



How Healthy is Walworth County?

Thank you for taking the time to fill out this survey. **The answers are completely ANONYMOUS, however if you are not comfortable answering a question you may skip it. The survey should take about 10 minutes to complete.**

The survey must be returned by **September 30, 2021.**

This survey can also be completed online at www.co.walworth.wi.us/CHA-CHIP (English & Spanish versions available)

For the following questions please think about your community as where you live, learn, work, play, and worship.

1. My household has enough money to pay for our basic needs like food, clothing, and housing.			
<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never

2. Choose whether you agree or disagree with the following statements. Please choose the answer that best reflects your opinion.		
Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I am able to pay all of my bills every month.
<input type="checkbox"/>	<input type="checkbox"/>	If I was suddenly without income for 3 months I would be able to cover all of my household expenses.
<input type="checkbox"/>	<input type="checkbox"/>	At the end of every month I am able to save money.
<input type="checkbox"/>	<input type="checkbox"/>	Living in Walworth County is affordable.

3. How would you best describe your current employment status? (Choose one)		
a. Full-time employment	b. Part-time employment	c. Seasonal employment
d. More than one job	e. Stay at home parent or care giver	f. Full-time caregiver for an adult family member
g. Temporarily out of work	h. Unable to work	i. Retired
j. Student		

<p>4. In the last 12 months have you ever worried that you would run out of food before you had money to buy more? (Choose one)</p> <ul style="list-style-type: none"> a. Often (More than ten times) b. Sometimes (three to ten times) c. Rarely (once or twice) d. Never 	<p>5. Where do you get most of your food? (Choose one)</p> <ul style="list-style-type: none"> a. Grocery store b. Convenience store or gas station c. Farmers markets d. Food pantry e. Other: _____
<p>6. What is your living situation today? (Choose one)</p> <ul style="list-style-type: none"> a. I have a reliable place to live. b. I have a place to live today, but I'm worried about losing it in the future. c. I do not have a reliable place to live (I am temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park). 	<p>7. Think about where you live. Do you have any of the following issues? (Circle all that apply)</p> <ul style="list-style-type: none"> a. Pests such as bugs, ants, or mice b. Water damage, not related to flooding c. Lack of heat d. Oven or stove not working e. Smoke detectors missing or not working f. Hot or cold water not working g. None



8. Choose whether you agree or disagree with the following statements. Please choose the answer that best reflects your opinion.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	My community has access to a variety of transportation options.
<input type="checkbox"/>	<input type="checkbox"/>	I have reliable transportation.
<input type="checkbox"/>	<input type="checkbox"/>	The transportation options in my community are affordable.
<input type="checkbox"/>	<input type="checkbox"/>	My community needs safer streets or paths for bicycling.
<input type="checkbox"/>	<input type="checkbox"/>	My community needs more sidewalks for walking.
<input type="checkbox"/>	<input type="checkbox"/>	My community has enough safe places to exercise or play outside, like parks, beaches, and pools.
<input type="checkbox"/>	<input type="checkbox"/>	There is adequate lighting for walking or outdoor activities in the evening in my community (For example, street lights).

9. In the list below, please rank from 1-3 your top three concerns for your **community's environment**, with 1 being the biggest concern.

	Safe drinking water		Lake and stream water quality		Climate change
	Too much development		Safe housing		Unsafe food
	Conservation		Lead hazards (i.e. paint, pipes)		Mosquito/Tick carried diseases
	Air quality/air pollution		Other:		

<p>10. Which of the following apply to the schools in your community? (Circle all that apply)</p> <ul style="list-style-type: none"> a. Provide high quality education for children b. Play a large role in my community c. Are safe d. Develop students who contribute to society e. Support families in our community f. None of the above g. Other: _____ 	<p>11. Do any of the following impact your ability to maintain or advance your employment? (Circle all that apply)</p> <ul style="list-style-type: none"> a. My ability to get job skills training b. My education c. Availability of child care d. Availability of adult respite care e. Availability of reliable transportation f. Job accommodations for a disability g. Language barrier h. Not applicable i. Other: _____
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12. How do you connect or socialize with others in your community?



13. Choose whether you agree or disagree with the following statements. Please choose the answer that best reflects your opinion.		
Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I feel safe in my community.
<input type="checkbox"/>	<input type="checkbox"/>	There are opportunities for people to gather in my community.
<input type="checkbox"/>	<input type="checkbox"/>	I have close friends, family, or supports that I can depend on.
<input type="checkbox"/>	<input type="checkbox"/>	I receive support from a faith community or civic organization.
<input type="checkbox"/>	<input type="checkbox"/>	I would use an assistance program or other support program to get help if needed. (For example, community support group, employee assistance program)
<input type="checkbox"/>	<input type="checkbox"/>	Decisions in my community are made with resident participation. (For example, I am given an opportunity to express my concerns.)

14. Choose whether you agree or disagree with the following statements. Please choose the answer that best reflects your opinion.		
Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I and/or someone in my household experiences discrimination in my community. (Discrimination is the unfair treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation).

14.1 If you agreed with the statement above regarding discrimination, please answer the following: What type(s) of discrimination have you and/or your household member(s) experienced in your community? Please select all that apply.

<input type="checkbox"/> Race or ethnicity	<input type="checkbox"/> Criminal history	<input type="checkbox"/> Age
<input type="checkbox"/> Place of birth	<input type="checkbox"/> Disability	<input type="checkbox"/> Primary Language
<input type="checkbox"/> Gender	<input type="checkbox"/> Income or socioeconomic status	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Citizenship status	<input type="checkbox"/> Other: _____

14.2 If you agreed with the statement above regarding discrimination, please answer the following: In what situations have you and/or your household member(s) experienced discrimination in your community? Please select all that apply.

<input type="checkbox"/> Applying for a job	<input type="checkbox"/> At school	<input type="checkbox"/> Interacting with law enforcement
<input type="checkbox"/> Looking for housing to rent or buy	<input type="checkbox"/> At work	<input type="checkbox"/> At a place of worship
<input type="checkbox"/> In public places	<input type="checkbox"/> Interacting with government services	<input type="checkbox"/> With my neighbors
<input type="checkbox"/> Healthcare		<input type="checkbox"/> Other: _____



15. Choose whether you agree or disagree with the following statements. Please choose the answer that best reflects your opinion.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I am aware of mental health resources that are available in my community.
<input type="checkbox"/>	<input type="checkbox"/>	I know how to access mental health resources in my community.
<input type="checkbox"/>	<input type="checkbox"/>	I would be comfortable getting mental health help in my community.
<input type="checkbox"/>	<input type="checkbox"/>	There is a need for leaders in my community to understand more about mental health needs.
<input type="checkbox"/>	<input type="checkbox"/>	Binge drinking or excessive alcohol use is normal in my community.
<input type="checkbox"/>	<input type="checkbox"/>	In my community, drug use or alcohol abuse is viewed as a personal failure.

16. What are the major sources of stress in your life?

17. In the list below, please rank the top three issues in your community from 1-3, with 1 being the biggest concern.

	Affordability		Hunger
	Employment		Family stability
	Physical Health		Housing
	Mental Health		Safety
	Recreation/Social Opportunities		Discrimination/acceptance
	Environment		

18. What do you like best about living, visiting, or working in Walworth County?

19. What is the biggest problem facing Walworth County?



If you raise a child in Walworth County please answer the following questions. If you do not raise a child please move to the next page.

20. Choose whether you agree or disagree with the following statements. We understand you might not completely agree or disagree with some statements. In those cases, please choose the answer that best reflects your opinion.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have support and I am connected to resources in the community that I need to raise my child.
<input type="checkbox"/>	<input type="checkbox"/>	I have the skills I need to raise my child.
<input type="checkbox"/>	<input type="checkbox"/>	There are enough opportunities for children to connect outside of school in my community.
<input type="checkbox"/>	<input type="checkbox"/>	Opportunities for children to connect outside of school are affordable.
<input type="checkbox"/>	<input type="checkbox"/>	I am able to spend quality time with my child outside of work and school.
<input type="checkbox"/>	<input type="checkbox"/>	I participate in my child's learning.
<input type="checkbox"/>	<input type="checkbox"/>	My child lacks a male role model that participates in their life.
<input type="checkbox"/>	<input type="checkbox"/>	My child lacks a female role model that participates in their life.

21. What is the best part about raising a child in Walworth County?

22. What are the biggest challenges to raising a child in Walworth County?



The following questions related to the impacts of the COVID-19 pandemic are optional.

<p>23. As a result of the COVID-19 pandemic, my physical health has:</p> <ul style="list-style-type: none"> a. Improved b. Stayed the Same c. Declined 	<p>24. As a result of the COVID-19 pandemic, my mental health has:</p> <ul style="list-style-type: none"> a. Improved b. Stayed the Same c. Declined
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25. Please think about your behaviors before the COVID-19 pandemic began and identify whether or not they have changed since then. Mark one response per line.				
Has your....	Increased	Stayed the Same	Decreased	Not Applicable
alcohol use changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drug use changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tobacco/nicotine product use changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
communication with your social connections (neighbors, family, friends, etc.) changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
financial situation changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
access to reliable childcare changed since the beginning of the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How does the COVID-19 pandemic continue to impact your health and well-being? (If applicable)

Please complete the demographic questions on the next page.



Demographics

<p>27. What is your primary connection to Walworth County?</p> <ul style="list-style-type: none"> a. I live here year round b. I live here part of the year c. I work here d. I visit here often e. I am not connected with Walworth County 	<p>32. What race do you identify as?</p> <ul style="list-style-type: none"> a. African American/Black b. White/ Caucasian c. Asian/Pacific Islander d. Native American/Alaska Native e. Other: _____ 	<p>38. What is your annual household income?</p> <ul style="list-style-type: none"> a. Less than \$24,000 b. \$25,000 - \$39,000 c. \$40,000 - \$59,000 d. \$60,000 - \$74,000 e. \$75,000 - \$99,000 f. \$100,000 - \$199,000 g. \$200,000 or more
<p>28. What is your age?</p> <ul style="list-style-type: none"> a. Under 18 b. 18-24 c. 25-34 d. 35-49 e. 50-64 f. 65+ 	<p>33. What is your gender?</p> <p>_____</p>	<p>39. How many people live in your household?</p> <ul style="list-style-type: none"> a. 1 b. 2 c. 3 d. 4 e. 5 or more
	<p>34. What is your sexual orientation?</p> <p>_____</p>	
	<p>35. What is your zip code, or in which Walworth County area do you spend most of your time?</p> <p>_____</p>	
<p>29. Have you ever served in the armed forces?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>36. What is your highest level of education completed?</p> <ul style="list-style-type: none"> a. Some high school b. High school graduate/GED c. Some college d. Technical school graduate/Associate Degree e. College graduate f. Advanced or professional degree 	<p>40. Do other individuals besides your spouse/partner and/or children live in your household? If so, please circle all that apply.</p> <ul style="list-style-type: none"> a. Grandparent b. Parent c. Adult relative d. Youth relative e. Friend/acquaintance
<p>30. Do you consider yourself a person with a disability?</p> <ul style="list-style-type: none"> a. Yes b. No 		
<p>31. What ethnicity do you identify as?</p> <ul style="list-style-type: none"> a. Hispanic/Latinx b. Non-Hispanic 	<p>37. What is your current marital status?</p> <ul style="list-style-type: none"> a. Single/never married b. Married c. Separated d. Divorced e. Widowed f. Member of an unmarried couple in same household 	



Thank you for your participation! Your thoughts and input will help us choose areas for action within our community to improve health for all.

1. Where/how did you hear about this survey?

- Church
- Community Meeting/Event
- Mail
- Newspaper
- Newsletter
- Social Media
- Word of Mouth
- Workplace
- Other: _____

2. We acknowledge that you can only provide a brief amount of information on community health & issues in Walworth County through this survey. If you would like to be contacted to further discuss your responses, please provide your contact information below.

Name:

Email:

Phone Number:

Want to get more involved in improving the health of Walworth County? Join us!

Follow us on Facebook. We will regularly post updates on our process on Walworth County Health & Human Services' Facebook: <https://www.facebook.com/WalCoDHHS/>.

Help us reach others. We want to hear from everyone in our community, so share the word with your friends and family to complete the survey & participate in other opportunities. Your input matters!

Join a listening session. We're looking for volunteers who are Walworth County residents to participate in a listening session to share their thoughts about what makes their community healthy and how they can become healthier. Stay tuned for updates on our Facebook & website.

Join the action. Help us prioritize what issues our community should focus on. Join a coalition or committee to take action to improve community health.

To get involved or for more information, visit <https://www.co.walworth.wi.us/417/Public-Health-Division> or contact walcoph@co.walworth.wi.us.

