



Shawano-Menominee Counties Community Health Survey

Thank you for taking the time to fill out this survey. This survey was created by Shawano-Menominee Healthy Communities to get the community's opinion about factors that impact community health in Shawano-Menominee Counties. This survey is intended for people who live or work in Shawano and/or Menominee County and will take about 5-10 minutes to complete. All answers are anonymous.

1. Where do you live? Shawano County Menominee County Other: _____

2. Where do you work? Shawano County Menominee County Other: _____

3. What is your zipcode?

4. What is your age range?

- Under 13 years with supervision
- 14-17 years
- 18-25 years
- 26-39 years
- 40-54 years
- 55-64 years
- 65-80 years
- Over 80 years

5. Which best describes your Gender?

- Male
- Female
- Non-Binary
- Prefer not to say
- Prefer to self-describe: _____

6. Which of the following best describes you?

- Black/ African American
- Asian/ Pacific Islander
- Hispanic/ Latino
- White/ Caucasian
- Native American
- Please specify your Tribal Affiliation: _____
- Other: _____

7. What is your living situation today?

- I have housing and I AM NOT worried about losing it
- I have housing, but I AM worried about losing it
- I do NOT have housing
- I am temporarily staying at _____ (e.g. friend's house, car)

8. How many people are in your household?

- 1 (live alone)
- 2-4
- 5-9
- 10 or more

9. What is your annual household income?

- Less than \$10,000
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

10. What is your highest level of completed education?

- Homeschool
- Some high school
- High School Diploma
- Some college
- Trade/ Technical/ Vocational training
- Associates degree
- Bachelor's degree
- Graduate/ Professional Degree

11. What primary language do you speak?

- English
- Spanish
- Other: _____

12. Do you require translation services due to English being your second language?

- Yes, frequently
- Yes, occasionally
 - Yes, but I do not have access or do not know about translation services
- No
- Prefer not to answer

13. Do you identify with any of these groups?

- Amish. Please specify: _____
- LGBTQIA+
- Currently serving in military or veteran
- Veteran widow/spouse/student, or family member
- None of these apply to me
- Other: _____

14. Which of the following best describes your current situation?

- Person living with disabilities
 - I live with someone with disabilities
- Person living with chronic conditions
 - I live with someone with chronic conditions
- Caregiver for someone with disabilities or chronic conditions
- None of these apply to me

15. What is your main source of transportation?

- Own a vehicle
- Public transportation
- Family/friends provide transportation
- Other: _____
- No vehicle
 - No public transportation available
 - Unable to afford transportation cost
 - Unable to drive

16. Which best describes your citizenship, immigration, or refugee status?

- Citizen of the United States
- Naturalized citizen
- Immigrated to this country:
 - As a refugee
 - For other reasons(work, education, etc.)
- Prefer not to answer
- Other: _____

17. What do you consider to be the greatest strengths of your community? (e.g. environmental conditions, healthcare facilities/services, safety/security)

18. What areas of our county do you believe need improvement? (e.g. economic disparities, cultural limitations, educational challenges, transportation barriers)

19. In your opinion, what are the 3 factors that have the greatest impact on our health in our community?

- Cancer
- Dental problems
- Diabetes
- Aging problems
- Heart disease
- Stroke
- Obesity
- High blood pressure
- Suicide
- HIV/AIDS
- Homicide
- Infant Death
- Mental health problems
- Infectious disease (ex. Hepatitis, TB, etc.)
- Not using birth control
- Motor vehicle crash injuries
- Respiratory/lung disease
- Sexually transmitted disease
- Teenage pregnancy
- Nutrition and diet
- Not getting immunizations
- Racial comments
- other: _____

20. What do you think are the 3 most important “social issues” in our community? (Select only three)

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of maternity care | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Lack of diabetic education | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> School dropout rates | <input type="checkbox"/> Lack of healthcare | <input type="checkbox"/> Rape/Sexual assault |
| <input type="checkbox"/> Drug and Tobacco Abuse | <input type="checkbox"/> Lack of physical exercise | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Lack of racism awareness | <input type="checkbox"/> Social media addiction |
| <input type="checkbox"/> Unsecured firearms | <input type="checkbox"/> Adult or Child abuse | <input type="checkbox"/> Other: _____ |

21. Based on your responses from 18 & 19, what are some things we can do to prevent those factors?

22. Please circle one for how you agree with each of the following statements.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am able to get healthcare I can afford	1	2	3	4	5
I am able to access healthy food everyday	1	2	3	4	5
Our community is a good place to raise children	1	2	3	4	5
Our community is a good place for elders to live	1	2	3	4	5
There are good jobs in our community	1	2	3	4	5
Low-cost housing options with good value are available in our community	1	2	3	4	5
I feel safe to live in my community	1	2	3	4	5
There are people and places of support in the community that I can use during times of stress and need	1	2	3	4	5
My community has a good education system for students	1	2	3	4	5
My household has enough money to pay for basic needs like food, clothing, housing, etc..	1	2	3	4	5
I am happy with my living situation today	1	2	3	4	5
If rated 1 or 2, explain your reasons:					
I feel that my religious and spiritual values are respected	1	2	3	4	5
Our community offers great exercise/ fitness opportunities	1	2	3	4	5
I have access to affordable transportation options	1	2	3	4	5

Thank you so much for your participation!

GIFT CARD ENTRY !

Go to <https://forms.gle/7GR8sfhdeaUcVzGV8> or scan the QR code on the right to be entered into a drawing for a **\$60 VISA gift card**. This will bring you to a separate form that is not in any way connected to your survey answers. **THREE winners** will be selected and contacted in October.



If you are unable to access a device to scan the QR code or have any questions or concerns, please contact the health department at public.health@shawanocountywi.gov or 715-526-4808. They will help you out with entering the drawing.



Sponsorship Acknowledgement:

We would like to extend our heartfelt thanks to **Church on the Hill United Methodist Church** for their generous donation, which has made it possible to offer gift card incentives for completing this community health survey. Your support is greatly appreciated and helps us gather valuable insights for improving community health initiatives.



Please return completed forms by include date to a drop box where you got your survey, a library, or the Shawano-Menominee Counties Health Department

Shawano-Menominee Counties Health Department
311 N. Main Street, Shawano, WI 54166
(715) 526 4808