

This survey is intended to collect feedback from residents of the North Shore and identify which health issues and community needs are perceived to be the highest priority. Responses will be used to highlight the needs of the community in the North Shore Health Department's 2022-2026 Community Health Assessment. All responses are anonymous.

Section 1. Demographics

1. Do you reside in one of the municipalities in the North Shore (Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, Whitefish Bay)?

- Yes (go to question 1a and 1c)
- No (skip to question 1b and 1c)

1a. If yes, please select which municipality you live in.

- Bayside
- Brown Deer
- Fox Point
- Glendale
- River Hills
- Shorewood
- Whitefish Bay

AFTER ANSWERING, SKIP TO QUESTION 1c

1b. If you do not live in the North Shore, what municipality (city, village, town) do you live in?

1c. What connection(s) do you have with the North Shore? Select all that apply.

- I work in the North Shore
- I attend school in the North Shore
- I participate in recreational activities in the North Shore
- My children attend school in the North Shore
- Other: _____

2. What is your age?

- 18 to 20
- 21 to 24
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80+
- Prefer not to say

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

- Hispanic/Latino/Latinx
- Non-Hispanic/Latino/Latinx
- Prefer not to answer

4. What is your race? Select one.

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Two or more races
- Some other race: _____
- Prefer not to answer

5. Which gender identity do you most identify with? Select one.

- Female
- Male
- Transgender Female/Male-to-Female
- Transgender Male/Female-to-Male
- Non-binary
- Prefer not to answer
- Other identification: *If you feel comfortable doing so, please indicate what other gender identity you most identify with:*

6. What is your sexual orientation? Select one.

- Straight (not lesbian or gay)
- Gay
- Lesbian
- Bisexual
- Pansexual
- Queer
- Asexual (*a sexual orientation that involves a lack of sexual attraction*)
- Other: _____
- Don't know
- Prefer not to answer

7. What is your marital status? Select one.

- Single
- Married
- Living with Partner
- Widowed
- Separated
- Divorced
- Prefer not to answer

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

- Less than 9th Grade
- Some High School
- High School
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Ph.D. or higher
- Trade School
- Prefer not to answer

9. What is your annual household income? Select one.

- Less than \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$200,000
- More than \$200,000
- Prefer not to answer

10. What is your current employment status? Select one.

- Employed Full-time
- Employed Part-time
- Unemployed – actively seeking opportunities
- Unemployed – not currently looking for work
- Student
- Disabled
- Retired
- Prefer not to answer

11. Are you registered to vote? Select one.

- Yes
- No
- Prefer not to answer

12. What is the primary language spoken in your household?

- English
- Spanish
- Hmong
- Russian
- Portuguese
- French
- Mandarin
- Arabic
- Urdu
- Other: _____
- Prefer not to answer

13. If applicable, please specify your religion.

- Catholicism/Christianity
- Judaism
- Jehovah's Witness
- Islam
- Buddhism
- Hinduism
- None
- Other: _____
- Prefer not to answer

14. How many people currently live in your household including yourself? _____

15. How many children (under age 18) currently live in your home? _____

Section 2. Priority Selection

1. In your opinion, what are the three most important health issues/conditions that need to be addressed to improve the overall health of the North Shore community? (*Please select 3 issues*)

- Chronic Disease (heart disease, cancer, diabetes, hypertension, etc.)
- Communicable Disease (Tuberculosis, measles, COVID-19, etc.)
- Mental Health and Mental Conditions (mental health issues, stress management, intentional injury to self, etc.)
- Substance Use &/or Misuse (prescription drug misuse, street/illicit drug use, etc.)
- Alcohol Use and Misuse (underage use, binge drinking, etc.)
- Tobacco Use (smoking, vaping, etc.)
- Unintentional Injury (falls, motor vehicle crashes, etc.)
- Environmental Health (air quality, water quality, climate change, etc.)
- Reproductive Health (sexually transmitted infections, risky sexual behavior, LGBTQ+ sexual health, etc.)
- Maternal and Child Health
- Healthy Aging
- Physical Activity & Nutrition
- Other: _____
- Other: _____
- Other: _____

2. In your opinion, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community? (Please select 3 issues)

- Access to affordable childcare/day care
- Access to affordable healthcare
- Access to affordable healthy foods
- Access to affordable housing
- Access to community parks and other recreation locations for physical activity
- Access to mental health services
- Access to social services/safety net for people who are struggling
- Clean air
- Clean water
- Community safety
- Criminal justice reform
- Domestic violence/Intimate partner violence
- Good schools and colleges
- Good paying jobs and strong economy
- Gun violence
- Human trafficking
- Overdoses
- Public transportation
- Racism and discrimination
- Support services for seniors (meals, transportation, housing, respite support)
- Strong and supportive families/relationships
- Other: _____
- Other: _____
- Other: _____

3. If you would like, please give additional information as to why you selected any of the priorities:

4. For the priority areas you selected, do you know of any organizations that are doing work in the community in this area?

Please list them here:

Section 3. COVID-19

1. In the past 12 months, how worried have you been about yourself or your friends or family getting sick with COVID-19?

- Very worried
- Somewhat worried
- Neither worried nor not worried
- Not worried
- Prefer not to answer

2. In the past 12 months, how much time have you spent reading or talking about COVID-19?

- A lot of time
- A moderate amount of time
- A little time
- No time
- Prefer not to answer

3. Since the start of the pandemic, what life changes have you experienced because of COVID-19? Select all that apply.

- Job loss (yourself or immediate family)
- School closure or modified instruction (for yourself or children)
- School days missed due to COVID-19 isolation or quarantine (for yourself or children)
- Friendship loss or changes
- Loss or change(s) in relationship with partner(s)
- Changes in living situation
- Food insecurity
- Financial distress
- Myself or an immediate family member was diagnosed with COVID-19 and have since fully recovered
- Myself or an immediate family member was diagnosed with COVID-19 and still have Post-COVID-19 ("long COVID") symptoms
- Loss of a loved one due to COVID-19
- Stress because of any of these changes
- Other: _____

Section 4. Communication

1. Do you currently get/see communications from the North Shore Health Department (NSHD)?

- Yes (go to question 1a)
- No (skip to question 2)
- Prefer not to answer

1a. What communication method(s) do you get/see communications from NSHD? Select all that apply.

- Email (from NSHD, local village, etc.)
- Print (brochure, newspaper, magazine, etc.)
- Facebook
- Twitter
- Instagram

2. What communication method(s) would you prefer to get health information from NSHD? Select all that apply.

- Email
- Text Messaging
- Print (brochure, newspaper, magazine, etc.)
- Facebook
- Twitter
- Instagram
- Other: _____

Section 5. Minor-Related Questions

ONLY COMPLETE THIS SECTION IF YOU ARE A PARENT/GUARDIAN TO MINOR(S) (<18 YEARS OLD)

1. Do you have concerns for any of the following activities for the children (under 18) in your home?

Select all that apply.

- Vaping, Juul, and e-cigarette use
- Drug use (prescription drug misuse and street drug use)
- Alcohol use
- Cigarette smoking and other tobacco use
- Nutrition and eating habits
- Physical activity and exercise
- Sexual and reproductive health
- Other: _____

2. Which type(s) of health plans(s) 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
- Insurance through an employer (HMO/PPO) - either my own or partner/spouse
- Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)
- Private Insurance I pay for myself (HMO/PPO)
- Indian Health Services
- Veteran's Administration
- COBRA
- I pay out of pocket/cash
- We don't have health insurance
- Other: _____

3. During the last 12 months did any of the children in the household have a PREVENTIVE check-up? Select only one answer.

- Yes, all children had a preventive check-up
- Some, but not all, children had a preventive check-up
- None of the children had a preventive check

4. 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/misuse treatment
- Mental health services
- Reproductive health services
- Nutrition services
- Routine care/treatment for ongoing/chronic condition
- Prescription medications
- Childhood immunizations
- Blood Lead Level Screening
- Services for persons with special needs
- Well child visit/check-up
- Sick visit/urgent care visit
- Emergency care services
- Dental care (routine cleaning or urgent care)
- Other: _____

5. 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.

- Cost - too expensive/can't pay
- No insurance
- Lack of transportation
- Not able to take off work for an appointment
- Hours of operation are inconvenient
- It is difficult to find or make an appointment
- Language barrier
- Did not feel cared for, respected, or understood
- Wait is too long
- No doctor is nearby
- Office/service/program has limited access or is closed due to COVID-19
- Insurance not accepted
- Cultural/religious reasons
- Concerned that others would judge me
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care/services
- Other: _____

6. Please read each statement and indicate if you Strongly Disagree (1), Disagree (2), Neither Disagree nor Agree (3), Agree (4), or Strongly Agree (5).

Vaccines are necessary to prevent certain diseases.

1 2 3 4 5

If I vaccinate my child, he/she may have a serious side effect

Or

If I vaccinate my child, I am scared that they may have serious side effects.

1 2 3 4 5

In general, I think vaccines are safe for children.

1 2 3 4 5

Getting multiple shots in one visit can overload a child's immune system.

1 2 3 4 5

My decision to vaccinate my children is based on religious and/or other beliefs.

1 2 3 4 5

-----END OF SURVEY-----