 53216 (21)
- [ ] 53217 (22)
- [ ] 53218 (23)
- [ ] 53219 (24)
- [ ] 53220 (25)
- [ ] 53221 (26)
- [ ] 53222 (27)
- [ ] 53223 (28)
- [ ] 53224 (29)
- [ ] 53225 (30)
- [ ] 53226 (31)
- [ ] 53227 (32)
- [ ] 53228 (33)
- [ ] 53233 (34)
- [ ] 53235 (35)
- [ ] 53236 (36)
- [ ] N/A (37)

If you answered N/A, you have completed the survey.

Date Entered
Initials
2. Please select the city or village within Milwaukee County where you live.

- Bayside (1)
- Brown Deer (2)
- Cudahy (4)
- Franklin (5)
- Fox Point (6)
- Glendale (7)
- Greendale (8)
- Greenfield (9)
- Hales Corners (10)
- Milwaukee (City) (21)
- Oak Creek (11)
- River Hills (12)
- Shorewood (13)
- South Milwaukee (14)
- St. Francis (15)
- Wauwatosa (16)
- West Allis (17)
- West Milwaukee (18)
- Whitefish Bay (19)
- Other _______________ (20)

3. Are you of Hispanic/Latino/Latinx origin or descent? Select one.

- Hispanic/Latino/Latinx (1)
- Non-Hispanic/Latino/Latinx (2) (if selected, skip to Q5)
- Prefer not to answer (3) (if selected, skip to Q5)

4. If you are Hispanic/Latino/Latinx, please share your national heritage:

- Puerto Rican (3)
- Mexican (1)
- Cuban (2)
- Central American (4)
- South American (5)
- Other (6) __________________________________________________

5. Which of the following best describes you? Select all that apply.

- American Indian or Alaskan Native (1)
- Asian or Asian American (2)
- Black or African American (3)
- Native Hawaiian or other Pacific Islander (4)
- White or Caucasian (5)
- Some other race (7)
- Prefer not to answer (8)
6. What is your age? Select one.

- Under 18 (1)
- 18-20 (2)
- 21-24 (3)
- 25-34 (4)
- 35-44 (5)
- 45-54 (6)
- 55-64 (7)
- 65-74 (8)
- 75-84 (9)
- 85 or older (10)
- Prefer not to answer (11)

7. What is your current gender identity?

- Woman (1)
- Man (2)
- Transgender woman (3)
- Transgender man (4)
- Non-binary (5)
- Prefer not to answer (6)

8. What sex were you assigned at birth?

- Female (1)
- Male (2)
- Other (3)

9. Which of the following best describes you? Select one.

- Straight (not lesbian or gay) (1)
- Gay (2)
- Lesbian (3)
- Bisexual (4)
- Pansexual (5)
- Queer (6)
- Something else: ________________________________ (7)
- Prefer not to answer (8)

10. What is the highest level of education you have completed? Select one.

- Did not attend school (1)
- Less than 9th Grade (2)
- Some High School, No Diploma (3)
- High School Graduate (4)
- Associate Degree (5)
- Bachelor’s Degree (6)
- Master’s Degree or higher (7)
11. How much total money did all members of your household combined earn in the previous year? Select one.

- [ ] Less than $15,000 (1)
- [ ] $15,000 to $24,999 (2)
- [ ] $25,000 to $34,999 (3)
- [ ] $35,000 to $49,999 (4)
- [ ] $50,000 to $74,999 (5)
- [ ] $75,000 to $99,999 (6)
- [ ] $100,000 to $124,999 (7)
- [ ] $125,000 or more (8)
- [ ] Prefer not to answer (9)

12. Which is your current employment status? Select one.

- [ ] Employed, working full-time (1)
- [ ] Employed, working part-time (2)
- [ ] Not working by choice (3)
- [ ] Out of work, looking for work (4)
- [ ] Out of work, but NOT currently looking for work (5)
- [ ] A student (6)
- [ ] Retired (7)
- [ ] Unable to work (8)

13. If you are not working, what is the main reason(s) you are not working? Select any that apply.

- [ ] Available jobs do not pay a wage that allows me to care for myself and my family (1)
- [ ] Cannot find childcare (2)
- [ ] Cost of childcare is too high (3)
- [ ] Full time work is too much (4)
- [ ] Part time work is not enough income (5)
- [ ] Furloughed or temporarily unemployed (6)
- [ ] Shifts do not work with my schedule (7)
- [ ] Taking care of family member (8)
- [ ] Lack of transportation (9)
- [ ] Positive drug test/drug screen (10)
- [ ] Criminal history (11)
- [ ] Have not received my high school diploma or GED (12)
- [ ] I have a disability (13)
- [ ] I did not have a fair chance to get a job (14)
- [ ] Other (please specify) ___________________ (15)

14. What language do you mainly speak at home? Select one.

- [ ] Arabic (1)
- [ ] English (2)
- [ ] Hmong (3)
- [ ] Russian (4)
- [ ] Spanish (5)
- [ ] Some other language (please specify) ___________________ (6)
15. Including yourself, how many people currently live in your household? Select one.

☐ (1) ☐ (4) ☐ (5)
☐ (2) ☐ (4) ☐ (5)
☐ (3) ☐ (4) ☐ or more (6)

HEALTH BEHAVIOR AND INDIVIDUAL HEALTH QUESTIONS

16. In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Not Sure (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have diabetes? (1)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You have high blood pressure? (2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your blood cholesterol is high? (3)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You have heart disease or a heart condition? (4)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-trauma? (5)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

17. How many times during the last month did you have five or more alcoholic drinks (if man) or four or more alcoholic drinks (if woman)? Select one.

☐ Never (1) ☐ Weekly (4) ☐ Daily or almost daily (5)
☐ Less than monthly (2) ☐ Monthly (3)


☐ Every day (1) ☐ Some days (2) ☐ I do not smoke tobacco cigarettes (3)
   □ Every day (1)
   □ Some days (2)
   □ I do not smoke electric cigarettes or vape (3)

20. How would you rate your own personal health in the past 12 months? Select one.
   □ Very Unhealthy (1)
   □ Unhealthy (2)
   □ Somewhat Healthy (3)
   □ Healthy (4)
   □ Very Healthy (5)

21. Do you currently have a health insurance plan/health coverage? Select one.
   □ Yes (1)
   □ No (2)
   □ I don’t know (3)

22. If you have insurance, which type of health insurance or plan do you use to pay for your health care services? Select all that apply.
   □ Medicaid (Badgercare) (1)
   □ Medicare (2)
   □ I lost insurance this year/had partial year insurance due to Medicaid disenrollment and renewal process. (3)
   □ Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent (4)
   □ Insurance through Healthcare.gov Marketplace/Obama Care/Affordable Care Act (ACA) (5)
   □ Private Insurance I pay for myself (HMO/PPO) (6)
   □ Indian Health Services (7)
   □ Veteran’s Administration (8)
   □ COBRA (9)
   □ I pay out of pocket/cash (10)
   □ Other (please specify) (11)
   __________________________
23. In the past 12 months, was there a time that you needed health care or dental services but did not get the care that you needed (you didn’t go to a doctor’s or dentist’s office when you needed to?) Select one.

- Yes (1)
- No, I got the services that I needed (2)
- Does not apply, I did not need health care services in the past year (3)

24. If yes, select the top reason(s) that you did not receive the health care/dental services that you needed in the past 12 months. Select all that apply.

- Cost - too expensive/ can’t pay (1)
- I do not have health insurance (2)
- I have health insurance but out of pocket cost is still too high (due to cost-sharing, coinsurance, co-pays, or deductibles (3)
- Lack of transportation (4)
- Language barrier (5)
- Did not feel cared for, respected, or understood (6)
- Hours of operation did not fit my schedule (7)
- Wait is too long (8)
- No doctor is nearby (9)
- Insurance not accepted (10)
- Cultural/religious reasons (11)
- Lack of trust in healthcare/dental services and or providers (12)
- Previous negative experience receiving care or services (13)
- Other (please specify) (14)

25. In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services? Select one.

- Yes (1)
- No, I got the services that I needed (2)
- Does not apply, I did not need services in the past year (3)
26. If yes, select the main reason(s) that you did not receive mental health services or alcohol/substance use treatment. Select all that apply.

☐ Cost - too expensive/ can’t pay (1)
☐ I do not have health insurance (2)
☐ I have health insurance but out of pocket cost is still too high (due to cost-sharing, coinsurance, co-pays, or deductibles (3)
☐ Lack of transportation (4)
☐ Language barrier (5)
☐ Did not feel cared for, respected, or understood (6)
☐ Hours of operation did not fit my schedule (7)
☐ Wait is too long (8)
☐ No doctor is nearby (9)
☐ Insurance not accepted (10)
☐ Cultural/religious reasons (11)
☐ Lack of trust in healthcare/dental services and or providers (12)
☐ Previous negative experience receiving care or services (13)
☐ Other (please specify) (14)

27. In the past 12 months, did you go to a hospital Emergency Department (ED) or Urgent Care? Select one.

☐ Yes (1) (if yes, go to Q28)
☐ No, I have not gone to the hospital ED or Urgent Care (2) (if no, go to Q29)
28. What were the main reasons that you went to the ED instead of a doctor’s office or clinic? Select any that apply.

- After clinic hours/weekend (1)
- I don’t have a regular doctor/clinic (2)
- I do not have health insurance (3)
- I feel more comfortable accessing my care in the ED or Urgent Care instead of a doctor’s office or clinic (4)
- Concerns about cost or co-pays (5)
- Emergency/Life-threatening situation (6)
- Long wait for an appointment with my regular doctor (7)
- I needed help and didn’t know where else to go (8)
- My doctor (or other provider) told me to go (9)
- Cultural/religious reasons (10)
- Other (please specify) (11)

29. Do you have medical debt? Select one.

- Yes (1)
- No (2)
- I don’t know (3)
- Prefer not to answer (4)

30. What is your living situation today? Select one.

- I have a steady place to live (1)
- I have a place to live today, but I am worried about losing it in the future (2)
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train stations, or in a park) (3)

31. During the past month, my household has been able to meet its needs with the money and resources we have.

- Agree (1)
- Disagree (2)
32. **What issues, if any, do you have with your current housing situation? Select all that apply.**

- ☐ Eviction concerns (prior, current, or potential) (1)
- ☐ Current housing is temporary, need permanent housing (2)
- ☐ High crime (3)
- ☐ Rent/facility is too expensive (4)
- ☐ Mortgage is too expensive (5)
- ☐ Need supportive and/or assisted living (6)
- ☐ Utilities (water, heat, electric) (7)
- ☐ Too far from town/services (8)
- ☐ Too run down or unhealthy environment (ex. mold, lead, radon) (9)
- ☐ Too small/crowded problems with other people (10)
- ☐ Unsafe (11)
- ☐ None of the above (12)
- ☐ Other (please specify) ___________________ (13)

33. **In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?**

- ☐ Yes (1)
- ☐ No (2)

34. **In the last 12 months, did your child/children eat less than you felt they should because there wasn’t enough money for food?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not applicable (N/A) (3)

35. **In the past 12 months, did you or someone living in your home receive emergency food from a church, clinic, a food pantry, or a food bank, or eat in a soup kitchen? Select one.**

- ☐ Often (1)
- ☐ Sometimes (2)
- ☐ Never (3)
36. Thinking about your own life, have you been affected by any of the following? Select an option for your response in each row below.

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious bias – that is, people discriminating against other people without realizing they are doing it (1)</td>
<td></td>
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<tr>
<td>Individual acts of racism and discrimination (2)</td>
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<tr>
<td>Structural or systemic racism – that is, a system of established policies and practices that disadvantage people of color (3)</td>
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<tr>
<td>Limited access to wealth (i.e., savings, retirement, property) (4)</td>
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<tr>
<td>Limited access to quality education (5)</td>
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<tr>
<td>Limited opportunities for career advancement (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited access to quality housing (7)</td>
<td></td>
<td></td>
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</tbody>
</table>
COMMUNITY HEALTH QUESTIONS

In this survey, “community” refers to the major areas where you live, learn, work, play and get services.

37. From the following list, what do you think are the three most important health issues in your community? Select three.

- ☐ Alcohol use and abuse (underage use, binge drinking, DWI) (1)
- ☐ Asthma and other breathing issues (2)
- ☐ Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19) (3)
- ☐ Bullying in schools and other youth settings (4)
- ☐ Chronic diseases like diabetes and heart disease (5)
- ☐ Cancer (6)
- ☐ Child abuse and neglect (7)
- ☐ Cigarette smoking and other tobacco use (8)
- ☐ Dementia, including Alzheimer’s Disease (9)
- ☐ Domestic violence/intimate partner violence (10)
- ☐ Drug use and abuse (prescription drug misuse and street drug use, including marijuana) (11)
- ☐ Gun violence/community violence (12)
- ☐ Human trafficking (13)
- ☐ Infant Mortality (14)
- ☐ Lack of access to birth control/unexpected pregnancies (15)
- ☐ Lead poisoning (16)
- ☐ Mental health and mental conditions (anxiety, depression) (17)
- ☐ Nutrition and healthy eating (18)
- ☐ Oral health (19)
- ☐ Physical activity and exercise (20)
- ☐ Racism and discrimination (21)
- ☐ Sexually transmitted infections (including HIV) (22)
- ☐ Suicide (23)
- ☐ Unintentional injuries (falls, motor vehicle crashes, poisonings) (24)
- ☐ Vaping, juiliing, and e-cigarette use (25)
- ☐ Other (26) ________________________________________________
38. From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community? Select three.

☐ Access to affordable childcare/day care (1)
☐ Access to affordable healthcare (2)
☐ Access to affordable, healthy foods (3)
☐ Access to affordable housing (4)
☐ Access to community parks and other recreation locations for physical activity (5)
☐ Access to affordable dental care/dentists (6)
☐ Access to family planning or other reproductive health items (7)
☐ Access to mental health services (8)
☐ Access to social services/safety net for people who are struggling (9)
☐ Addressing bullying in schools (10)
☐ Addressing community safety/gun violence/community safety (11)
☐ Addressing racism and discrimination (12)
☐ Clean air (13)
☐ Clean water (14)
☐ Criminal justice reform (15)
☐ Good paying jobs and strong economy (16)
☐ Good schools and colleges (17)
☐ Public transportation (18)
☐ Support services for seniors (meals, transportation, housing, respite support) (19)
☐ Strong and supportive families/relationships (20)

☐ Other (21) ____________________________________________________________
39. Below are some statements about health care services in your community. Select an option for your response in each row below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am connected to a primary care doctor or health clinic that I am happy with</td>
<td></td>
<td></td>
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<tr>
<td>I can get an appointment for my health needs quickly</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I can easily get to my health care provider or clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can access health information from credible sources</td>
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<td></td>
</tr>
</tbody>
</table>

40. Below are some statements about health care services and providers (doctors, nurses, other hospital clinic staff) in your community. Select an option for your response in each row below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know / N/A (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel heard, seen and listened to when receiving health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am treated differently because of my race or ethnicity when receiving health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am treated differently because of my gender when receiving health care</td>
<td></td>
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<tr>
<td>I feel I am treated differently because of my sexual orientation when receiving health care</td>
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<tr>
<td>I feel my family or support people are heard, seen and listened to when I receive health care</td>
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</tr>
<tr>
<td>I feel heard, seen and listened to when my child/children are receiving health care</td>
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</tbody>
</table>
41. Below are some statements about your community. Select an option for your response in each row below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don’t Know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are quality health care services in my community. (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are affordable health care services in my community. (2)</td>
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</tr>
<tr>
<td>Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc. (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are plenty of well-paying jobs available for those who are over 18 years old (4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are plenty of jobs available for those who are under 18 years old (5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are job trainings or employment resources for those who need them (6)</td>
<td></td>
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<tr>
<td>There are resources for individuals in my community to start a business (financing, training, real estate, etc.) (7)</td>
<td></td>
<td></td>
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<tr>
<td>Childcare (daycare/preschool) resources are affordable and available for those who need them (8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The K-12 schools in my community are well funded and provide good quality education (9)</td>
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</tbody>
</table>
42. Below are some statements about your community. Select an option for your response in each row below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our local university/community college provides quality education at an affordable cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are affordable places to live in my community</td>
<td></td>
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</tr>
<tr>
<td>Streets in my community are typically clean and buildings are well maintained</td>
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</tr>
<tr>
<td>Public transportation is easy to use if I need it</td>
<td></td>
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<tr>
<td>Crime is not a major issue in my neighborhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe in my own neighborhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am friendly with most of my neighbors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>There is a feeling of trust in law enforcement in my community</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43. **Below are some statements about your community. Select an option for your response in each row below.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer’s markets (1)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In my neighborhood it is easy to grow and eat fresh food from a home garden (2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I can get to a grocery store when I need food or other household supplies (3)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Local restaurants serve healthy food options (4)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We have good parks and recreational facilities (5)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There are good sidewalks or trails for walking or biking safely (6)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is easy for people to get around regardless of ability (7)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Air and water quality are safe in my community (8)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
44. On average, people of color in the U.S. have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference? Select an option for your response in each row below.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Major reason (1)</th>
<th>Minor reason (2)</th>
<th>Not a reason (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historic gaps in wealth between White people and people of color (i.e. savings, retirement, property) (1)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Structural or systemic racism – that is, a system of established policies and practices that disadvantage people of color (2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color have less access to quality education (3)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color have less opportunities for career advancement (4)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color have less access to quality housing (5)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color are more likely to be exposed to pollution and environmental toxins in places where they live (6)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Doctors are less likely to provide the same level of care to people of color as they do to white people (7)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color are less likely to have access to health care and insurance (8)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People of color have less opportunity to engage in healthy behaviors like exercise and healthy eating (9)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
45. How many children (under age 18) currently live in your home? Select one.

☐ None (1)
☐ 1 (2)
☐ 2 (3)
☐ 3 (4)
☐ 4 (5)
☐ 5 (6)
☐ 6 or more (7)

If you selected none above, please skip the next questions and go to Vaccine section (Q53).

CHILDREN-RELATED QUESTIONS

If there are any children under 18 that live in your home, please answer the following questions.

46. What type of health insurance or health plans do children in your home have to cover the costs of health care services? Select all that apply.

☐ Medicaid/Children’s Health Insurance Program (CHIP)/Badgercare (1)
☐ Insurance through an employer (HMO/PPO) - either my own or partner/spouse (2)
☐ Insurance through the Healthcare.gov Marketplace/Obama Care/Affordable Care Act (ACA) (3)
☐ Private Insurance I pay for myself (HMO/PPO) (4)
☐ Indian Health Services (5)
☐ Veteran’s Administration (6)
☐ COBRA (7)
☐ I pay out of pocket/cash (8)
☐ We don’t have health insurance (9)

☐ Other (please specify)_____________________________ (10)
47. Have the children (under 18) in your home experienced any of the following health issues/conditions? Select all that apply.

- No, the child/children have not faced any health issues (1)
- Autoimmune disorders (for example, gluten sensitivity) (2)
- Cancer (3)
- Chronic diseases (allergies, asthma, diabetes) (4)
- Childhood disabilities or special needs (5)
- Hearing and/or vision (6)
- Heart disease or other heart conditions (7)
- Infant health (low birth weight, premature birth) (8)
- Infectious diseases (measles, COVID-19) (9)
- Mental or behavioral health (fearfulness, depression, self-regulation) (10)
- Oral health/dental health (11)
- Overweight or underweight (12)
- Lead poisoning (13)
- Nervous system disorders (migraine, seizures) (14)
- Sexually transmitted infections (15)
- Stroke (16)
- Teen pregnancy (17)
- Unintentional injuries (bicycle crash, poisoning) (18)
- Violence (such as abuse/neglect, bullying, community violence, intimate partner/dating, sexual assault) (19)

- Other (please specify) _________________________________ (20)
48. Do you have concerns for any of the following activities for the children (under 18) in your home? Select all that apply.

- [ ] Alcohol use (1)
- [ ] Cigarette smoking and other tobacco use (2)
- [ ] Drug use and abuse (prescription drug misuse and street drug use, including marijuana/weed/gummies/edibles) (3)
- [ ] Nutrition and eating habits (4)
- [ ] Physical activity and exercise (5)
- [ ] Vaping, juuling, and e-cigarette use (6)
- [ ] Other (please specify) __________________________ (7)

49. In general would you say your child’s quality of life is:

- [ ] Excellent (1)
- [ ] Very Good (2)
- [ ] Good (3)
- [ ] Fair (4)
- [ ] Poor (5)

50. In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed? Select one.

- [ ] Yes (1)
- [ ] No, they got the services that they needed (2)
- [ ] Does not apply, the child/children did not need services (3)
51. If yes, which of the following services were the children in your home not able to get in the past 12 months when they needed them? Select all that apply.

☐ Alcohol or other substance use treatment (1)
☐ Dental care (routine cleaning or urgent care) (2)
☐ Emergency care services (3)
☐ Mental health services (4)
☐ Reproductive health services (5)
☐ Nutrition services (6)
☐ Prescription medications (7)
☐ Routine care/treatment for ongoing or chronic conditions - ex. allergies, respiratory conditions, diabetes (8)
☐ Scheduled vaccination(s) (9)
☐ Services for special needs (10)
☐ Sick visit/urgent care visit (11)
☐ Well child visit/check up (12)

☐ Other (please specify)________________ (13)
52. Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months. Select all that apply.

- Cost-too expensive/can’t pay (1)
- No insurance (2)
- I have health insurance but out of pocket cost is still too high (due to cost-sharing, coinsurance, co-pays, or deductibles (3)
- Lack of transportation (4)
- Not able to take off work for an appointment (5)
- Language barrier (6)
- Did not feel cared for, respected, or understood (7)
- Wait is too long (8)
- No doctor is nearby (9)
- Insurance not accepted (11)
- Cultural/religious reasons (12)
- Lack of trust in healthcare services and/or providers (13)
- Previous negative experience receiving care or services (14)

- Other (please specify) ______________(15)
VACCINE QUESTIONS

53. Are you up to date with all the recommended vaccines for age and health situation?

☐ I am vaccinated (1)
☐ I plan to get vaccinated (2)
☐ I do not plan to get vaccinated (3)
☐ I don’t know (4)

54. If no or planning, then select which of the following contributes to your vaccine decision? Select all that apply.

☐ I have just not scheduled my appointment (1)
☐ Uncertain about the safety or side-effects of the vaccine (2)
☐ Challenges getting a vaccine appointment (3)
☐ Not able to take off work for an appointment (4)
☐ Lack of transportation (5)
☐ Hours of operation did not fit my schedule (6)
☐ Language barrier (7)
☐ No vaccine site is nearby (8)
☐ Wait is too long (9)
☐ I worried that others would judge me (10)
☐ Cultural/religious reasons (11)
☐ Lack of trust in healthcare services and/or providers (12)
☐ Previous negative experience receiving care or services (13)
☐ I do not believe the vaccine is safe for me (14)
☐ I have a pre-existing condition that makes me ineligible (15)

☐ Other (please specify) ____________________ (16)
55. What is your COVID-19 Vaccine status?

- [ ] I am vaccinated (1)
- [ ] I plan to get vaccinated (2)
- [ ] I do not plan to get vaccinated (3)

56. If no or planning, then select which of the following contributes to your vaccine decision? Select all that apply.

- [ ] I have just not scheduled my appointment (1)
- [ ] Uncertain about the safety or side-effects of the vaccine (2)
- [ ] Challenges getting a vaccine appointment (3)
- [ ] Not able to take off work for an appointment (4)
- [ ] Lack of transportation (5)
- [ ] Hours of operation did not fit my schedule (6)
- [ ] Language barrier (7)
- [ ] No vaccine site is nearby (8)
- [ ] Wait is too long (9)
- [ ] I worried that others would judge me (10)
- [ ] Cultural/religious reasons (11)
- [ ] Lack of trust in healthcare services and/or providers (12)
- [ ] Previous negative experience receiving care or services (13)
- [ ] I do not believe the vaccine is safe for me (14)
- [ ] I have a pre-existing condition that makes me ineligible (15)

- [ ] Other (please specify) ____________________ (16)

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community’s health.

Are you interested in the results? Leave your name and email address with the individual who handed you this survey.