2024 Winnebago County Community Context Assessment for Illinois Project for Local Assessment of Needs (IPLAN)

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INVESTIGATORS

Christine Dannhausen-Brun, MPH
Senior Research Specialist
cadbrun@uic.edu

Manorama M. Khare, PhD, MS
Research Associate Professor
Director
mkhare1@uic.edu

Francis Kazungu, MS
Research Associate II
kazungu@uic.edu

Alexia Swanson, BA
Graduate Research Assistant
aswans25@uic.edu

Table of Contents

EXECUTIVE SUMMARY

The Winnebago County Health Department (WCHD) and University of Illinois College of Medicine Rockford's (UICOMR) Division of Health Research and Evaluation (HRE) partnered to conduct the Community Context Assessment (CCA) as one of the three (3) assessments outlined in the MAPP 2.0 Framework to inform Winnebago County's 2024 Illinois Project for Local Assessment of Needs (IPLAN).

The CCA collects primary data from individuals impacted by the local public health system to obtain their perspective. Winnebago County residents were surveyed on current health needs and issues and barriers to achieving optimal health in Winnebago County. Additionally, focus groups were conducted as part of the CCA to gain input from underrepresented groups in the community.

Survey data from community residents was collected from February 8, 2024, to March 15, 2024. Focus groups were conducted from April 4, 2024, to June 1, 2024.

The survey instrument included 36 questions related to respondent demographics, strengths and concerns living in Winnebago County, individual health and individual health factors, experiences with healthcare systems and access, health and health equity, and additional comments and feedback.

The survey tool was developed collaboratively by WCHD staff, an internal health department steering committee (the Internal Partner Steering Committee), an external partner steering committee (Partner Steering Committee), and HRE staff. Basic demographic information was collected from respondents, but no identifying information was collected.

The survey was programmed into the Qualtrics XM platform by WCHD and administered electronically. WCHD built a directory of residents in Qualtrics who had previously registered in the directory through other initiatives including registration for COVID-19 and influenza vaccinations, participation in a health impact survey post an environmental event, and others. This allowed the survey to be sent directly to Winnebago County residents. Additionally, Community Partners who participated in the Community Partner Assessment (CPA) were asked to share the survey widely with their clients. The survey was also made available on the WCHD website.

Use of the Qualtrics XM platform allowed tracking of: (i) number of respondents who clicked into the survey and completed no questions, (ii) the number who completed part of the survey, and (iii) the number who completed the full survey.

Community Context

Respondents to the survey represent a convenience sample from the community and may not reflect all community perspectives.

The population estimate for Winnebago County is 284,591 according to the American Community Survey 5-year estimates, 2022.[1] The County Health Rankings & Roadmaps identifies Winnebago County as a metropolitan community meaning that it is connected to an urban core area of 50,000 or more population.[2] According to the American Community Survey (ACS) 5-year estimates, 2022, 18% of the population of Winnebago County is 65 years or older and 23% of the population is below 18 years of age. The median age of Winnebago County is 39.5 years old.[3] The 2022 ACS 5-year estimates place the population of Winnebago County at 72% White alone, 13% Black or African American alone, 3% Asian alone, and 14% Hispanic or Latino.[4] When race is considered alone or in combination with other races, the percentages rise as follows: 79% White alone or in combination with other races, 16% Black or African American alone or in combination with other races, 4% Asian alone or in combination with other races, and 1% American Indian and Alaska Native. An additional 8% of the population identifies as some other race not included in these categories.[5]

There are 28 zip codes that are all or partially in Winnebago County. These include zip codes 61108, 61107, 61109, 61103, 61101, 61111, 61104, 61105, 61106, 61108, 61110, 61115, 61125, 61126, 61016, 61024, 61063, 61072, 61077, 61079, 61080, 61088, 61101, 61102, 61114, 61112, 61130, 61131, and 61132.[6]

The majority of Winnebago County's population lives within the nine zip codes that are attributed to the city of Rockford. Zip codes 61107 and 61108 are the two most populous zip codes.[7] The zip codes of 61105, 61106, 61110, 61125, 61126, 61130, 61131, and 61132 do not have any population living in them.

[1] https://data.census.gov/table/ACSDP5Y2022.DP05?q=winnebago%20county

[2] https://www.countyhealthrankings.org/health-data/illinois/winnebago?year=2024

[3] https://data.census.gov/table/ACSST5Y2022.S0101?g=050XX00US17201&moe=false

[4] https://data.census.gov/table/ACSDP5Y2022.DP05?q=winnebago%20county%20illinois%20population%20by%20race%20acs

[5] https://data.census.gov/table/ACSDP5Y2022.DP05?q=winnebago%20county%20illinois%20population%20by%20race%20acs

[6] https://www.zip-codes.com/county/il-winnebago.asp

[7] https://www.zip-codes.com/county/il-winnebago.asp

Key Quantitative Findings

Respondent Demographics

This Community Context Assessment (CCA) survey reached a diverse audience within Winnebago County as shown in language, sexual orientation, gender and race data. The representativeness of these characteristics is sometimes lacking in relation to known data about Winnebago County through sources such as the American Community Survey and the Decennial Census. At the same time, Winnebago County Health Department (WCHD) used partnerships to help get some representation from populations that are often not represented at all in community health assessments.

There is overrepresentation among survey respondents who are White, female, have a higher level of academic achievement, a bachelor's or above, a higher income and those who are older.

Respondents who are underrepresented are those who may have the greatest needs in the community. These groups include Black or African American respondents, individuals of Hispanic ethnicity and those making under $35,000 per year.

A comparison for representativeness of sexual orientation was not available. This survey was able to reach a variety of individuals whose sexual orientation is unique and might identify them as having unique needs. While the unique needs of each type of sexual orientation could not be identified due to small cell sizes, the results of this survey provide information to show that these individuals have unique needs and concerns that differ from the needs of individuals of other sexual orientations.

An effort was made to collapse categories in such a way that uniqueness of demographic characteristics could be used to compare responses to questions to tell the stories of those who are not often represented in survey results due to cell sizes being too small to present populations. The results of this survey will help Winnebago County identify where more information may be needed for certain populations and build trust that WCHD is trying to learn more about unique groups' issues and concerns.

This survey reached an older population who were more likely to be at retirement age or older. This might be a function that these individuals have more free time available to devote to taking a survey. In looking at the household composition as identified by respondents, the survey appears to be representative of the number of households with individuals under 18 years of age, however, a direct comparison is not possible as relationship to the respondent was not asked.

Social Drivers of Health: Strengths and Concerns Living in Winnebago County

More than half of respondents to this survey agree that people in Winnebago County are generally respectful of their opinions and culture.

The top five community issues and concerns for all respondents were crime and violence; access to quality healthcare; good jobs and a healthy economy; mental health conditions; and affordable housing and homelessness. Two out of three respondents identified crime and violence in their top five issues and concerns, and more than half identified quality healthcare as an issue or concern. When demographic subgroups were reviewed, the top five issues and concerns changed for some subgroups, particularly subgroups that are might be considered vulnerable within the community.

For example, Blacks or African Americans ranked racial discrimination as their second issue or concern. For individuals who did not identify their race, mental health conditions rose to the third rank of important issues or concerns, and this was the highest ranked issue or concern for individuals in the LGBTQIA+ population. For those who did not identify a sexual orientation, racial discrimination also rose into their top five ranked issues or concerns.

Similar differences appeared when reviewing how demographic subgroups ranked community programs and activities that are "most important to you". Overall, the top five (5) categories of important programs and activities were (1) mental health and substance use services; (2) support for caregivers, elderly, and disabled; (3) services for people or families in crisis; (4) affordable housing; and (5) affordable and obtainable food.

Examples of how subgroups differed include respondents who were Black or African American ranked affordable housing at the top of their list. Respondents who identified as 2 or more races (except Black or African American) placed affordable and obtainable food as their top program or activity and mental health and substance use services in second. Sexual orientation subgroups ranked important programs and activities differently with the LGBTQIA+ group identifying mental health and substance use services as their highest item and those who did not identify their orientation ranked affordable and obtainable food in the top position.

The top three (3) things all respondents said Winnebago County needs to work on to become a Top 25 US Community are (1) lower violent crime and safer neighborhoods; (2) good jobs and healthy economy; and (3) improved access to healthcare including mental health and substance use care, primary care, hospital and urgent care. Again, demographic subgroups showed some differences. For example, residents who identified as Black or African American listed affordable housing in their top three things to work on while those in the 18 to 24-year-old age group ranked walkable, bikeable communities first. Higher income groups ranked better schools higher while lower income groups ranked affordable housing higher.

Individual Health and Individual Factors Influencing Health

Three out of five respondents rated themselves as healthy or very healthy in this survey. When looking at demographic subgroups and ratings of their health, respondents who identified as Black or African American were more likely to rate themselves as somewhat

healthy and slightly more likely to rate themselves as unhealthy. Respondents who did not identify a race category were more likely to rate themselves as very unhealthy.

More than half of respondents in the "other" or "2 or more race" category rated themselves as healthy, and an additional 16% rated themselves as very healthy. Respondents who identified as Hispanic were most likely to rate themselves somewhat healthy.

One in four 18- to 24-year-olds rated themselves as very healthy but also had the second-highest unhealthy percentage. Respondents over 55 years of age were also more likely to rate themselves as very healthy than all respondents, but those over 75 years also had the third highest percentage of rating themselves as unhealthy. One in ten respondents in the 45 to 54-year-old range had the highest combined unhealthy and very unhealthy percentages. Respondents who identified as transgender or gender non-conforming had the highest percentage rating themselves as unhealthy or very unhealthy compared to all other genders, with almost one in four in this group rating themselves in an unhealthy category.

Respondents with higher levels of education rated themselves healthier than those who achieved lower levels of education. More than half of respondents with less than a high school degree rate themselves as somewhat healthy. This group had the highest very unhealthy percentage and lowest very healthy percentage. Respondents who achieved a bachelor's degree or higher were much more likely to rate themselves as healthy or very healthy than other groups.

Respondents with higher incomes are more likely to rate their physical health as healthy, with 3 out of 4 respondents making $100,000 or more rating themselves as healthy or very healthy. Respondents making less than $35,000 were likelier to rate themselves as unhealthy or very unhealthy. Respondents who identify as LGBTQIA+ were also more likely to rate themselves as unhealthy.

Seven out of ten respondents to this survey rated their mental health as healthy or very healthy. Respondents in the category of "other race" or "2 or more races" were most likely to rate their mental health as unhealthy or very unhealthy, and those who identified as Hispanic rated their mental health as unhealthy twice as much as all other respondents.

The older respondents in this survey were more likely to rate their mental health as healthy or very healthy, and 9 out of 10 respondents over 75 years of age rated themselves in one of these two categories. Respondents with higher levels of education, and higher incomes rated their mental health as healthy or very healthy. Respondents with less than a high school education and those making less than $35,000 per year had the highest ratings of unhealthy and very unhealthy mental health within their subgroups. Respondents who identified their sexual orientation in the LBGTQIA+ category were much more likely to rate their mental health as unhealthy or very unhealthy as well.

Most respondents have someone in the community whom they trust and could turn to in a time of crisis. Two out of five respondents rated their weight as "about right", but more than half stated they are overweight or obese. Less than one-third of respondents get the CDC-recommended moderate to strenuous physical activity of 150 minutes per week. Less than half of survey respondents include fresh fruits and vegetables in their regular grocery shopping.

When asked about the diseases or conditions of people within their household, more than 1 in 5 respondents stated that someone in their household has one of these conditions: high blood pressure/hypertension, high cholesterol, arthritis, obesity, and chronic back pain. Just under half of all households stated no one in their household has a mental health condition, with anxiety being reported in 1 of 3 households and depression or depressive disorders in 1 of 4 households.

Experiences with Healthcare Systems and Access

Overall, respondents tended to trust the same sources for healthcare information in the same order with medical providers and dental providers near the top of the list for almost all sub-groups. However, the rate at which sub-groups trusted a source varied. For most of the White population and for populations with higher education and income, health information distributed through medical providers was trusted by 9 out of 10 individuals.

Most respondents have a primary care provider and 3 out of 4 respondents could always get the care they needed when they needed it. For respondents who could not always get the care when they needed it, the top barriers to accessing care were the inability to get an appointment, inability to afford the visit, services were not available when they were needed, and their insurance would not cover the service needed.

Most respondents, 7 out of 10 were always able to get dental care, but about 1 in 10 could not get dental care when they needed it. The reasons for not being able to get dental care included inability to afford the visit, insurance not covering a dental visit, or the provider not accepting the respondent's insurance.

Three out of five respondents said they did not need mental health or substance use care, but 1 in 10 said they needed care but could not access it. The three primary reasons respondents listed as barriers to accessing mental health and substance use care were not being able to get an appointment, insurance not covering the service and the provider not accepting their insurance.

Prescription access was noted as an issue for some respondents where 1 in 10 were only able to access prescriptions about half the time.

Equity and Health Equity

Nine out of 10 respondents drive a car or motorcycle as their primary mode of transportation. One in 10 respondents needed some type of financial assistance in the

preceding 12 months, with about one-third getting assistance through private means and 2 out of 5 getting it through public means. More than 1 in 10 households needed to use a food pantry or reduce the size of their meals in the preceding 12 months. Less than 1% of respondents were evicted from their home in the preceding 12 months.

Additional Comments and Feedback

Approximately 1 in 5 individuals gave additional comments and feedback at the end of the survey on a wide variety of topics. More than thirty topics were identified in the comments. Comments ranged from one-word responses to full paragraphs. Issues related to healthcare were cited most frequently in the comments, with just over 1 in 4 comments related to healthcare in some way. The primary issues under healthcare were related to the availability of physicians in Winnebago County and the wait times to see physicians either through appointments or in the ER or urgent care. Mental health services and providers were mentioned most frequently in the mental health comments while cost and access were most frequently mentioned in the prescription comments.

Issues that relate to the social drivers of health were mentioned frequently across comments including comments on food, housing, affordability of living, environmental factors, transportation, and utilities. All these comments expressed the need for improvement in the Winnebago County area. There was a strong recognition of and desire for healthy food within the food comments. Comments also linked multiple concepts of health with affordability of living.

Many people took the time to comment on the survey itself. Many comments expressed appreciation for the opportunity to help shape the future of Winnebago County.

Chapter 1: Introduction

This Community Context Assessment is a key component of the IPLAN (Illinois Project for Local Assessment of Needs) using NACCHO's MAPP 2.0 Framework for the Winnebago County Health Department. The survey was designed to obtain perspectives from community residents about the needs, challenges, and barriers to good health in Winnebago County. In addition, the survey was designed to identify and understand the strengths and gaps in services and resources in Winnebago County that can help residents be as healthy as possible.

Survey Overview

The survey instrument included 36 questions about respondent demographics, strengths and concerns living in Winnebago County, individual health and individual health factors, experiences with healthcare systems and access, health and health equity, and additional comments and feedback.

The survey tool was developed collaboratively by WCHD staff, an internal health department steering committee, an external partner steering committee, and HRE personnel. The survey was voluntary and anonymous, and no identifying information was collected.

The survey was programmed into the Qualtrics platform by Winnebago County Health Department personnel and administered electronically through the distribution of digital links and QR codes. Digital links allowed tracking of: (i) the number of respondents who clicked into the survey and completed no questions, (ii) the number who completed part of the survey, and (iii) the number who completed the full survey.

Winnebago County Health Department Communications staff developed a ***"Share.Submit.Shape"*** campaign to promote the survey throughout the county. A Partner Toolkit was created to promote the study and shared with partners before launching the survey. This campaign included web links, posters, emails, handouts, social media templates, and videos. All templates included English and Spanish language versions of materials.

Social media templates were created with different photographs and taglines to help partners appeal to different constituents based on location, community served, and time of year. For example, the survey distribution occurred over Valentine's Day, so some social media templates had a Valentine's Day theme. Another example was explicitly developed for education partners and included photos of diverse students with a tagline, ***"Healthier Community = Healthier Students = Better Learning."*** All posters and social media templates included the QR code and the digital link for the survey.

See Figure 1.1 for examples of social media templates distributed to community partners.

Figure 1.1 Social Media Recruitment Templates

Data Analysis and Management

A total of 2,905 respondents clicked the link for the survey, and a total of 201 surveys were removed, resulting in a final dataset of 2704 surveys that were used for analysis.

The following steps were taken to identify and remove the 201 ineligible surveys.

- A total of ninety-five (95) surveys were removed from the data set for respondents who did not enter a zip code (29) or who did not live in Winnebago County (66), leaving 2810 total surveys.

- These 2810 responses were checked for any indications of Bot activity, such as duplicative timestamps, identical start times, or survey lengths. No suspicious activity was detected. Surveys were then reviewed for survey completion.

- There were 106 surveys completed through Q12, which was demographic data. These 106 surveys were removed from the data set, resulting in a final data set of 2704 surveys used for analysis for this report.

The average time to complete the survey was 11 minutes. The survey was available in English, Spanish, French, Swahili, Ukrainian, and Chinese; 98.7% of respondents completed the survey in English, 1.1% of respondents completed it in Spanish, and less than 1 percent completed it in the other five languages.

Multiple questions allowed respondents to provide open-ended responses/comments in addition to the categories provided. These open-ended responses were reviewed, and if they could be categorized into one of the response categories, they were counted in the quantitative analysis. The rest of the open-ended responses were then analyzed qualitatively. All open-ended responses/comments analyzed qualitatively are included verbatim in Appendix II by question number.

Respondents were free to skip questions in the survey and still complete the remaining questions. Wherever a respondent chose to skip a question, that response was counted as missing, and the missing group was included as a category in the analysis.

All data was reported out to one decimal place unless the response category responses were less than 1%. The chart or table reads "<1%" if data represented less than one percentage point. Reporting in this way allows all data to be presented in the charts even when cell counts are low while not compromising the identity of respondents.

Limitations of Sample
This survey represents a convenience sample of respondents who self-selected for participation in this survey.

This report is organized into chapters representing the various topics covered by the survey. Each chapter provides a detailed description of the survey responses and corresponds to specific questions in the survey. The full survey is attached in Appendix I.

Chapter 2: Socio-demographic Characteristics of Respondents

The survey was developed with the recognition that the Winnebago County population is very diverse in a variety of demographic characteristics. The Winnebago County Health Department (WCHD) allowed respondents to choose all of the characteristics by which they identify themselves in the demographic categories. The data obtained provides WCHD with a more complete picture of the community. For data analysis purposes, however, some cell sizes were too small to report, and hence, categories were collapsed for analysis.

This section presents data on all categories respondents could choose to identify themselves. WCHD personnel and Health Research and Evaluation personnel reviewed demographic data and agreed on the most appropriate ways to collapse cells to provide useful data to WCHD. These collapsed demographic characteristics are also presented in this section. These collapsed demographic categories were used to analyze subsequent survey questions where appropriate. When available, information is presented on how the demographic characteristics of this survey's respondents compare to a representative demographic sample of Winnebago County, as seen in the American Community Survey 5-year estimates.

Race Distribution of Respondents

Respondents were allowed to select all categories with which they identified for their race. Respondents identified their race in 2,691 (99.5%) surveys. Thirteen respondents did not select any race category and were considered "missing," representing less than 1% of respondents. Eighty-four percent (84%) of respondents identified themselves as White alone, 6% identified as unknown, 6% identified as Black or African American alone, and 2% identified as Asian alone. Additionally, less than 1% identified in the following race categories: American Native or American Indican or Alaska Native, Middle Eastern or North African, and Native Hawaiian or Pacific Islander.

Several respondents identified with multiple race categories. Less than 1% of respondents identified themselves in two or more of the following categories:
- White/Asian
- White/Black or African American
- Black or African American/American Native or American Indian or Alaska Native
- White/ American Native or American Indian or Alaska Native
- White/ Black or African American/American Native or American Indian or Alaska Native
- White/ Black or African American/American Native or American Indian or Alaska Native/Middle Eastern or North African
- White/Native Hawaiian or Pacific Islander, and
- Black or African American/Asian.
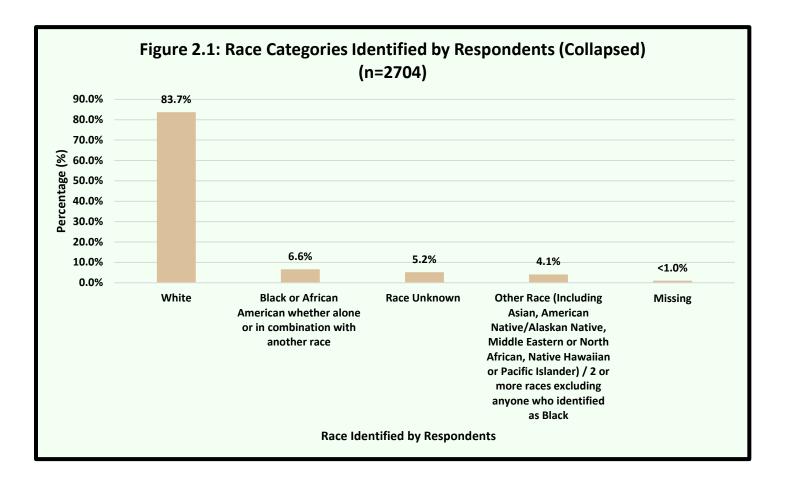
Table 2.1 shows all the race categories identified by respondents.

Table 2.1: Race Categories Identified by Respondents (Not Collapsed) (n=2704)	
Race	Percentage
White	83.7%
Race Unknown	5.9%
Black/African American	5.8%
Asian	1.8%
White/Asian	<1.0%
American Native or American Indian or Alaska Native	<1.0%
Black or African American/Asian	<1.0%
Middle Eastern or North African	<1.0%
Native Hawaiian or Pacific Islander	<1.0%
Black or African American/American Native or American Indian or Alaska Native	<1.0%
White/American Native or American Indian or Alaska Native	<1.0%
White/Black or African American	<1.0%
White/ Black or African American/American Native or American Indian or Alaska Native	<1.0%
White/Black or African American/American Native or American Indian or Alaska Native/Middle Eastern or North African	<1.0%
White/Middle Eastern or North African	<1.0%
White/Native Hawaiian or Pacific Islander	<1.0%
Black or African American/Asian	<1.0%
Missing	<1.0%

For analysis purposes, race responses were collapsed into five categories. These collapsed categories include White, Black or African American, Race unknown, Other race (including Asian, American Native/American Indian/ Alaska Native, Middle Eastern or North African, Native Hawaiian or Pacific Islander) or 2 or more races excluding anyone who identified as Black or African American. The Black or African American collapsed category includes all individuals who identified as Black or African American whether they identified as Black or African American alone or Black or African American in combination with another race.

With the collapsed race categories, 83.7% identified as White, 6.6% identified as Black or African American, whether alone or in combination with another race, 5.2% identified as race Unknown, and 4.1% were collapsed into a category called Other Race which included all other race identifications including Asian, American Native/American Indian/Alaska Native, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and any other 2 or more Races identification that did not include Black or African American. Less than 1 percent were missing race identification. Table 2.2 shows race category percentages while figure 2.2 graphs this data.

Table 2.2: Race Categories Identified by Respondents (Collapsed) (n=2704)	
Race	Percentage
White	83.7%
Black or African American whether alone or in combination with another race	6.6%
Race Unknown	5.2%
Other Race (Including Asian, American Native/Alaskan Native, Middle Eastern or North African, Native Hawaiian or Pacific Islander) or 2 or more races excluding anyone who identified as Black	4.1%
Missing	<1.0%

Figure 2.1: Race Categories Identified by Respondents (Collapsed) (n=2704)

According to the 2022 American Community Survey 5-year estimates, 71.1% of Winnebago County is White alone, 13.4% is Black or African American alone, 0.3% is American Indian and Alaska Native alone, and 2.9% is Asian alone, with 4.1% identifying as some other race alone.[8] When race is considered in combination with one more other races, 78.9% of the population identifies as White, 16% identifies as Black or African American 1.2% identifies as American Indian or Alaska Native, 3.5% identifies as Asian,

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[8] https://data.census.gov/table/ACSDP5Y2022.DP05?g=050XX00US17201&moe=false
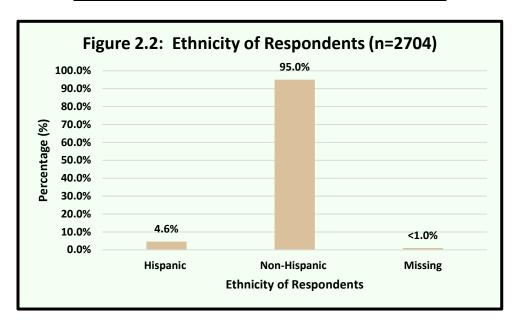
0.1% identifies as Native Hawaiian or Other Pacific Islander and 8.4% identifies with some other race.

In this survey, respondents who identify as White are overrepresented. All other race populations are underrepresented, including Black or African American.

Ethnicity Distribution of Respondents

Table 2.3 shows the ethnicity characteristics of survey respondents, while Figure 2.2 presents this information graphically. Hispanic ethnicity was identified by 4.6% of respondents. Ninety-five percent of respondents identified as not Hispanic, and less than 1% were missing from the ethnicity category.

Table 2.3: Ethnicity of Respondents (n=2704)	
Ethnicity	**Percentage**
Hispanic	4.6%
Non-Hispanic	95.0%
Missing	<1.0%

Figure 2.2: Ethnicity of Respondents (n=2704)
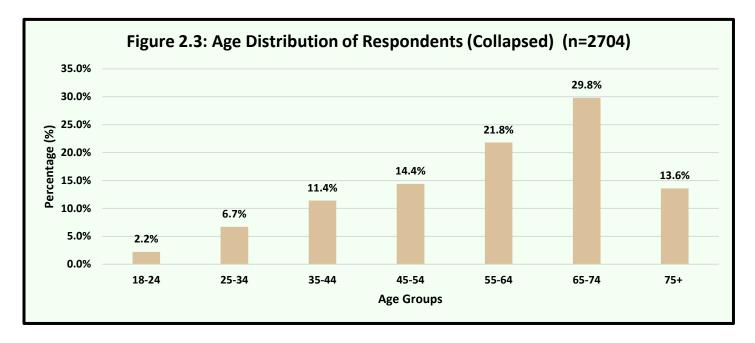
According to the 2022 American Community Survey 5-year estimates, 14.1% of Winnebago County is Hispanic or Latino (of any race), and 85.9% is not Hispanic or Latino. In this survey sample, the Hispanic population is underrepresented.

Age Distribution of Respondents

Respondents reported their exact age. Ages were then combined into the following groups: 18-24, 25-34, 35-44, 45-54, 55-64, and 65+, as seen in Table 2.4 and represented in Figure 2.3. The 65 to 74-year-old age group had the highest number of respondents (29.8%), followed by the 55 to 64-year-old group (21.8%). Respondents who were 75 and older made up 13.6% of respondents. The remaining categories had the following

percentages of respondents: 45 to 54-year-olds had 14.4%, 35 to 44-year-olds had 11.4% of respondents, 25 to 34-year-olds had 6.7%, and 18 to 24-year-olds were the least represented at 2.2% of respondents. Every respondent answered the age question.

Table 2.4: Age Distribution of Respondents (Collapsed) (n=2704)	
Age	Percentage
18-24	2.2%
25-34	6.7%
35-44	11.4%
45-54	14.4%
55-64	21.8%
65-74	29.8%
75+	13.6%

Figure 2.3: Age Distribution of Respondents (Collapsed) (n=2704)

According to the 2022 American Community Survey 5-year estimates, the median age of Winnebago County residents is 39.5.[9] Eighteen percent of the population is 65 years and over, 7.5% is 75 years and over, and 8.6% is 18 to 24 years old. The respondents to this survey are significantly older than the median age for Winnebago County. Individuals 18-24 years old are underrepresented in this sample, and those over 65 are overrepresented.
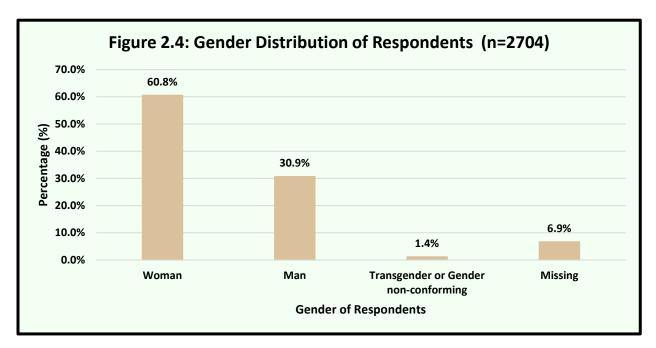
Gender Distribution of Respondents

Women made up almost two-thirds of respondents to this survey, with 60.8% of respondents identifying as female, as seen in Table 2.5. Males represented 30.9% of respondents and 1.4% of respondents identified as transgender or gender non-conforming on this survey. Respondents who chose not to answer the question about gender (6.9%) are represented in the missing category.

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[9] https://data.census.gov/table/ACSST5Y2022.S0101?q=winnebago%20county&moe=false

Table 2.5: Gender Distribution of Respondents (n=2704)	
Gender	**Percentage**
Woman	60.8%
Man	30.9%
Transgender or Gender non-conforming	1.4%
Missing	6.9%

Figure 2.4: Gender Distribution of Respondents (n=2704)

According to the 2022 American Community Survey 5-year estimates, 48.4% of the 18 and over population in Winnebago County is male and 51.6% is female.[10] The American Community Survey does not ask any questions about gender. Survey respondents overrepresented women and underrepresented men in Winnebago County. Information on a representative sample of transgender or gender non-conforming in Winnebago County is not available for comparison.

Highest Level of Education of Respondents

Survey respondents were provided several categories to identify the highest level of education achieved, including identifying if they had started a type of education but not completed it. Table 2.6 shows the percentage of respondents in each category. At least half of respondents to this survey had achieved a bachelor's degree or higher level of education, with 27.4% having a bachelor's degree and 23.9% having a master's or higher degree such as an MD, PhD, or DDS. Some college coursework was the highest education level achieved by 19.4% of respondents, and an associate's degree was identified by 11% of respondents. A technical or occupational certificate was identified

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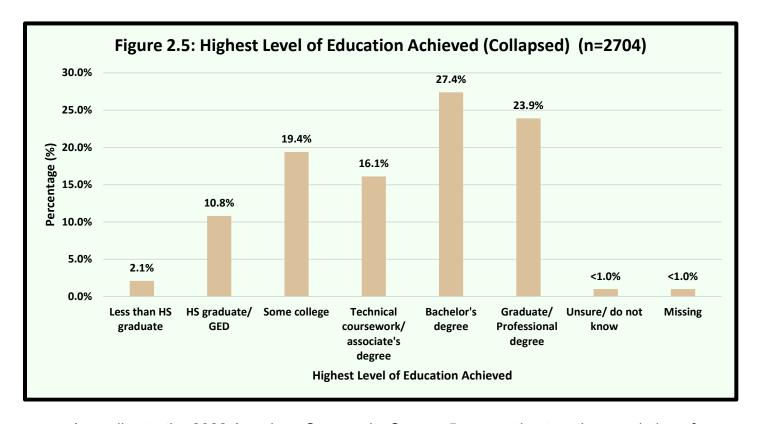
[10] https://data.census.gov/table/ACSDP5Y2022.DP05?g=050XX00US17201&moe=false

by 5.1% of respondents, and a high school diploma or GED equivalent was the highest education level achieved by 10.8%. Grade K-12 with no diploma was identified by 1.8% of respondents, and the following three categories all had less than 1% of respondents either choose the category or choose not to respond: no formal education, unsure/I don't know, and missing.

Table 2.6: Highest Level of Education Achieved (Not Collapsed) (n=2704)	
Education Level	Percentage
No formal education	<1.0%
Grade K-12 with no diploma	1.8%
Regular high school diploma or GED equivalent	10.8%
Technical or Occupational Certificate (RN, technical certification, etc.)	5.1%
Some college coursework	19.4%
Associate's degree (AA, AS)	11.0%
Bachelor's degree (BA, BS)	27.4%
Professional degree beyond bachelors degree (PhD, DDS, M.S Ed., MA, etc.)	23.9%
Unsure/ I don't know	<1.0%
Missing	<1.0%

For analysis, education levels were collapsed, as shown in Table 2.7, and Figure 2.5. No formal education and Grades K-12 with no diploma were put into the same category. An associate's degree was combined with a technical or occupational certificate. The new combined categories created the following changes: Technical coursework/associate's degree now represent 16.1% of respondents and less than HS graduate including no formal education and Grade K-12 with no diploma represent 2.1% of respondents.

Table 2.7: Highest Level of Education Achieved (Collapsed) (n=2704)	
Education Level	**Percentage**
Less than HS graduate	2.1%
HS graduate/ GED	10.8%
Some college	19.4%
Technical coursework/ associate's degree	16.1%
Bachelor's degree	27.4%
Graduate/ Professional degree	23.9%
Unsure/ do not know	<1.0%
Missing	<1.0%

Figure 2.5: Highest Level of Education Achieved (Collapsed) (n=2704)

According to the 2022 American Community Survey, 5-year estimates, the population of Winnebago County at 25 years of age or older who achieved a bachelor's degree is 24.1%, and those who have attended some high school but have no diploma is 7.9%. Those who are high school graduates/GED are 31.1%. Respondents who have attained a bachelor's degree or higher in Winnebago County are overrepresented, and those who have not finished high school or achieved a high school degree are underrepresented.

Income Distribution of Respondents
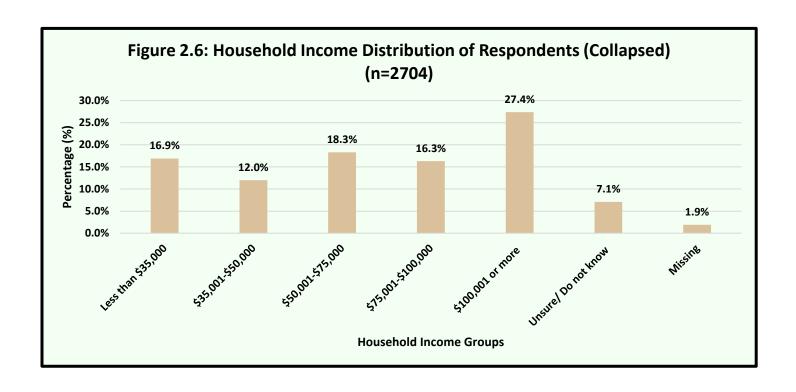
Survey responses for household income attempted to capture a broad range of household income categories, as seen in Table 2.8. Results show that the survey did not capture significant representation in the lowest household income categories. Over one quarter (27.4%) of respondents identified their household income as $100,001 or more. An additional 16.3% of respondents stated their household income was $75,001 to $100,000, and 18.3% stated their household income level was $50,001 to $75,000. The household

income category of $35,001 to $50,000 was selected by 12.0% of respondents. The remaining categories were well below 10%. The category of $25,001 to $35,000 had 6.3% of respondents, $20,001 to $25,000 had 2.9% of respondents, $15,001 to $20,000 had 3.0% of respondents, $10,001 to $15,000 had 2.4% of respondents and unsure/I don't know had 7.1% of respondents. Less than 2.0% of respondents did not answer the household income question.

Table 2.8: Household Income Distribution of Respondents (Not Collapsed) (n=2704)	
Income	**Percentage**
Less than $10,000	2.4%
$10,001-$15,000	2.4%
$15,001-$20,000	3.0%
$20,001-$25,000	2.9%
$25,001-$35,000	6.3%
$35,001-$50,000	12.0%
$50,001-$75,000	18.3%
$75,000-$100,000	16.3%
$100,001 or more	27.4%
Unsure/do not know	7.1%
Missing	1.9%

For analysis purposes, household income categories were collapsed into those represented in Table 2.9 and Figure 2.6. All incomes at $35,000 or less were collapsed into one category, representing 16.9% of respondents.

Table 2.9: Household Income Distribution of Respondents (Collapsed) (n=2704)	
Income	**Percentage**
Less than $35,000	16.9%
$35,001-$50,000	12.0%
$50,001-$75,000	18.3%
$75,001-$100,000	16.3%
$100,001 or more	27.4%
Unsure/ Do not know	7.1%
Missing	1.9%

Figure 2.6: Household Income Distribution of Respondents (Collapsed) (n=2704)

Household Income Groups	Percentage (%)
Less than $35,000	16.9%
$35,001-$50,000	12.0%
$50,001-$75,000	18.3%
$75,001-$100,000	16.3%
$100,001 or more	27.4%
Unsure/ Do not know	7.1%
Missing	1.9%

According to the 2022 American Community Survey 5-year estimates, Winnebago County's median income is $61,738, and the average income is $81,384.[11] The 2022 ACS 5-year estimates stated 28.9% of Winnebago County's population made less than $35,000, 12.2% made $35,000 to $49,999, 12.7% made $75,000 to $99,999, and 28.4% made $100,000 or more.[12]

Respondents who made more than the median income of Winnebago County were overrepresented in this survey, and respondents who made less than $35,000 per year were underrepresented.

Sexual Orientation of Respondents

Survey responses for sexual orientation, shown in Table 2.10, let respondents identify a range of sexual orientation categories. Most respondents (84.7%) identified as straight or heterosexual, an additional 4.3% of respondents identified as bisexual or pansexual, and 2.7% of respondents identified as gay or lesbian or homosexual. Less than one percent of respondents identified with the category asexual, and less than one percent identified with the category other. Respondents who chose not to answer this question represent 7.3% of respondents and were counted in the missing category.

Table 2.10: Sexual Orientation of Respondents (Not Collapsed) (n=2704)	
Sexual Orientation	**Percentage**
Straight or Heterosexual	84.7%
Bisexual or Pansexual	4.3%
Gay or Lesbian or Homosexual	2.7%
Asexual	<1.0%
Other	<1.0%
Missing	7.3%
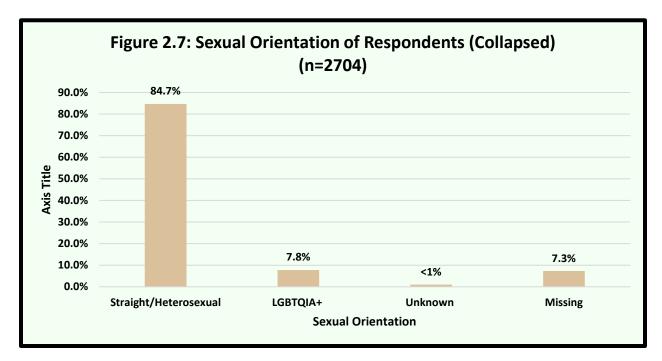
For analysis purposes, Table 2.11 shows sexual orientation categories collapsed into four categories: Straight and Heterosexual, LGBTQIA+, Unknown, and Missing. The LGBTQIA+ category, representing 7.8% of respondents, includes anyone who identified as bisexual or pansexual, gay or lesbian or homosexual, and asexual. This data is graphically represented in Figure 2.7.

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[11] https://data.census.gov/table/ACSST5Y2022.S1901?q=winnebago%20county%20income%20acs
[12] https://data.census.gov/table/ACSST5Y2022.S1901?q=winnebago%20county%20income%20acs

Table 2.11: Sexual Orientation of Respondents (Collapsed) (n=2704)	
Sexual Orientation	**Percentage**
Straight/Heterosexual	84.7%
LGBTQIA+	7.8%
Unknown	<1.0%
Missing	7.3%

Figure 2.7: Sexual Orientation of Respondents (Collapsed) (n=2704)

Representative data on sexual orientation for Winnebago County residents is not available for comparison.

Preferred Language for Communication of Respondents

Most respondents preferred the English language for communication, but 22 other languages were also mentioned, showing great diversity within Winnebago County. Four percent of respondents preferred Spanish. The remaining languages had less than 1% of respondents preferring these languages for communication, and the average was almost four respondents per language (range: 1-12).

The following is a list of other languages preferred for communication:
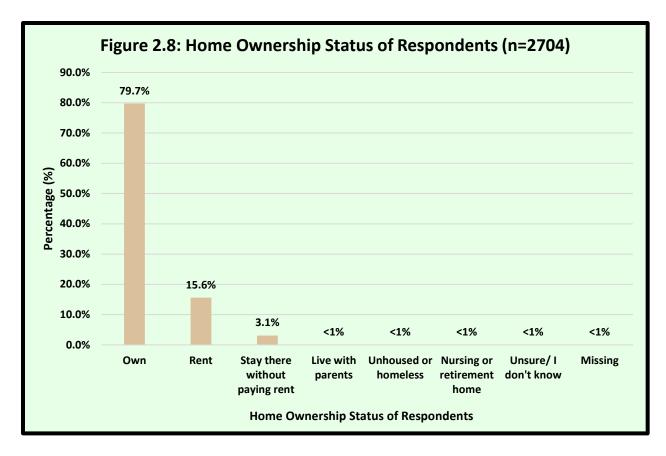
- American Sign Language
- Hindi
- French
- German
- Swahili
- Italian
- Gujrati
- Tagalog
- Chinese (including Cantonese and Mandarin)
- Polish
- Urdu
- Vietnamese
- Russian
- Korean
- Arabic
- Greek
- Thai
- Ukrainian
- Japanese
- Norwegian
- Romanian
- Welsh

When asked, "how well do you understand English?", 98.7% of respondents said they can speak and read English. Less than 1% of respondents said they could read or partially read English, but not speak English. Less than 1% of respondents said they could speak or partially speak English, but not read English, and less than 1% could read or speak English. Additionally, 1% were unsure or didn't know how well they understood English. The percentage for each of these categories other than being able to read and speak English was less than 1%, and the range for these four categories was 6 to 10 respondents.

Home Ownership of Respondents

Respondents were asked if they own or rent their homes. Most respondents own their home (79.7%), while 15.6% rent their home or apartment. About three percent of respondents (3.1%) stay in a home without paying rent. Less than 1% of respondents live with parents, less than 1% were unhoused or homeless, less than 1% live in a nursing or retirement home, less than 1% were unsure if their home was owned or if they pay rent, and less than 1% of respondents did not answer this question (missing). Figure 2.8 shows the respondents' home ownership status.

Figure 2.8: Home Ownership Status of Respondents (n=2704)

Percentage (%)

- Own: 79.7%
- Rent: 15.6%
- Stay there without paying rent: 3.1%
- Live with parents: <1%
- Unhoused or homeless: <1%
- Nursing or retirement home: <1%
- Unsure/ I don't know: <1%
- Missing: <1%

Home Ownership Status of Respondents

Respondents were also allowed to write in a response, and 1.6% of respondents did so. Several written responses noted that the respondent was living in a senior, retirement, or assisted living arrangement. Other written responses were as follows:
- Tent
- What's the scratch to do with health?
- My family and I have lost our home because of Winnebago County.

All written responses are included in Appendix II under Q10.

Household Composition of Respondents

The number of people and the ages of the people who live in a household can impact the needs of an individual household and the household's capacity to support health. Respondents were asked about the number of people who live in their household and their age groups. Two hundred and fifty-one respondents (9.3%) had someone under 3 years old living in their household. One hundred and twenty-four (4.6%) had someone 3-5 years old living in their household. Six (6) to 17-year-olds were seen in 383 (14.1%) of households. Eighteen to 29-year-olds were noted in 383 (14.1%) households. Households with 30- to 44-year-olds number 411 (15.2%) of respondents. Forty-five to 64-year-olds were identified in 819 (30.3%) households. Sixty-five to 74-year-olds were identified in 629 (23.3%) households, and those over 75 were in 309 (11.4%) households.

Respondents from Households with Children Under 18

Twenty-eight percent (28%) of households in the survey, or just over one in four, have someone under 18 living in the household. According to the 2022 American Community Survey 5-year estimates, 28.4% of Winnebago County households had a related individual 18 or under living in the household.[13] Survey questions did not ask if household members were related to the respondent. Still, regarding the number of households with someone under 18, this sample represents Winnebago County.

For the 251 households with children under 3, 65.3% had 1 child under 3, 32.7% had 2 children under three, and 2% had 3 or more children under 3. There were 124 households that had children in the 3 to 5-year-old age group. Of these households, 65.3% had 1 child in this age group, 5.7% had 2 children in this age group, 17% had 3 children in the 3 to 5 age group, and 12.1% of households had 4 or more children in the 3 to 5 age group.

Three hundred and eighty-three (383) households had children in the 6 to 17-year-old age group. Of these households, 55.9% had 1 child in this age group, 33.7% had 2 children in this age group, 9.1% had 3 children in this age group, and 1.3% had 4 children in this age group.

Respondents from Households with 18 to 64-year-olds

There were 382 households with members aged 18 to 29 years old in this survey sample. Of these households, 66.2% had just 1 member between 18 and 29 years old, 29.8% had 2 people between 18 and 29, 2.73% had 3 people in this age group, and 1.6% had 4 people between 18 and 29.

There were 411 households with individuals between 30 and 44 years old in this survey, and 79.6% of these households had just one person in this age group. Nineteen percent of households with 30 to 44-year-olds had 2 people in this age group, and 1.5% had 3 or more people in this age group.

There were 819 households (30%) with individuals between 45 and 64 years old, 76% of these individuals had one person in the 45 to 64-year-old age group, 23.1% had 2 people, and 1% of these households had 3 or more individuals in this age group.

Respondents from Households with individuals 65 and older

There were 629 households with 65 to 74-year-olds in this survey, and 80% of these households had 1 person living in the age group. Twenty percent (20%) of households had 2 or more people in this age group.

There were 309 households with individuals who were 75 or older. Of these, 83.8% had 1 person in the and 16.2% had 2 or more individuals in this age group.

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[13] Survey questions did not ask if household members were related to the respondent.

There were 193 households that had an individual who was 65 years of age or older and at least one individual under 18 in the household.

Summary

This Community Context Assessment (CCA) survey was able to reach out broadly to community residents representing a diverse group of demographic characteristics. The community partnerships that Winnebago County Health Department built during the survey development process helped achieve this outreach. The survey still lacks representative representation of all who live in Winnebago County.

With regard to race, White respondents were overrepresented, and all other races were underrepresented, especially among those who identify as Black or African American. With regards to ethnicity, those who identified as Hispanic were underrepresented.

Women were overrepresented compared to men. The representativeness of those who identify as transgender or gender non-conforming is unknown, but enough people were reached to show the needs and concerns of this population.

Respondents who had achieved a higher level of educational achievement, bachelor's degree or higher, were overrepresented in the survey, and those who had not finished high school or achieved a high school degree were underrepresented.

Respondents to this survey overrepresent individuals making more than the median income of Winnebago County and underrepresent individuals who were in the lowest and most vulnerable income categories. While not representative of the overall population, survey responses enabled comparison of lower income categories to higher income categories.

A comparison for representativeness of sexual orientation was not available. This survey was able to reach a variety of individuals whose sexual orientation was unique. While the unique needs of each type of sexual orientation cannot be identified due to small cell sizes, data showed that these individuals had needs and concerns that differed from the needs of individuals of other sexual orientations.

An effort was made to collapse categories in such a way that uniqueness of demographic characteristics could be used to compare responses to questions to tell the stories of those who are not often represented in survey results due to cell sizes being too small. An ideal survey response rate would allow data to reflect all the unique characteristics of the community and identify their needs and concerns. The results of this survey will help identify where more information may be needed for certain populations and build trust that WCHD is trying to learn more about unique groups' issues and concerns.

The focus groups conducted as a part of the CCA provided more in-depth information on several of the vulnerable populations in Winnebago County.

This survey reached a population that was older and more likely to be retirement age or older. This might be a function that these individuals have more free time available to devote to taking a survey. In looking at the household composition identified by respondents, the survey appeared to represent the number of households with individuals under 18 years of age. However, a direct comparison was not possible as relationship with the respondent was not asked. Some survey respondents in the oldest categories lived in households with individuals under 18, indicating that some households might be multi-generational.

Chapter 3: Social Drivers of Health:
Strengths and Concerns Living in Winnebago County

Respondents were asked to report their level of agreement with the statement, "I feel that people in my community are generally respectful of my opinions and my culture." The response choices were strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree, with 15.8% of respondents strongly agreeing with the statement. Nearly 2 out of 5 respondents (39.1%) somewhat agreed, just under 23% percent of respondents neither agreed nor disagreed, 14.6% somewhat disagreed, and 7.7% of respondents strongly disagreed with the statement.

In this chapter related to the social drivers of health for Winnebago County, responses for the following three questions from the Winnebago County Health Department Community Context Assessment (CCA) survey were reported:
- Which community issues and concerns are important to you? (Select up to 5)
- Which community activities/programs are most important to you? (Select up to 5)
- Which three things should we work on to make Winnebago County one of the Top 25 communities in the US? (Select up to 3)

The results are presented for all respondents and then presented for collapsed demographic subgroups across a variety of demographics characteristics.

For each question and for the results by all respondents and subgroups, tables present the rankings of all responses available to respondents, but discussion is focused on the top five results. Readers are encouraged to view the details contained in the tables to better understand how the stories shared from subgroups differ from the dominant overall responses.

Important Community Issues and Concerns

Respondents were asked to select five community issues/concerns that were "most important to you" from a list of 18 categories, including the option to select other. If a respondent chose other, they were asked to write-in the issue or concern which was done by 5.9% of respondents. These written responses were reviewed, and when the written response was consistent with one of the existing categories, the response was recoded and included in the quantitative numbers.

For the purposes of this section of the report, the authors refer to respondent selections as "most important". The question was asked as "most important to you" and it is assumed that respondent selections are the categories that are most meaningful to the respondent and may or may not be what they think is most important to the community as a whole.

Issues or concerns made the top five list by being cited the most by individuals within a category. For example, crime and violence were ranked first among important issues and concerns because most people (66.1%) selected this issue in their list of five important issues and concerns. The top five items for all respondents were selected based on how many respondents chose those five items in their individual top five issues or concerns.

The top five categories chosen by all respondents were:
- Crime and violence
- Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.), and
- Affordable housing/homelessness

The rank of all community issues and concerns by all respondents is shown in Table 3.1.

Table 3.1: Ranking of All Important Community Issues and Concerns by All Respondents (n=2704)		
Issue	Percentage who chose this issue as important	Rank
Crime and violence	66.1%	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	53.4%	2
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	48.6%	3
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	47.2%	4
Affordable housing/Homelessness	34.4%	5
Neighborhood blight (abandoned buildings, unsafe structures)	25.3%	6
Chronic health conditions (obesity, diabetes, cancer, etc.)	23.9%	7
Racial discrimination	23.7%	8
School graduation rates	20.9%	9
Unhealthy environment (poor air quality, water contamination)	18.6%	10
Economic disinvestment (lack of services, grocery, and retail stores)	16.8%	11
Literacy or ability to read	16.0%	12
Food security	13.7%	13
Access to healthy food options	13.4%	14
Preparedness for addressing extreme weather conditions	8.7%	15
Maternal and infant mortality	4.5%	16
Language barriers	3.2%	17
Teen pregnancy	2.4%	18

Two-thirds of respondents (66.1%) chose crime and violence as one of their top five important community issues or concerns. Access to quality healthcare was chosen by just over half of respondents (53.4%) as one of their important choices. Just under half of

respondents chose good jobs and a healthy economy (48.6%), and mental health conditions (47.2%) as being important issues/concerns. One-third of respondents (34.4%) selected affordable housing/homelessness as an important issue or concern.

The following issues were identified by approximately 1 in 4 respondents:
- Neighborhood blight (abandoned buildings, unsafe structures) - 25.3% of respondents,
- Chronic health conditions (obesity, diabetes, cancer, etc.) - 23.9%,
- Racial discrimination - 23.7% of respondents.

One in five respondents (20.9%) identified school graduation rates as an important issue or concern.

The following concerns/issues were identified as important by between 10% and 20% of respondents: unhealthy environment (poor air quality, water contamination) - 18.6%, economic disinvestment (lack of services, grocery, and retail stores) - 16.8%, literacy or ability to read - 16.0%, food security - 13.7%, and access to healthy food options - 13.4%.

Less than 10% of respondents identified the following issues or concerns as important: preparedness for addressing extreme weather conditions (heat, cold, flood, etc.) - 8.7%, maternal and infant mortality - 4.5%, language barriers - 3.2%, and teen pregnancy - 2.4%.

Respondents were allowed to write-in responses for important community issues concerns and 5.9% wrote a comment. Written responses are included in Appendix II under Q14.

Comments crossed various themes, including taxes, education, immigration, traffic control, public transportation, access to healthcare, discrimination/respect, internet, and city infrastructure issues.

The following list is a sampling of some of the issues and concerns that were identified in the written responses.
- All the above and food additives in packaged food, making the USA food supply the most unhealthy worldwide.
- Access to fiber internet. I see this as vastly necessary now days as Mediacom in our area is terrible. We are 1 mile from the fiber city cut off and it is painful knowing that our options are limited.
- I am concerned about the gender issues being pushed on kids in schools, especially at elementary level ages when kids should not even be thinking about sex. This is child abuse! I am also very concerned about parents being taken out of the equation of gender issues and abortion issues. Why does the government feel they are better able to raise our kids than we are? I am concerned about the lack of family values in our community. I am concerned about the messages that the schools are sending to our children with the inappropriate songs being played at sports games and the illicit dances being performed at halftime. I am concerned

about the lack of morals and values in our community that is contributing to the degradation of the society in our community.
- Mental inflexibility of conservatism and its economic and educational strangle hold on the community.
- Continuous expansion of roadways and car culture.
- The fact that you can only select 5 is absurd—They are all important to me.
- They are all important to the community.

Written responses were recoded where appropriate into the question categories.

Important Community Issues and Concerns Stratified by Demographic Characteristics

Responses were stratified based on demographic sub-groups to determine whether there was variability in the top five issues and concerns. Looking at differences in important issues and concerns across subgroups can help identify specific needs in each of the sub-groups that will help them achieve optimal health.

<u>Important Community Issues and Concerns Stratified by Race of Respondents</u>

For all race sub-groups, crime and violence was the number one issue or concern. For respondents who identified as Black or African American, racial discrimination was ranked second in terms of importance, and affordable housing and homelessness were placed third for this group. Access to quality healthcare was second for all of the collapsed race categories except those who identified as Black or African American, where the category dropped to fifth most important. Mental health conditions were the third most important issue or concern cited for individuals who did not identify by any race in the survey. For both Black or African American respondents and those whose race was unknown, good jobs and a healthy economy were the fourth most important issue or concern. Table 3.2 lists the ranking of all concerns overall and by race.

Issue	All (n=2407)	White (n=2263)	Black or African American (n=177)	Race Unknown (n=140)	Other Race and 2 or more races (n=111)
Table 3.2: Ranking of Important Community Issues and Concerns Overall and by Race Category (Collapsed)					
Crime and violence	1	1	1	1	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	2	5	2	2
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	3	4	4	3
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	4	6	3	4
Affordable Housing/Homelessness	5	5	3	5	5
Neighborhood blight (abandoned buildings, unsafe structures)	6	6	9	7	7
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	7	8	8	6
Racial discrimination	8	9	2	6	9
School graduation rates	9	8	10	13	8
Unhealthy environment (poor air quality, water contamination)	10	10	12	10	11
Economic disinvestment (lack of services, grocery, and retail stores)	11	12	7	12	12
Literacy or ability to read	12	11	14	16	16
Food security	13	13	13	11	14
Access to healthy food options	14	14	11	9	10
Preparedness for addressing extreme weather conditions	15	15	16	15	13
Maternal and infant mortality	16	16	15	18	18
Language barriers	17	17	18	14	15
Teen pregnancy	18	18	17	17	17

Important Issues and Concerns Stratified by Ethnicity of Respondents

When stratified by ethnicity, crime and violence were the most important issue for Hispanics and non-Hispanics. Hispanics and non-Hispanics put the same five issues and concerns in their top five lists, but the order of importance, based on how many people chose that issue or concern, was different across the two groups. Mental health conditions were the second most important issue for Hispanics, whereas access to quality health care was most important overall and for non-Hispanics. For Hispanics, access to quality health care was third most important, with good jobs and a healthy economy in fourth place. Racial discrimination was cited as the sixth most important issue or concern for Hispanics, but this category was eighth most important overall for non-Hispanics. Table 3.3 shows the ranking of important community issues and concerns by ethnicity.

Table 3.3: Ranking of Important Community Issues and Concerns Overall and by Ethnicity Category (Collapsed)			
Issue	All (n=2704)	Hispanic (n=123)	Non-Hispanic (n=2568)
Crime and violence	1	1	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	3	2
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	4	3
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	2	4
Affordable housing/Homelessness	5	5	5
Neighborhood blight (abandoned buildings, unsafe structures)	6	7	6
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	8	7
Racial discrimination	8	6	8
School graduation rates	9	12	9
Unhealthy environment (poor air quality, water contamination)	10	10	10
Economic disinvestment (lack of services, grocery, and retail stores)	11	11	11
Literacy or ability to read	12	16	12
Food security	13	13	13
Access to healthy food options	14	9	14
Preparedness for addressing extreme weather conditions	15	15	15
Maternal and infant mortality	16	18	16
Language barriers	17	14	17
Teen pregnancy	18	17	18

Important Issues and Concerns Stratified by Sexual Orientation of Respondents

The top five most important issues or concerns by sexual orientation showed noticeable differences for the lesbian, gay, bisexual, trans, queer/questioning, intersex, and asexual (LGBTQIA+) respondents to this survey. The LGBTQIA+ respondents cited mental health conditions as their most important issue or concern, followed by access to quality healthcare as second. Their third most important issue or concern was affordable housing and homelessness compared to good jobs and a healthy economy for other sexual orientation sub-groups. Crime and violence was the fourth most important issue or concern for the LGBTQIA+ respondents, and good jobs and a healthy economy was the fifth most important.

For those whose sexual orientation was unknown on the survey, affordable housing and homelessness were the second most important, and good jobs and a healthy economy were the third most important. Mental health conditions were ranked fourth for those whose sexual orientation was unknown, and racial discrimination was cited as this subgroup's fifth most important issue or concern. A dash under ranking indicates that no one in this subgroup ranked that issue or concern in their top five community issues and concerns. Table 3.4 shows the overall ranking of important community issues and concerns by sexual orientation.

Table 3.4: Ranking of Important Community Issues and Concerns Overall and by Sexual Orientation Category (Collapsed)				
Issue	All (n=2704)	Straight or Heterosexual (n=2291)	LGBTQIA+ (n=210)	Unknown (n=<10)
Crime and violence	1	1	4	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	2	2	10
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	3	5	3
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	4	1	4
Affordable housing/Homelessness	5	5	3	2
Neighborhood blight (abandoned buildings, unsafe structures)	6	6	10	6
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	7	9	9
Racial discrimination	8	8	6	5
School graduation rates	9	9	14	-
Unhealthy environment (poor air quality, water contamination)	10	10	7	-
Economic disinvestment (lack of services, grocery, and retail stores)	11	12	8	7
Literacy or ability to read	12	11	13	-
Food security	13	13	12	-
Access to healthy food options	14	14	11	-
Preparedness for addressing extreme weather conditions	15	15	16	-
Maternal and infant mortality	16	16	15	-
Language barriers	17	17	17	-
Teen pregnancy	18	18	18	8

<u>Important Issues and Concerns Stratified by Age of Respondents</u>

The top five most important issues and concerns varied by age between the older and the younger respondents. Respondents in the older age groups of 55 to 64-year-olds, 65 to 74-year-olds, and those greater than 75 all matched exactly with the overall group on the top five most important issues and concerns. Eighteen to 24-year-olds saw affordable housing and homelessness as the most important issues or concerns, with mental health conditions taking second place for this age group. Access to quality healthcare ranked third for this age group, and crime and violence fell to fourth place for this age group, while good jobs and a healthy economy were in fifth place for 18 to 24-year-olds.

Twenty-five to 34-year-olds saw access to quality healthcare as the most important issue or concern and mental health conditions were in second place. For the 25 to 34-year-old age group, affordable housing and homelessness was the third most important issue or concern, followed by good jobs and a healthy economy in fourth place, and crime and violence in fifth place. Thirty-five to 44-year-olds saw mental health conditions as the number one issue or concern, and crime and violence was in second place. Access to quality health care was their third most important issue or concern for 35 to 44-year-olds, followed by good jobs and a healthy economy, and affordable housing and homelessness in fifth place.

The most important issue or concern for 45 to 54-year-olds was crime and violence, followed by good jobs and a healthy economy as their number two concern and mental health conditions in third place. Access to quality healthcare was in fourth place for this age group, followed by affordable housing and homelessness in fifth place.

Neighborhood blight ranked in sixth place for 55 to 64-year-old and 65 to 74-year-old while racial discrimination was in sixth place for 25 to 54-year-olds. An unhealthy environment was in sixth place for 18 to 24-year-olds. Table 3.5 shows the ranking of important community issues and concerns overall and by age category for all issues and concerns.

Table 3.5: Ranking of Important Community Issues and Concerns Overall and by Age Category (Collapsed)								
Issue	All (n=2704)	18-24 Year Olds (n=59)	25-34 Year Olds (n=181)	35-44 Year Olds (n=309)	45-54 Year Olds (n=390)	55-64 Year Olds (n=590)	65-74 Year Olds (n=807)	75+ (n=368)
Crime and violence	1	4	5	2	1	1	1	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	3	1	3	4	2	2	2
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	5	4	4	2	3	3	3
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	2	2	1	3	4	4	4
Affordable housing/Homelessness	5	1	3	5	5	5	5	5
Neighborhood blight (abandoned buildings, unsafe structures)	6	8	8	7	8	6	6	9
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	9	11	8	7	8	7	8
Racial discrimination	8	7	6	6	6	7	9	7
School graduation rates	9	13	13	11	11	10	8	6
Unhealthy environment (poor air quality, water contamination)	10	6	7	9	10	9	12	12
Economic disinvestment (lack of services, grocery, and retail stores)	11	12	9	10	9	11	11	13
Literacy or ability to read	12	14	14	12	13	13	10	10
Food security	13	10	12	14	14	12	13	11
Access to healthy food options	14	15	10	13	12	14	14	14
Preparedness for addressing extreme weather conditions	15	11	16	15	15	15	15	15
Maternal and infant mortality	16	18	15	16	16	16	16	16
Language barriers	17	16	17	17	17	17	17	17
Teen pregnancy	18	17	18	18	18	18	18	18

Important Issues or Concerns Stratified by Gender of Respondents

For subgroups related to gender, there was a very small sample size in the transgender or gender non-conforming category. Still, their important issues and concerns varied considerably from the overall responses and those of the men and women. Crime and violence were the most important issues or concerns for men, women, and all respondents overall. For those who identified as transgender or gender non-conforming, access to quality health care was their most important issue or concern, and crime and violence were in seventh place. Mental health conditions were in second place for those

who were transgender or gender non-conforming, followed by racial discrimination. Fourth place for transgender or gender non-conforming respondents was affordable housing and homelessness, and fifth place was economic disinvestment.

Access to quality health care was the second most important issue or concern for women while good jobs and a healthy economy was in second place for men. Third place for women was mental health conditions and access to quality health care was in third place for men. The fourth most important issue of concern for women was good jobs and a healthy economy and mental health conditions for men. Men placed neighborhood blight in fifth place while woman placed affordable housing and homelessness in fifth. Table 3.6 shows the rankings of important community issues and concerns overall and by gender.

Table 3.6: Ranking of Important Community Issues and Concerns Overall and by Gender Category (Collapsed)				
Issue	All (n=2704)	Woman (n=1644)	Man (n=836)	Transgender or Gender Non-Conforming (n=38)
Crime and violence	1	1	1	7
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	2	3	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	4	2	6
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	3	4	2
Affordable housing/Homelessness	5	5	6	4
Neighborhood blight (abandoned buildings, unsafe structures)	6	8	5	14
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	6	9	16
Racial discrimination	8	7	8	3
School graduation rates	9	11	7	15
Unhealthy environment (poor air quality, water contamination)	10	9	10	8
Economic disinvestment (lack of services, grocery, and retail stores)	11	10	12	5
Literacy or ability to read	12	12	11	11
Food security	13	14	13	9
Access to healthy food options	14	13	14	10
Preparedness for addressing extreme weather conditions	15	15	15	12
Maternal and infant mortality	16	16	18	13
Language barriers	17	17	16	17
Teen pregnancy	18	18	17	18

Important Issues and Concerns Stratified by Highest Education Level Achieved by Respondents

When respondents were stratified by the highest level of education achieved, all subgroups ranked crime and violence as the most important issues or concerns. Access to quality healthcare was second most important for those with technical coursework/associate's degrees and anyone with a bachelor's degree or above. Good jobs and a healthy economy were second most important for those who were high school graduates/GED or had some college, and mental health conditions were second most important for those with less than a high school degree.

Those with less than a high school degree and those with some college ranked access to quality healthcare in third place, while those with a high school degree/GED and those with a graduate/professional degree ranked mental health conditions in third place. Respondents with technical coursework/associate's degree and those with a bachelor's degree ranked good jobs and a healthy economy in third place. Good jobs and a healthy economy were in fourth place for those with less than a high school degree and those with a graduate/professional degree. Mental health conditions were in fourth place for those with some college, technical coursework/associate's degree and those with a bachelor's degree. Affordable housing/homelessness was in fifth place for all education groups except the unknown.

For those whose education was unknown, neighborhood blight was ranked in second place, preparedness for addressing extreme weather conditions in third place, good jobs and a healthy economy in fourth place, and racial discrimination in fifth place. Table 3.7 shows the ranking of important issues and concerns overall and by education.

Issue	All (n=2704)	Less than High School Graduate (n=5)	High School Graduate/ GED (n=293)	Some College (n=524)	Technical course work/ Associate's degree (n=435)	Bachelor's degree (n=740)	Graduate/ Professional Degree (n=647)	Unsure/ don't know (n=6)
Table 3.7: Ranking of Important Community Issues and Concerns Overall and by Education Category (Collapsed)								
Crime and violence	1	1	1	1	1	1	1	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	3	4	3	2	2	2	8
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	4	2	2	3	3	4	4
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	2	3	4	4	4	3	7
Affordable housing/Homelessness	5	5	5	5	5	5	5	10
Neighborhood blight (abandoned buildings, unsafe structures)	6	6	7	6	6	7	9	2
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	7	6	7	7	8	10	14
Racial discrimination	8	8	8	8	9	6	7	5
School graduation rates	9	15	13	11	10	9	6	12
Unhealthy environment (poor air quality, water contamination)	10	11	10	10	8	10	12	17
Economic disinvestment (lack of services, grocery, and retail stores)	11	14	11	9	12	11	11	6
Literacy or ability to read	12	16	14	14	14	12	8	18
Food security	13	12	9	12	11	14	13	11
Access to healthy food options	14	9	12	13	13	13	14	16
Preparedness for addressing extreme weather conditions	15	10	15	15	15	15	15	3
Maternal and infant mortality	16	17	18	18	16	16	16	15
Language barriers	17	13	16	16	17	17	17	9
Teen pregnancy	18	18	17	17	18	18	18	13

Important Issues or Concerns Stratified by Income of Respondents

Across all household income levels, crime and violence was the most important issue or concern, and access to quality healthcare was the second most important issue or concern, except for those who were unsure or didn't know their household income. Good jobs and a healthy economy was the third most important for households in the following income brackets: $35,0001 to $50,000, $75,001 to $100,000, and those making over $100,000 per year. Mental health conditions were the third most important issue or concern for households making less than $35,000 annually and those making $50,001 to $75,000 annually. Mental health conditions were the fourth most important issue or

concern for households making $35,001 to $50,000, $75,001 to $100,000, and households making over $100,000 annually. Affordable housing and homelessness were the fifth most important issue or concern for households making $35,001 to $50,000, households making $50,001 to $75,000, and households making $75,001 to $100,000 annually. School graduation rates were the fifth most important issue for households making $100,001 or more annually.

For individuals who were unsure or didn't know their household income, an unhealthy environment (poor air quality, water contamination) was ranked second as an important community issue or concern, and access to quality health care ranked third. Good jobs and a healthy economy (job security, good paying jobs, jobs with benefits) ranked fourth as an important community issue or concern for individuals who were unsure or didn't know their household income and mental health conditions (depression, anxiety, suicide, substance use disorder, etc.) ranked fifth. Table 3.8 shows the ranking of important community issues and concerns overall and by household income category.

Issue	All (n=2407)	$35,000 or less (n=457)	$35,001 to $50,000 (n=325)	$50,001 to $75,000 (n= 496)	$75,001 to $100,000 (n=441)	$100,001 or more (n=740)	Unsure/ Don't Know (n=193)
Crime and violence	1	1	1	1	1	1	1
Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)	2	2	2	2	2	2	3
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	3	5	3	4	3	3	4
Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)	4	3	4	3	4	4	5
Affordable housing/Homelessness	5	4	5	5	5	7	6
Neighborhood blight (abandoned buildings, unsafe structures)	6	9	6	7	7	6	7
Chronic health conditions (obesity, diabetes, cancer, etc.)	7	6	7	8	9	8	9
Racial discrimination	8	7	8	6	6	9	12
School graduation rates	9	14	11	11	8	5	11
Unhealthy environment (poor air quality, water contamination)	10	11	9	9	12	10	2
Economic disinvestment (lack of services, grocery, and retail stores)	11	10	10	10	11	12	13
Literacy or ability to read	12	15	15	12	10	11	10
Food security	13	8	14	14	14	14	14
Access to healthy food options	14	12	13	13	13	13	16
Preparedness for addressing extreme weather conditions	15	13	12	15	15	15	15
Maternal and infant mortality	16	18	17	16	16	16	8
Language barriers	17	16	18	18	17	17	17
Teen pregnancy	18	17	16	17	18	18	18

Table 3.8: Ranking of Community Issues and Concerns Overall and by Household Income Category (Collapsed)

Important Community Programs and Activities

Respondents were asked to identify which community activities and programs were important to them and choose their top five (5) from a list of 14 choices including other where they could write-in important programs or activities.

If a respondent chose other, they were asked to write in the community activity or program that they thought was important, which was done by 3.8% of respondents. These responses were reviewed and where the written-in response was consistent with one of the offered categories, the response was recoded and included in the quantitative numbers.

The top five items for all respondents were selected based on how many respondents chose those five items in their individual top five community programs or activities "most important to you".

The top five categories of important community activities and programs identified by respondents were:
- Mental health and substance use services
- Support for caregivers, elderly and the disabled
- Services for people or families in crisis
- Affordable housing
- Affordable and obtainable food

More than half of respondents (55.7%) chose mental health and substance use services as a community program or activity most important to them. Just under half of respondents (48.7%) chose support for caregivers, the elderly and the disabled as community programs or activities most important to them. Just over 2 out of 5 respondents chose the following three community programs or activities as most important to them: services for people or families in crisis (46.3%), affordable housing (44.8%), and affordable and obtainable food (42.9%).

Programs to create a safe, healthy and clean environment were also selected by just over 2 out of 5 respondents (41.9%), but did not make the top five important programs or activities. Job training and retraining were selected as important by just under one-third of respondents (31.2%).

Six community programs and activities were identified as most important by 10% to 20% of respondents. Community programs and activities focused on special education for children were identified by 20.7% of respondents as most important. The public transportation system as a community program and activity was identified by 19.9% of respondents as the most important to them. Community programs and activities for age specific activities were identified by 16.5% of respondents as important to respondents, community programs and activities for financial assistance were identified by 15.5% of respondents, faith-based service programs and activities were identified by 14.2% of

respondents, and adult education programs and activities were identified by 10.3% of respondents.

Table 3.9 shows the ranking of community programs and activities most important to all respondents.

Table 3.9: Ranking of Community Programs and Activities Most Important to Respondents Overall (n=2704)		
Community Programs and Activities	**Percentage who chose this as important**	**Rank**
Mental health and substance use services	55.7%	1
Support for caregivers, elderly, and disabled	48.7%	2
Services for people or families in crisis	46.3%	3
Affordable housing	44.8%	4
Affordable and obtainable food	42.9%	5
Programs to create a safe, healthy, and clean environment	41.9%	6
Job training/retraining	31.2%	7
Special education for children	20.7%	8
Public transportation system	19.9%	9
Age specific activities	16.5%	10
Financial assistance	15.5%	11
Faith based services	14.2%	12
Adult education	10.3%	13

Survey respondents were given the opportunity to write-in programs or activities that they thought were most important to them in the community. Again, responses were recoded into question categories where appropriate. The full list of written responses is included in Appendix II under Q15. Some written responses occurred more than once but did not total more than 1% in any written-in category.

Community Programs and Activities Ranked as Most Important to Respondents Stratified by Demographic Characteristics

To examine variability in the top five programs and activities identified as most important to respondents, the data was stratified by demographic characteristics. Assessing differences in needs for important programs and activities in subgroups can help identify the needs of specific sub-groups to help achieve optimal health.

Community Programs and Activities Stratified by Race of Respondents

Respondents who identified as White ranked the same first five programs and activities as most important as the overall group of respondents. The first three programs and activities were mental health and substance use services; support for caregivers, and elderly and disabled; and services for people or families in crisis. More respondents who

identified as White chose affordable and obtainable food than chose affordable housing as most important to them and these two categories reversed positions for all respondents.

Respondents who identified as Black or African American and respondents whose race was unknown chose affordable housing as the community program or activity at the top of their list of most important programs. Mental health and substance use services were chosen second most important by both groups. Job training/retraining was the third most important program or activity for those who identified as Black or African American and it was ranked seventh in the overall group of respondents. Affordable and obtainable food was the third most important program or activity for those whose race was unknown. Both groups, Black or African American and race unknown, chose services for people or families in crisis as their fourth most important program or activity and support for caregivers, elderly and disabled as the fifth most important program or activity.

Individuals who identified by some other race than White or Black or African American listed affordable housing as their top choice and those who identified as 2 or more races (except those who listed Black or African American) chose affordable and obtainable food as their top most important program or activity, and these same respondents chose mental health and substance use services as their second most important program or activity. Affordable and attainable food was third most important for those with unknown race. Affordable housing was the third most important for those of 2 or more races, followed by creating a safe, healthy, and clean environment in fourth place. The fifth most important community program or activity for the "other race" or "2 or more races" group was support for caregivers, the elderly and the disabled.

Table 3.10 displays the overall and race subgroup rankings for the community programs and activities most important to the respondents.

Table 3.10: Community Programs and Activities Ranked as "Most Important to You" Overall and by Race Category (Collapsed)					
Community Programs and Activities	**All (n=2704)**	**White (n=2263)**	**Black or African American (n=177)**	**Race Unknown (n=140)**	**Other Race and 2 or more races (n=111)**
Mental health and substance use services	1	1	2	2	2
Support for caregivers, elderly and disabled	2	2	5	5	5
Services for people or families in crisis	3	3	4	4	6
Affordable housing	4	5	1	1	3
Affordable and obtainable food	5	4	6	3	1
Programs to create a safe, healthy, and clean environment	6	6	7	6	4
Job training/retraining	7	7	3	8	7
Special education for children	8	8	12	10	10
Public transportation system	9	9	11	9	8
Age specific activities	10	10	9	12	11
Financial assistance	11	12	8	7	9
Faith based services	12	11	10	13	12
Adult education	13	13	13	11	13

Community Programs and Activities Stratified by Sexual Orientation of Respondents

Examining top community programs and activities stratified by sexual orientation showed that individuals who identified as straight or heterosexual ranked community programs and activities that were important to them similarly to the overall respondents and in the same order: mental health and substance use services; support for caregivers, elderly and disabled; services for people or families in crisis; affordable housing; and affordable and obtainable food.

The LGBTQIA+ community identified mental health and substance use services as their highest-ranked community program or activity that was important to them. In contrast, the unknown sexual orientation subgroup identified affordable and obtainable food as the most important. The LGBTQIA+ population identified affordable housing as their second most important program or activity, and the unknown sexual orientation subgroup chose financial assistance.

Affordable and obtainable food was the third most frequently cited important program or activity for the LGBTQIA+ population, and affordable housing was the third most frequently cited program for the unknown sexual orientation population. The fourth most

cited "most important to you" program or activity for the LGBTQIA+ population was services for people or families in crisis and adult education for those of unknown sexual orientation. The fifth most cited program or activity for the LGBTQIA+ population was a public transportation system. In contrast, the unknown sexual orientation population cited mental health and substance use services. Table 3.11 shows the rankings of community programs and activities that were most important to all respondents and by sexual orientation subgroup.

Table 3.11: Ranking of Community Programs and Activities "Most Important to You" Overall and by Sexual Orientation Category (Collapsed)				
Community Programs and Activities	All (n=2704)	Straight or Heterosexual (n=2291)	LGBTQIA+ (n=210)	Unknown (n=<10)
Mental health and substance use services	1	1	1	5
Support for caregivers, elderly, and disabled	2	2	7	8
Services for people or families in crisis	3	3	4	13
Affordable housing	4	4	2	3
Affordable and obtainable food	5	5	3	1
Programs to create a safe, healthy, and clean environment	6	6	6	11
Job training/retraining	7	7	9	6
Special education for children	8	8	11	7
Public transportation system	9	9	5	9
Age specific activities	10	10	12	12
Financial assistance	11	12	8	2
Faith based services	12	11	13	10
Adult education	13	13	10	4

Community Programs and Activities Stratified by Age of Respondents

Community programs and activities that were most important to respondents varied considerably across age subgroups, with no age group matching up directly with the overall ranking of important community programs and activities. Affordable housing was cited most by 18 to 24-year-olds, followed by mental health and substance use services, affordable and obtainable food, a public transportation system, and programs to create a safe, healthy, and clean environment. Twenty-five to 34-year-olds cited mental health and substance use services the most, followed by affordable housing, then affordable and obtainable food' programs to create a safe, healthy, and clean environment; and lastly, services for people or families in crisis.

Thirty-five to 44-year-olds identified mental health and substance use services as their top community program or activity that was important to them, followed by services for people or families in crisis, affordable housing, affordable and obtainable food, and last, programs to create a safe, healthy, and clean environment. Forty-five to 54-year-olds

cited special education for children as the most important program or activity, followed by age-specific activities. Mental health and substance use services were cited in third place by 45 to54-year-olds followed by a public transportation system and then affordable and obtainable food.

Fifty-five to 64-year-olds most frequently cited mental health and substance use services as the most important program or activity while 65 to74-year-olds and those 75 and over cited it second most frequently. Support for caregivers, the elderly, and the disabled was cited most frequently as an important community program and activity by 65 to74-year-olds and those over 75, and it was the second most frequently cited item by the 55 to 64-year-old age group.

Services for people and families in crisis was the third most important program or activity for 55 to 64-year-olds and 65 to 74-year-olds while programs to create a safe, healthy, and clean environment were third most frequently cited by those over 75 years old. The fourth most important program or activity for 55 to 64-year-olds was affordable housing, for 65 to 74-year-olds it was programs to create a safe, healthy, and clean environment, and for those over 75 it was services for people or families in crisis. The fifth most frequently cited important program or activity for 55 to 64-year-olds was affordable and obtainable food and for those over 75 and for 65 to 74-year-olds it was affordable housing.

Table 3.12 provides the rankings for community programs and activities for all respondents and by age.

Table 3.12: Ranking of Community Programs and Activities "Most Important to You" Overall and by Age Category (Collapsed)								
Community Programs and Activities	**All (n=2704)**	**18-24 Year Olds (n=59)**	**25-34 Year Olds (n=181)**	**35-44 Year Olds (n=309)**	**45- 54 Year Olds (n=390)**	**55-64 Year Olds (n=590)**	**65-74 Year Olds (n=807)**	**75+ (n=368)**
Mental health and substance use services	1	2	1	1	3	1	2	2
Support for caregivers, elderly, and disabled	2	8	8	6	8	2	1	1
Services for people or families in crisis	3	7	5	2	11	3	3	4
Affordable housing	4	1	2	3	10	4	5	6
Affordable and obtainable food	5	3	3	4	5	5	6	5
Programs to create a safe, healthy, and clean environment	6	5	4	5	13	6	4	3
Job training/retraining	7	9	9	7	7	7	7	7
Special education for children	8	10	10	8	1	8	8	9
Public transportation system	9	4	6	9	4	9	10	11
Age specific activities	10	12	12	11	2	11	9	10
Financial assistance	11	6	7	10	9	12	12	13
Faith based services	12	13	13	13	6	10	11	8
Adult education	13	11	11	12	12	13	13	12

Community Programs and Activities Stratified by Gender of Respondents

Looking at gender differences for the most important community programs and activities showed that women agreed with all respondents overall on ranking. Women were also overrepresented in the overall sample. All groups cited mental health substance use services most frequently as the most important programs and activities. Men and women cited support for caregivers, the elderly, and the disabled second most frequently, while the transgender or gender non-conforming population cited affordable and obtainable food second most frequently.

Men cited programs to create a safe, healthy, and clean environment as the third most important, while the transgender or gender non-conforming respondents cited affordable housing and women chose services for people or families in crisis. Men cited services for people and families in crisis as fourth. In contrast, transgender or gender non-conforming respondents cited the public transportation system as the fourth most important program or activity. The fifth most frequently cited program or activity for men was affordable housing, while services for people or families in crisis were the fifth most important for transgender or gender non-conforming respondents and affordable and obtainable food was fifth for women.

Table 3.13 shows the rankings for all respondents and by gender subgroup for the community programs and activities most important to respondents in these groups.

Table 3.13: Ranking of Community Programs and Activities "Most Important to You" Overall and by Gender Category (Collapsed)				
Community Programs and Activities	**All (n=2704)**	**Woman (n=1644)**	**Man (n=836)**	**Transgender or Gender Non-Conforming (n=38)**
Mental health and substance use services	1	1	1	1
Support for caregivers, elderly, and disabled	2	2	2	6
Services for people or families in crisis	3	3	4	5
Affordable housing	4	4	5	3
Affordable and obtainable food	5	5	6	2
Programs to create a safe, healthy, and clean environment	6	6	3	7
Job training/retraining	7	7	7	9
Special education for children	8	8	9	8
Public transportation system	9	9	8	4
Age specific activities	10	10	11	12
Financial assistance	11	11	13	10
Faith based services	12	12	10	13
Adult education	13	13	12	11

Community Programs and Activities Stratified by Ethnicity of Respondents

The non-Hispanic population agreed with the overall population of survey respondents on the most important top five community programs or activities. The programs ranked similarly: mental health and substance use services; support for caregivers, elderly, and disabled; services for people or families in crisis; affordable housing; and affordable and obtainable food. The Hispanic population also ranked mental health and substance use services as their top most important community program or activity, followed by affordable housing as second and affordable and obtainable food as third. Programs to create a safe, healthy, and clean environment were cited fourth by the Hispanic population, and services for people or families in crisis were cited fifth. Table 3.14 shows the rankings for community programs and activities for all respondents and by ethnicity.

Table 3.14: Ranking of Community Programs and Activities "Most Important to You" Overall and by Ethnicity Category (Collapsed)			
Community Programs and Activities	**All (n=2704)**	**Hispanic (n=123)**	**Non-Hispanic (n=2568)**
Mental health and substance use services	1	1	1
Support for caregivers, elderly, and disabled	2	7	2
Services for people or families in crisis	3	5	3
Affordable housing	4	2	4
Affordable and obtainable food	5	3	5
Programs to create a safe, healthy, and clean environment	6	4	6
Job training/retraining	7	8	7
Special education for children	8	11	8
Public transportation system	9	9	9
Age specific activities	10	12	10
Financial assistance	11	6	11
Faith based services	12	13	12
Adult education	13	10	13

Community Programs and Activities Stratified by Highest Level of Education Achieved by Respondents

The most important community program and activity showed variance based on the highest level of education achieved. Those who achieved some college, technical coursework/associate's degree, bachelor's degree, or a graduate/professional degree cited mental health and substance use services most frequently as their most important community program or activity. These same groups cited support for caregivers, the elderly, and the disabled second, except those with a graduate or professional degree cited services for people or families in crisis second most frequently.

Services for people or families in crisis were cited third most frequently as the most important community program or activity by those with technical coursework/ associate's degree, and those with a bachelor's degree and affordable housing was cited by these two groups fourth most frequently. Those who achieved some college cited affordable housing and affordable and obtainable food third and fourth most frequently as the most important program or activity. The fifth most frequently cited important community program or activity for those with some college was services for people or families in crisis, affordable and obtainable food for those with technical coursework/associate's degree, programs to create a safe, healthy, and clean environment for those with a bachelor's degree and affordable housing for those with a graduate or professional degree.

Respondents who were not high school graduates cited affordable housing most frequently as their most important community program or activity. This was followed by affordable and obtainable food; support for caregivers, elderly and disabled; financial assistance; and services for people or families in crisis. Those who were high school graduates or had a GED cited support for caregivers, the elderly, and the disabled most frequently as an important program or activity followed by affordable housing. Mental health and substance use services were cited third most by those who were high school graduates/GED, and this was followed by services for people or families in crisis and affordable and obtainable food.

Table 3.15 displays the rankings for community programs and activities for all respondents and by the highest level of education achieved.

Community Programs and Activities	All (n=2704)	Less than High School Graduate (n=55)	High School Graduate/ GED (n=293)	Some College (n=524)	Technical course work/ Associate's degree (n=435)	Bachelor's degree (n=740)	Graduate/ Professional Degree (n=647)	Unsure/ don't know (n=6)
Table 3.15: Ranking of Community Programs and Activities "Most Important to You" Overall and by Education Category (Collapsed)								
Mental health and substance use services	1	6	3	1	1	1	1	10
Support for caregivers, elderly, and disabled	2	3	1	2	2	2	3	11
Services for people or families in crisis	3	5	4	5	3	3	2	4
Affordable housing	4	1	2	3	4	4	5	1
Affordable and obtainable food	5	2	5	4	5	6	6	2
Programs to create a safe, healthy, and clean environment	6	8	7	6	6	5	4	7
Job training/retraining	7	7	6	7	7	7	7	13
Special education for children	8	11	9	8	8	9	9	5
Public transportation system	9	13	11	10	9	8	8	3
Age specific activities	10	10	12	11	11	11	10	6
Financial assistance	11	4	8	9	10	12	13	8
Faith based services	12	12	10	12	12	10	11	12
Adult education	13	9	13	13	13	13	12	9

Community Programs and Activities Stratified by Household Income of Respondents

Respondent household income was related to community programs and activities respondents identified as most important to them. For households making $35,000 or less, affordable housing was the community program or activity that ranked first, support for caregivers, the elderly, and the disabled ranked second, while affordable and obtainable food ranked third. Mental health and substance use services ranked fourth, and financial assistance ranked fifth as the most important community program or activity.

All other household income categories identified mental health and substance abuse services as the community program or activity that was most important, followed by support for caregivers, the elderly, and the disabled, which ranked second for the household income groups $35,000 or less, $35,001 to $50,000 and $50,001 to $75,000 while services for people or families in crisis was ranked second by those making $75,001 to $100,000 and $100,001 or more. Households making $35,001 to $50,000 and those making $50,001 to $75,000 ranked affordable housing as the third most important community program or activity most important, while support for caregivers, elderly, and

disabled ranked third for those making $75,001 to $100,000 and $100,001 or more for these household income subgroups.

Affordable and obtainable food ranked fourth as the community program or activity most important for household income subgroups of $35,001 to $50,000 and $50,001 to $75,000, affordable housing was ranked fourth for the $75,001 to $100,000 household income group, and programs to create a safe, healthy, and clean environment ranked fourth for households making $100,000 or more. Services for people and families in crisis ranked in fifth place for household income subgroups of $35,001 to $50,000 and $50,001 to $75,000, and obtainable and affordable food ranked fifth for the $75,001 to $100,000 household income subgroup and for those making over $100,000 or more.

Table 3.16 displays the rankings for community programs and activities for all respondents by household income category.

Table 3.16: Ranking of Community Programs and Activities "Most Important to You" Overall and by Household Income Category (Collapsed)						
Community Programs and Activities	All (n=2704)	$35,000 or less (n=457)	$35,001 to $50,000 (n=325)	$50,001 to $75,000 (n= 496)	$75,001 to $100,000 (n=441)	$100,001 or more (n=740)
Mental health and substance use services	1	4	1	1	1	1
Support for caregivers, elderly, and disabled	2	2	2	2	3	3
Services for people or families in crisis	3	7	5	5	2	2
Affordable housing	4	1	3	3	4	6
Affordable and obtainable food	5	3	4	4	5	5
Programs to create a safe, healthy, and clean environment	6	6	6	6	6	4
Job training/retraining	7	8	7	7	7	7
Special education for children	8	10	8	9	8	8
Public transportation system	9	9	10	8	9	9
Age specific activities	10	11	11	10	10	10
Financial assistance	11	5	9	12	13	13
Faith based services	12	12	12	11	12	11
Adult education	13	13	13	13	11	12

Three Things to Work on to Make Winnebago County a Top 25 Community in the US

Respondents were asked to identify which three (3) things Winnebago County should work on to make it one of the top 25 communities in the US. Respondents chose from a list of 17 items, including an option of other. If a respondent chose other, they were asked to put in a written response, which was done by 3.7% of respondents. The written responses were reviewed and where the written response was consistent with one of the offered categories, the response was recoded and included in the quantitative numbers.

Overall, the top three (3) items that respondents thought Winnebago County Health Department should work on to become a top 25 community in the US were:
- Lower violent crime and safer neighborhoods
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Improved access to healthcare, including mental health and substance use care, primary care, hospital and urgent care

Lower violent crime and safer neighborhoods were identified by 54.5% of respondents as a strategy to work on to make Winnebago County a top 25 community in the US. Good jobs and healthy economy (job security, good paying jobs, jobs with benefits) were identified second most by 39.7% of respondents, and improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care, was identified third most by respondents (34.3%) as a strategy to make Winnebago County become a top 25 community.

Nine items were identified by 10% to 21% of respondents as strategies to work on to help make Winnebago County a top 25 community in the US. These strategies included better schools (21.3%), affordable housing (19.5%), walkable, bikeable communities (13.8%), police, fire, and emergency services (13.4%), homelessness services (12.9%), services for seniors (12.2%), improving social and emotional learning in schools (10.6%), science, technology, engineering, and math (STEM) education (10.3%), and clean environment (10.1%).

Five categories were identified by less than 10% of respondents as strategies to help Winnebago County become a top 25 community in the US. These strategies included early childhood services, including home visiting support for families (6.8%), parks and recreation (6.4%), public transportation (6.4%), arts and culture (5.6%), and health-related education (3.3%).

Table 3.17 shows the ranking by all respondents of the things Winnebago County needs to work on to be a top 25 US Community.

Table 3.17: Ranking of Things Winnebago County Needs to Work On to be a Top 25 US Community Overall (n=2704)		
Things Winnebago County Needs to Work On	Percentage who chose this as a something to work on	Rank
Lower violent crime and safer neighborhoods	54.5%	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	39.7%	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	34.3%	3
Better schools	21.3%	4
Affordable housing	19.5%	5
Walkable, bikeable communities	13.8%	6
Police, Fire, and Emergency services	13.4%	7
Homelessness services	12.9%	8
Services for seniors	12.2%	9
Improving social and emotional learning in schools	10.6%	10
Science, Technology, Engineering, and Math (STEM) Education	10.3%	11
Clean environment	10.1%	12
Early childhood services including home visiting support for families	6.8%	13
Parks and recreation	6.4%	14
Public transportation	6.4%	15
Arts and culture	5.6%	16
Health related education	3.3%	17

Given the chance to write in something that Winnebago County needs to work on to be a top 25 US Community, many respondents took the opportunity to write in "all of the above". Multiple written responses fit into the categories offered for this question and were recoded; several responses did not fit into any category. None of the written responses totaled more than 1% for a category

Respondents gave a wide range of additional items that Winnebago County needs to work on to be a top 25 US community, and a sampling of those items is included here. The themes across multiple written-in responses included lower taxes – of all types; social services and support needs; education and workforce collaboration including life skills, city beautification, race and racism; LGBTQ+ issues and services; and mental health services. One respondent noted that none of the items listed as response categories were the responsibility of the Winnebago County Health Department. Some comments were very specific, and others were much broader in scope.

All written responses that were not recorded here are included in Appendix II under Q16.

Top Things for Winnebago County to Work on to Make the County a Top 25 Community in the US by Socio-demographic Characteristics of Respondents

The top things respondents thought Winnebago County should work on to become a top 25 Community in the US were stratified by demographic characteristics to assess variability across groups. Examining these differences will help identify subgroups' needs to achieve optimal health.

Top Things for Winnebago County to Work on to Make it a Top 25 Community Stratified by Race of Respondents

Reviewing ranking by race showed that respondents who identified as White, other race, or 2 or more races, and those who did not identify a race ranked the same four things to work on in the same order to make Winnebago County a top 25 US community: lower violent crime and safer neighborhoods; good jobs and healthy economy (job security, good paying jobs, jobs with benefits); improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care; and better schools. The race subgroups of White and race unknown both ranked affordable housing in fifth place. The other race or 2 or more races subgroup ranked police, fire, and emergency services in fifth place as a category to work on in Winnebago County.

The subgroup of respondents who identified as Black or African American ranked good jobs and healthy economy (job security, good paying jobs, jobs with benefits) in the first position of things to work on to make Winnebago County a top 25 US community, followed by lower violent crime and safer neighborhoods in second place. The subgroup of Black or African American respondents ranked affordable housing in third place, improved access to healthcare, including mental health and substance use care, primary care, hospital, and urgent care in fourth place, and homelessness services in fifth place.

Table 3.18 shows the ranking of the things that Winnebago County needs to work on to be a top 25 US community stratified by race.

Table 3.18: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Race (Collapsed)					
Things Winnebago County Needs to Work On	All (n=2704)	White (n=2263)	Black or African American (n=177)	Race Unknown (n=140)	Other Race and 2 or more races (n=111)
Lower violent crime and safer neighborhoods	1	1	2	1	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	2	1	2	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	3	4	3	3
Better schools	4	4	6	4	4
Affordable housing	5	5	3	5	6
Walkable, bikeable communities	6	6	11	10	9
Police, Fire, and Emergency services	7	7	16	7	5
Homelessness services	8	9	5	6	12
Services for seniors	9	8	7	13	8
Improving social and emotional learning in schools	10	12	8	8	11
Science, Technology, Engineering, and Math (STEM) Education	11	10	9	11	7
Clean environment	12	11	14	9	16
Early childhood services including home visiting support for families	13	13	12	12	15
Parks and recreation	14	14	17	15	13
Public transportation	15	15	13	17	10
Arts and culture	16	16	15	16	17
Health related education	17	17	10	14	14

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Sexual Orientation of Respondents

Respondents who identified as straight or heterosexual agreed with the overall respondent rankings for the things Winnebago County needs to work on to be a top 25 community in the US: lower violent crime and safer neighborhoods; good jobs, and healthy economy (job security, good paying jobs, jobs with benefits); improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care; better schools; and affordable housing.

Respondents who identified with the LGBTQIA+ subgroup ranked improved access to healthcare, including mental health and substance use care, primary care, hospital, and urgent care, first as things for Winnebago County to work on to be a top 25 community in the US. This group ranked lower violent crime and safer neighborhoods as second, affordable housing as third, good jobs and healthy economy (job security, good paying jobs, jobs with benefits) as fourth, and walkable bikeable communities as fifth as things for Winnebago County to work on to be a top 25 community in the US.

Respondents who did not list a sexual orientation ranked good jobs and healthy economy (job security, good paying jobs, jobs with benefits) first, followed by better schools as second, early childhood services including home visiting support for families as third, improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care as fourth, and arts and culture as fifth for things for Winnebago County to work on to be a top 25 community in the US.

Table 3.19 displays the results for the things that Winnebago County needs to work on to be a top 25 US community stratified by sexual orientation.

Table 3.19: Ranking of Things Winnebago County Needs to Work On to be a Top 25 US Community Overall and by Sexual Orientation Category (Collapsed)				
Things Winnebago County Needs to Work On	All (n=2704)	Straight or Heterosexual (n=2291)	LGBTQIA+ (n=210)	Unknown (n=5)
Lower violent crime and safer neighborhoods	1	1	2	7
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	2	4	1
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	3	1	4
Better schools	4	4	8	2
Affordable housing	5	5	3	6
Walkable, bikeable communities	6	7	5	-
Police, Fire, and Emergency services	7	6	15	10
Homelessness services	8	9	7	8
Services for seniors	9	8	12	-
Improving social and emotional learning in schools	10	11	9	9
Science, Technology, Engineering, and Math (STEM) Education	11	10	13	-
Clean environment	12	12	11	-
Early childhood services including home visiting support for families	13	13	14	3
Parks and recreation	14	14	17	-
Public transportation	15	15	6	-
Arts and culture	16	16	10	5
Health related education	17	17	16	-
- Indicates no respondents ranked this item as something to work on				

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Age

The 35 to 44 years old, 45 to 54 years old, and 55 to 64 years old age groups agreed with all respondents on the ranking of their top five things for Winnebago County to work on to be a top 25 community in the US which included: lower violent crime and safer neighborhoods, good jobs and healthy economy (job security, good paying jobs, jobs with benefits), improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care, better schools, and affordable housing. Those 75 or older agreed with the same first four rankings but placed police, fire, and emergency services in fifth place.

Respondents 18 to 24-years-old ranked walkable, bikeable communities first as issues for Winnebago County to work on to be a top 25 community in the US, followed by affordable housing in second; improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care in third; good jobs and healthy economy (job security, good paying jobs, jobs with benefits) in fourth; and lower violent crime and safer neighborhoods in fifth.

Table 3.20 shows the rankings of issues Winnebago County needs to work on to be a top 25 US community stratified by age group.

Things Winnebago County Needs to Work On	All (n=2704)	18 to 24 Year Olds (n=59)	25 to 34 Year Olds (n=181)	35 to 44 Year Olds (n=309)	45 to 54 Year Olds (n=390)	55 to 64 Year Olds (n=590)	65 to 74 Year Olds (n=807)	75+ (n=368)
Table 3.20: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Age Category (Collapsed)								
Lower violent crime and safer neighborhoods	1	5	2	1	1	1	1	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	4	3	2	2	2	2	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	3	1	3	3	3	3	3
Better schools	4	7	7	4	4	4	4	4
Affordable housing	5	2	4	5	5	5	7	6
Walkable, bikeable communities	6	1	5	6	6	9	9	13
Police, Fire, and Emergency services	7	10	16	16	10	6	6	5
Homelessness services	8	8	6	7	7	8	10	10
Services for seniors	9	16	17	17	12	7	5	7
Improving social and emotional learning in schools	10	13	10	8	9	12	11	9
Science, Technology, Engineering, and Math (STEM) education	11	14	14	12	14	11	8	8
Clean environment	12	9	9	11	8	10	12	11
Early childhood services including home visiting support for families	13	12	11	10	15	14	15	12
Parks and recreation	14	11	12	15	11	13	13	16
Public transportation	15	6	8	9	13	16	16	14
Arts and culture	16	17	13	13	16	15	14	15
Health related education	17	15	15	14	17	17	17	17

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Gender

Rankings for women and men matched for the first three things that Winnebago County needs to work on to become a top 25 US community. These three things are lower violent crime and safer neighborhoods, good jobs and healthy economy (job security, good paying jobs, jobs with benefits), and improved access to healthcare, including mental health and substance use care, primary care, hospitals, and urgent care. Women ranked affordable housing in fourth place, while men ranked better schools in fourth place. In fifth place, women ranked better schools, and men ranked police, fire, and emergency services as things for Winnebago County needs to work to become a top 25 US community.

Respondents who identified as transgender or gender non-conforming ranked improved access to healthcare, including mental health and substance use care, primary care, hospitals, and urgent care first as things for Winnebago County needs to work to become a top 25 US community, and affordable housing was ranked second. Walkable, bikeable

communities, homelessness services, and public transportation were ranked third through fifth

Table 3.21 shows the rankings of things Winnebago County needs to work on to be a top 25 US community stratified by gender.

Table 3.21: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Gender Category (Collapsed)				
Things Winnebago County Needs to Work On	All (n=2704)	Woman (n=1644)	Man (n=836)	Transgender or Gender Non-Conforming (n=38)
Lower violent crime and safer neighborhoods	1	1	1	7
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	2	2	8
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	3	3	1
Better schools	4	5	4	16
Affordable housing	5	4	6	2
Walkable, bikeable communities	6	6	8	3
Police, Fire, and Emergency services	7	10	5	12
Homelessness services	8	7	11	4
Services for seniors	9	8	10	15
Improving social and emotional learning in schools	10	9	12	6
Science, Technology, Engineering, and Math (STEM) Education	11	13	7	9
Clean environment	12	11	9	10
Early childhood services including home visiting support for families	13	12	16	14
Parks and recreation	14	14	13	17
Public transportation	15	15	15	5
Arts and culture	16	16	14	11
Health related education	17	17	17	13

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Highest Level of Education Achieved

All respondents and all education subgroupsranked the same first three items that Winnebago County needs to work on, but they ranked them in different positions: lower violent crime and safer neighborhoods, good jobs and healthy economy (job security, good paying jobs, jobs with benefits), and improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care. Those with less than a high school degree ranked the same items in their top three but ranked improved

access to healthcare in second place and good jobs, and a healthy economy in third place as things for Winnebago County to work on to be a top 25 US community.

The subgroups of technical coursework/associate's degree, bachelor's degree, and graduate/professional degree ranked better schools fourth as things for Winnebago County to work on to be a top 25 US community, as did the overall respondents. Respondents in the subgroups of less than a high school degree, high school graduate/GED, and some college ranked affordable housing fourth.

The ranking in fifth place for things Winnebago County needs to work on to be a top 25 US community varied much more. The subgroup with less than a high school diploma ranked services for seniors fifth, and high school graduates ranked police, fire, and emergency services fifth. Those in the subgroup of some college ranked better schools fifth and those in the subgroups of technical coursework/associate's degree and bachelor's degree ranked affordable housing fifth Respondents in the subgroup graduate/professional degree ranked walkable, bikeable communities in fifth for things Winnebago County needs to work on to be a top 25 US community.

Respondents in the subgroup of unsure/don't know ranked things Winnebago County needs to work on to be a top 25 US community in the following order: lower violent crime and safer neighborhoods; good jobs and healthy economy (job security, good paying jobs, jobs with benefits); services for seniors; police, fire, and emergency services; and better schools.

Table 3.22 displays the rankings of things Winnebago County needs to work on to be a top 25 US community by highest level of education achieved.

Things Winnebago County Needs to Work On	All (n=2704)	Less than High School Graduate (n=56)	High School Graduate/ GED (n=293)	Some College (n=524)	Technical course work/ Associate's degree (n=435)	Bachelor's degree (n=740)	Graduate/ Professional Degree (n=647)	Unsure/ don't know (n=<10)
Table 3.22: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Highest Level of Education Achieved Category (Collapsed)								
Lower violent crime and safer neighborhoods	1	1	1	1	1	1	1	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	3	2	2	2	2	2	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	2	3	3	3	3	3	-
Better schools	4	9	7	5	4	4	4	5
Affordable housing	5	4	4	4	5	5	6	-
Walkable, bikeable communities	6	11	12	9	11	6	5	9
Police, Fire, and Emergency services	7	6	5	6	6	8	14	4
Homelessness services	8	7	8	8	8	7	9	-
Services for seniors	9	5	6	7	7	12	11	3
Improving social and emotional learning in schools	10	8	11	10	12	10	7	-
Science, Technology, Engineering, and Math (STEM) Education	11	10	10	12	10	9	8	6
Clean environment	12	15	9	11	9	11	12	8
Early childhood services including home visiting support for families	13	14	14	15	14	15	10	7
Parks and recreation	14	12	13	14	13	16	16	10
Public transportation	15	16	15	13	15	13	15	-
Arts and culture	16	17	16	16	16	14	13	-
Health related education	17	13	17	17	17	17	17	11
- indicates no respondents in this subgroup ranked this item								

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Household Income

Across all household income subgroups, lower violent crime and safer neighborhoods were ranked first for things Winnebago County needs to work on to be a top 25 US community. Good jobs and a healthy economy (job security, good paying jobs, jobs with benefits) were ranked second by all respondents and by all subgroups except households making under $35,000 and households making $50,001 to $75,000 who ranked this in third place. These two groups placed improved access to healthcare, including mental health and substance use care, primary care, hospital, and urgent care, in second place, but all other groups ranked this item in the third position.

Respondents in the household income groups of $75,001 to $100,000, over $100,000, and households where individuals were unsure or didn't know their income ranked better schools as the fourth item Winnebago County needs to work on to be a top 25 US community. Affordable housing was ranked fourth for all income subgroups except those making under $35,000 and those making $50,001 to $75,000.

Overall, affordable housing was ranked fifth and those in the household income group of $75,001 to $100,000 also ranked affordable housing fifth of things Winnebago County needs to work on to be a top 25 US community. Respondents making $35,000 or less ranked services for seniors fifth for things to work on in Winnebago County and households making $35,001 to $50,000 and households making $50,001 to $75,000 ranked better schools as fifth. Households making over $100,000 ranked walkable, bikeable communities fifth of things Winnebago County needs to work on to be a top 25 US community.

Table 3.23 shows the rankings of things Winnebago County needs to work on to be a top 25 US community by all respondents and by income category.

Things Winnebago County Needs to Work On	All (n=2704)	$35,000 or less (n=457)	$35,001 to $50,000 (n=325)	$50,001 to $75,000 (n= 496)	$75,001 to $100,000 (n=441)	$100,001 or more (n=740)	Unsure/Don't Know (n=193)
Table 3.23: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Household Income Category (Collapsed)							
Lower violent crime and safer neighborhoods	1	1	1	1	1	1	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	3	2	3	2	2	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	2	3	2	3	3	3
Better schools	4	6	5	5	4	4	4
Affordable housing	5	4	4	4	5	6	7
Walkable, bikeable communities	6	9	8	6	8	5	10
Police, Fire, and Emergency services	7	8	6	10	6	9	5
Homelessness services	8	7	9	7	7	10	8
Services for seniors	9	5	7	8	11	14	6
Improving social and emotional learning in schools	10	11	12	12	13	8	11
Science, Technology, Engineering, and Math (STEM) Education	11	13	10	11	9	7	9
Clean environment	12	10	11	9	12	11	12
Early childhood services including home visiting support for families	13	14	15	13	10	12	17
Parks and recreation	14	15	13	16	14	13	15
Public transportation	15	12	14	14	15	15	16
Arts and culture	16	16	16	15	16	16	13
Health related education	17	17	17	17	17	17	14

Top Things Winnebago County Can Work On to Make it a Top 25 Community Stratified by Ethnicity

Hispanics and non-Hispanics agreed with the overall respondents on ranking for things Winnebago County needs to work on to be a top 25 US community. These were lower violent crime and safer neighborhoods; good jobs and healthy economy (job security, good paying jobs, jobs with benefits); improved access to healthcare including mental health and substance use care, primary care, hospital and urgent care; better schools; and affordable housing. Table 3.24 shows the rankings of things Winnebago County needs to work on to be a top 25 US community by all respondents and by ethnicity.

Table 3.24: Ranking of Things Winnebago Needs to Work On to be a Top 25 US Community Overall and by Ethnicity Category (Collapsed)			
Things Winnebago County Needs to Work On	All (n=2704)	Hispanic (n=123)	Non-Hispanic (n=2568)
Lower violent crime and safer neighborhoods	1	1	1
Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)	2	2	2
Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care	3	3	3
Better schools	4	4	4
Affordable housing	5	5	5
Walkable, bikeable communities	6	9	6
Police, Fire, and Emergency services	7	10	7
Homelessness services	8	6	8
Services for seniors	9	16	9
Improving social and emotional learning in schools	10	7	11
Science, Technology, Engineering, and Math (STEM) Education	11	14	10
Clean environment	12	8	12
Early childhood services including home visiting support for families	13	11	13
Parks and recreation	14	13	15
Public transportation	15	17	14
Arts and culture	16	15	16
Health related education	17	12	17

Summary

More than half of survey respondents agreed that people in Winnebago County are generally respectful of their opinions and culture.

The top five community issues and concerns for all respondents were crime and violence; access to quality healthcare; good jobs and a healthy economy; mental health conditions; and affordable housing and homelessness. Two out of three respondents identified crime and violence as their top five issues and concerns, and more than half identified quality healthcare as an issue or concern.

When demographic subgroups were reviewed, the top five issues and concerns changed for some subgroups, particularly subgroups that are often considered vulnerable within the public health community. For example, Blacks and African Americans ranked racial

discrimination as their second issue or concern. For individuals who did not identify their race, mental health conditions rose to the third rank of important issues or concerns, and this was the highest ranked issue or concern for individuals in the LGBTQIA+ population. For those who did not identify a sexual orientation, racial discrimination also rose into their top five ranked issues or concerns.

Similar differences appeared when reviewing how demographic subgroups ranked community programs and activities that are "most important to you". Overall, the top five categories of important programs and activities were mental health and substance use services; support for caregivers, elderly, and disabled; services for people or families in crisis; affordable housing; and affordable and obtainable food.
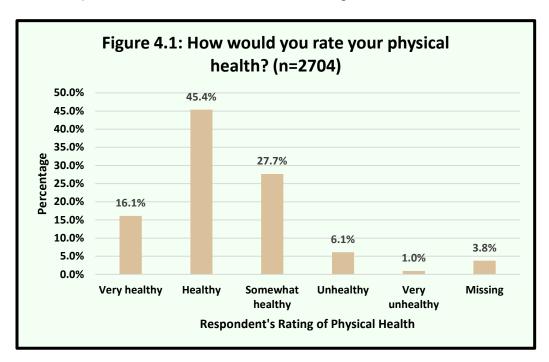
Examples of how subgroups differed include respondents who were Black or African American who ranked affordable housing at the top of their list. Respondents who identified as 2 or more races (except Black or African American) placed affordable and obtainable food as their top program or activity and mental health and substance use services in second. Sexual orientation subgroups ranked important programs and activities differently with the LGBTQIA+ group identifying mental health and substance use services as their highest item and those who did not identify their orientation ranked affordable and obtainable food in the top position.

The top three things all respondents think Winnebago County needs to work to become a top 25 US community were lower violent crime and safer neighborhoods, good jobs and healthy economy, and improved access to healthcare including mental health and substance use care, primary care hospital and urgent care. Again, demographics subgroups showed some differences. For example, residents who identified as Black or African American ranked affordable housing in their top three things to work on while those in the 18 to 24-year-old age group ranked walkable, bikeable communities first. Higher income groups included better schools higher in their rankings while lower income groups ranked affordable housing higher

Chapter 4: Individual Health and Individual Factors Influencing Health

Physical Health

When asked to rate their physical health, almost half of respondents (45.4%) rated themselves as healthy and 16.1% rated themselves as very healthy. Just over one in four (27.7%) respondents rated themselves as somewhat healthy, 6.1% rated themselves as unhealthy and 1.0% rated themselves as very unhealthy. Some respondents (3.8%) did not answer this question and were counted as missing.

Figure 4.1: How would you rate your physical health? (n=2704)

The question "How would you rate your physical health?" was stratified by sub-groups in the following tables. In the stratified tables, the respondents who did not answer this question are indicated in the table as "Physical Health response missing" next to overall count of respondents. Some respondents did not answer the questions which were used for the cross-tabulation. These missing respondents are indicated at the bottom of the table. The missing for the sub-group is noted as a row at the bottom of each table. For example, in Table 4.1, the bottom row lists "Race Missing=115".

Physical Health Rating Stratified by Race of Respondents

Responses for physical health ratings were stratified by race of respondents. Those who identified as White responded similarly to all survey respondents in how they rated their health, as seen in Table 4.1. Respondents who identified as Black or African American were more likely to rate themselves as somewhat healthy (45.1%) than the overall group of respondents (27.7%). Black or African American respondents were less likely to rate themselves as healthy (32.3%) as compared to all survey respondents (45.4%) and White respondents at (48.5%). Black or African American respondents were slightly more likely to rate themselves as unhealthy (8.5%) as compared to the overall respondents (6.1%)

and White respondents (6.1%). Black or African American respondents were slightly less likely to rate themselves as very healthy (14.0%) as compared to all respondents (16.1%).

Respondents who stated their race was "unknown" were less likely (11.8%) to rate themselves as very healthy as compared to the overall respondents (16.1%) and less likely to rate themselves as healthy, 39.7% as compared to 45.4%. Those whose race was listed as "unknown" were more likely to rate themselves as somewhat healthy (39.0%) compared to all respondents (27.7%), and more likely to rate themselves as very unhealthy (2.9%) compared to all respondents (1.0%). More than half of respondents who listed "other race" or "2 or more races" rated themselves as healthy at 53.4%, higher than all respondents (45.4%) rating in this category, and 16.5% of this group rated themselves as very healthy which was similar to the overall rating for this category.

Table 4.1: How would you rate your physical health? Overall and Stratified by Race Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Race (Collapsed Groups)					
White (n=2186)	17.3%	48.5%	27.1%	6.1%	0.9%
Black or African American (n=164)	14.0%	32.3%	45.1%	8.5%	0.0%
Race Unknown (n=136)	11.8%	39.7%	39.0%	6.6%	2.9%
Other race/2 or more races (n=103)	16.5%	53.4%	21.4%	6.8%	1.9%
Race Missing = 115					

Physical Health Rating Stratified by Ethnicity of Respondents

Respondents who identified as Hispanic rated themselves lower than the overall respondents in each of the following categories: very healthy (12.6% Hispanic to 16.1% overall), healthy (40.3% Hispanic to 45.4% overall), and unhealthy (5.0% Hispanic to 6.1% overall). Hispanic respondents were more likely to rate themselves as somewhat healthy (40.3%), than the overall population of respondents (27.7%). Hispanic respondents (12.6%) were less likely to rate themselves as very healthy than non-Hispanics (17.0%). Hispanics were much more likely to rate themselves as somewhat healthy (40.3%) than non-Hispanics (28.1%).

Table 4.2: How would you rate your physical health? Overall and Stratified by Ethnicity Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) **(**Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Ethnicity (Collapsed Groups)					
Hispanic (n=119)	12.6%	40.3%	40.3%	5.0%	1.7%
Not Hispanic (n=2470)	17.0%	47.6%	28.1%	6.4%	1.0%
Ethnicity Missing = 115					

Physical Health Rating Stratified by Age of Respondents

One in four (25.0%) 18 to 24-year-old respondents rated themselves as very healthy compared to 16.1% of the overall population of respondents. The following age groups were more likely to rate themselves as very healthy compared to the overall population: 55 to 64-year-olds at 18.1%, 65 to 74-year-olds at 17.7%, and those over 75 at 19.2%. No one in the 18 to 24-year-old age group rated themselves as very unhealthy, but 7.7% of the 18 to 24-year-old age rated themselves as unhealthy compared to just 6.1% of the overall population rating themselves as unhealthy. Those over 75 also rated themselves as unhealthy at a similar rate of 7.3%, and just 0.6% rated themselves as very unhealthy. More than half of 25 to 34-year-olds (51.2%) and 65 to 74-year-olds (51.7%) rated themselves as healthy compared to 45.4% overall. The age group that had the most people rating themselves as very unhealthy was the 55 to 64-year-olds, but at just 1.7%. The group that rated themselves the highest in the unhealthy category at 8.5% was 45 to 54-year-olds. When unhealthy and very unhealthy ratings were combined for the 45 to 54-year-old age group, one in ten people ranked themselves as unhealthy or very unhealthy.

Table 4.3: How would you rate your physical health? Overall and Stratified by Age Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) **(**Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Age (Collapsed Groups)					
18-24 (n=52)	25.0%	42.3%	25.0%	7.7%	0.0%
25-34 (n=172)	11.1%	51.2%	32.0%	5.2%	0.6%
35-44 (n=2926)	13.7%	45.2%	33.6%	6.5%	1.0%
45-54 (n=375)	14.4%	41.6%	34.4%	8.5%	1.1%
55-64 (n=575)	18.1%	46.1%	28.5%	5.6%	1.7%
65-74 (n=781)	17.7%	51.7%	24.3%	5.5%	0.8%
75+ (n=355)	19.2%	45.1%	27.9%	7.3%	0.6%
Age Missing = 102					

Physical Health Rating Stratified by Gender of Respondents

Men were slightly more likely (18.8%) than the overall respondents (16.1%) to rate themselves as very healthy. Men were also slightly more likely (48%) than the overall respondents (45.4%) to rate themselves as very healthy. Respondents who identified as transgender or gender non-conforming were much more likely (21.6%) to rate themselves as unhealthy than all respondents (6.1%) who rated themselves as unhealthy. Those who are transgender or gender non-conforming were also more likely to rate themselves as very unhealthy (2.7%) compared to all survey respondents (1%). This group was also less likely to rate themselves as very healthy at 10.8% compared to 16.1% for all respondents and less likely to rate themselves as healthy at 21.6% compared to 45.4% for all respondents, as seen in Table 4.4.

Table 4.4: How would you rate your physical health? Overall and by Gender Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) **(**Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Gender (Collapsed Groups)					
Woman (n=1586)	16.0%	47.1%	29.9%	6.0%	1.0%
Man (n=807)	18.8%	48.0%	26.2%	6.2%	0.9%
Transgender or Gender Non-conforming (n=37)	10.8%	21.6%	43.2%	21.6%	2.7%
Gender Missing = 274					

Physical Health Rating Stratified by Highest Education Achieved by Respondents

Respondents with less than a high school education were the most likely to rate themselves as very unhealthy at 5.9% compared to 1.0% for all respondents and unhealthy at 13.7% compared to 6.1% for all respondents. More than half of respondents who have less than a high school diploma rated themselves as somewhat healthy as seen in Table 4.5.

More than half of respondents whose highest level of education achieved was a bachelor's degree (50.1%) or a graduate professional degree (51.4%) rated themselves as healthy. These two groups were also more likely to rate themselves as very healthy at 18.8% for those with a bachelor's degree and 21.2% for those with a graduate or professional degree compared to 16.1% for all respondents.

Table 4.5: How would you rate your physical health? Overall and by Education Achieved Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) (Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Education Achieved (Collapsed Groups)					
Less than high school graduate (n=51)	3.9%	23.5%	52.9%	13.7%	5.9%
High school graduate/GED (n=276)	13.8%	43.8%	31.5%	9.4%	1.5%
Some college (n=498)	15.6%	43.2%	32.7%	7.2%	1.0%
Technical coursework/Associate's degree (n=418)	11.5%	45.5%	33.5%	8.6%	1.0%
Bachelor's degree (n=719)	18.8%	50.1%	24.8%	5.6%	<1%
Graduate/Professional degree (n=632)	21.2%	51.4%	23.9%	2.9%	<1%
Unsure/Don't know (n=<10)	*	*	*	*	*
Education Missing = 105, *=suppressed due to small cell sizes					

Physical Health Rating Stratified by Income of Respondents

Table 4.6 shows that respondents who made $35,000 or less were the most likely to state they were unhealthy (14.6%) or very unhealthy (3.0%) compared to the overall respondents at 6.1% for unhealthy and 1.0% for very unhealthy. More than half of respondents who made $75,001 to $100,000 (52.5%) or over $100,000 (52.0%) rate themselves as healthy compared to 45.4% for all respondents. These two income groups were also more likely to rate themselves as very healthy, with 19.9% of respondents making $75,001 to $100,000 and 22.2% of respondents making $100,000 or more selecting very healthy. Those who were unsure or didn't know their income were also more likely to state they were healthy at 50.0% or very healthy at 16.5%.

| Table 4.6: How would you rate your physical health? Overall and by Income Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) (Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Income (Collapsed Groups)					
$35,000 or less (n=440)	8.4%	33.9%	40.2%	14.6%	3.0%
$35,001 -to $50,000 (n=316)	14.9%	43.0%	32.3%	8.5%	1.3%
$50,001 to $75,000 (n=478)	14.4%	47.7%	31.0%	6.1%	<1%
$75,001 to $100,000 (n=423)	19.9%	52.5%	24.1%	3.3%	<1%
$100,001 or more (n=717)	22.2%	52.0%	22.2%	3.2%	<1%
Unsure/Don't know (n=182)	16.5%	50.0%	28.6%	4.4%	<1%
Income Missing =148					
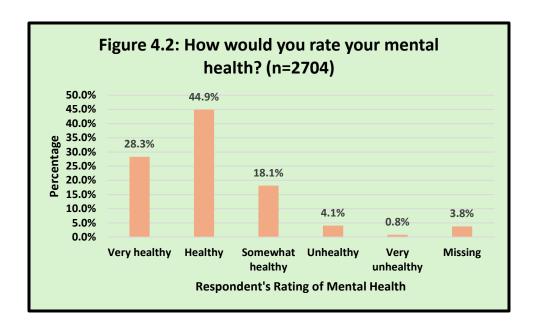
Physical Health Rating Stratified by Sexual Orientation of Respondents

Respondents who identify as LGBTQIA+ were more likely to rate themselves as unhealthy at 11.3% compared to 6.1% for all respondents and were less likely to rate themselves as very healthy at 8.4% compared to 16.1% for all respondents. The cell sizes for those whose sexual orientation is unknown were too small to report as seen in Table 4.7.

Table 4.7: How would you rate your physical health? Overall and by Sexual Orientation Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) **(**Physical health response missing=102)	16.1%	45.4%	27.7%	6.1%	1.0%
Sexual Orientation (Collapsed Groups)					
Straight or Heterosexual (n=2211)	17.6%	47.4%	28.2%	5.8%	0.9%
LGBTQIA+ (n=203)	8.4%	45.3%	33.5%	11.3%	1.5%
Unknown (n=<10)	*	*	*	*	*
Sexual Orientation Missing = 285, *=suppressed due to small cell sizes					

Mental Health Status of Respondents

Respondents were asked how they would rate their mental health. More than 7 out of 10 respondents rated their mental health as healthy (44.9%) or very healthy (28.3%). Less than 1% of respondents rated their mental health as very unhealthy, and 4.1% rated it as unhealthy. Just under 1 in 5 respondents (18.1%) rated their mental health somewhat healthy. Less than four percent (3.8%) of respondents did not rate their mental health and are noted as "missing.

Figure 4.2: How would you rate your mental health? (n=2704)

Respondent's Rating of Mental Health	Percentage
Very healthy	28.3%
Healthy	44.9%
Somewhat healthy	18.1%
Unhealthy	4.1%
Very unhealthy	0.8%
Missing	3.8%

Selected demographic subcategories were reviewed to note differences in how subgroups rated their mental health.

The question "How would you rate your mental health?" was stratified by sub-groups in the following tables. In the stratified tables, the respondents who did not answer this question are indicated in the table as "Mental Health response missing" next to overall count of respondents. Some respondents did not answer the questions which were used for the cross-tabulation. These missing respondents are indicated at the bottom of the table. The missing for the sub-group is noted as a row at the bottom of each table. For example, in Table 4.8, the bottom row lists "Race Missing=115".

Mental Health Status Stratified by Race of Respondents

All race categories except White were more likely to rate their mental health as unhealthy as compared to the overall group of respondents. All respondents rated their mental health as unhealthy (4.1%) compared to 5.5% of Black or African American respondents, 5.8% of "other" or "2 or more race" respondents, and 7.4% for those whose race is unknown. The group of respondents whose race was unknown was also the least likely to state their mental health was very healthy followed by "other race" or "2 or more races".

Table 4.8: How would you rate your mental health? Overall and by Race Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Race (Collapsed Groups)					
White (n=2186)	30.1%	47.3%	18.2%	3.9%	0.6%
Black or African American (n=164)	29.9%	40.9%	22.6%	5.5%	*
Race Unknown (n=136)	20.6%	46.3%	23.5%	7.4%	*
Other race/2 or more races (n=103)	25.2%	44.7%	19.4%	5.8%	4.9%
Race Missing = 115					

Mental Health Status Stratified by Ethnicity of Respondents

Respondents who identified as Hispanic were twice as likely to rate their mental health as unhealthy at 8.4% compared to the overall population at 4.1%. Those who identified as Hispanic were also less likely to rate their mental health as very healthy at 21.0% compared to the overall survey respondents at 28.3%.

Table 4.9: How would you rate your mental health? Overall and by Ethnicity Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Ethnicity (Collapsed Groups)					
Hispanic (n=119)	21.0%	45.4%	23.5%	8.4%	*
Not Hispanic (n=2470)	29.8%	46.8%	18.6%	4.1%	0.8%
Ethnicity Missing = 115					

Mental Health Status Stratified by Age of Respondents

With increasing age, respondents were more likely to rate their mental health as very healthy compared to the overall groups of survey respondents, where 28.3% rated their mental health as very healthy. The following age groups of respondents rated their mental health as very healthy at the following percentages: 55 to 64 years old at 28.9%, 65 to 74 years old at 38.0%, and over 75 at 43.9%. Additionally, 47.9% of those over 75 rated their mental health as healthy with almost 92% of those over 75 rating their mental health as healthy or very healthy.

Only one age group rated themselves as very unhealthy at a rate large enough to report. The 35 to 44-year-olds rated themselves as very unhealthy at 2.1% compared to the overall population of survey respondents who were at 0.8%. Younger age groups were more likely to rate their mental health as unhealthy with 18 to 24-year-olds being more than 4 times as likely to rate their mental health as unhealthy at 19.2% and 25 to 34-year-olds more than 3 times as likely to rate their mental health as unhealthy at 14.5%.

Table 4.10: How would you rate your mental health? Overall and by Age Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Age (Collapsed Groups)					
18-24 (n=52)	13.5%	26.9%	36.5%	19.2%	*
25-34 (n=172)	9.9%	37.8%	35.5%	14.5%	*
35-44 (n=2926)	15.4%	40.1%	33.2%	9.3%	2.1%
45-54 (n=375)	20.5%	49.1%	23.5%	5.9%	*
55-64 (n=575)	28.9%	50.6%	17.0%	2.8%	*
65-74 (n=781)	38.0%	47.9%	13.3%	0.6%	*
75+ (n=355)	43.9%	47.9%	6.5%	1.4%	*
Age Missing = 102					

Mental Health Status Stratified by Gender of Respondents

Men were much more likely to rate their mental health as very healthy at 37.3% compared to 28.3% overall. Respondents who identified as transgender or gender non-conforming were much less likely to rate their mental health as healthy or very healthy, with each of these categories having just 10.8% of respondents compared to overall respondents' rates of 44.9% for healthy and 28.3% for very healthy. Transgender or gender non-conforming respondents were much more likely to rate their mental health as unhealthy or very unhealthy at 29.7% and 8.1%, respectively.

Table 4.11: How would you rate your mental health? Overall and by Gender Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Gender (Collapsed Groups)					
Woman (n=1586)	26.1%	49.6%	19.7%	4.1%	0.5%
Man (n=807)	37.3%	42.0%	16.9%	3.0%	0.9%
Transgender or Gender Non-conforming (n=37)	10.8%	10.8%	40.5%	29.7%	8.1%
Gender Missing = 274					

Mental Health Status Stratified by Highest Level of Education of Respondents

Respondents who had less than a high school education were the least likely to rate their mental health as very healthy at 17.7% compared to 28.3% for all respondents and the most likely to rate their mental health as very unhealthy at 3.9%. This group was also the most likely to rate their mental health as somewhat healthy at 31.4% compared to 18.1% for all respondents. Respondents with some college were also more likely to rate their mental health as somewhat healthy at 23.3%.

Respondents with a bachelor's degree or graduate or professional degree were the most likely to rate their mental health as very healthy at 28.9% and 35.9%, respectively, compared to all respondents who rated themselves as very healthy at 28.3%.

Table 4.12: How would you rate your mental health? Overall and by Education Achieved Category					
	Very healthy	**Healthy**	**Somewhat healthy**	**Unhealthy**	**Very unhealthy**
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Education Achieved (Collapsed Groups)					
Less than high school graduate (n=51)	17.7%	41.2%	31.4%	5.9%	3.9%
High school graduate/GED (n=276)	27.5%	48.2%	17.0%	5.1%	2.2%
Some college (n=498)	26.5%	44.2%	23.3%	5.2%	0.8%
Technical coursework/Associate's degree (n=418)	26.3%	45.0%	21.1%	6.5%	1.2%
Bachelor's degree (n=719)	28.9%	48.8%	17.8%	4.0%	0.4%
Graduate/Professional degree (n=632)	35.9%	47.5%	14.6%	1.7%	0.3%
Unsure/Don't know (n=<10)	*	*	*	*	*
Education Achieved Missing = 105, *=suppressed due to small cell sizes					

Mental Health Status Stratified by Income of Respondents

Respondents who made $35,000 or less were the most likely to rate their mental health as very unhealthy (3.2%), 4 times the overall respondents rating of 0.8% for this category. Respondents making less than $35,000 were also the least likely to rate their mental health as very healthy (17.1%), but most likely to rate their mental health as somewhat healthy at 29.3% compared to all respondents who were at 28.3% for very healthy and 18.1% for somewhat healthy. The following income categories all rated higher than the overall group of respondents for very healthy at the following percentages: $75,001 to $100,000 at 30.5%, $100,001 or more at 37.5%, unsure or don't know at 32.4%. Those making $100,000 or more were also the least likely to rate their mental health as unhealthy or very unhealthy at 1.4% and 0.3%, respectively.

| Table 4.13: How would you rate your mental health? Overall and by Income Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Income (Collapsed Groups)					
$35,000 or less (n=440)	17.1%	42.5%	29.3%	8.0%	3.2%
$35,001 to $50,000 (n=316)	26.6%	45.6%	20.6%	6.7%	0.6%
$50,001 to $75,000 (n=478)	27.0%	47.9%	19.3%	5.4%	0.4%
$75,001 to $100,000 (n=423)	30.5%	50.8%	15.8%	2.4%	0.5%
$100,001 or more (n=717)	37.5%	46.3%	14.5%	1.4%	0.3%
Unsure/Don't know (n=182)	32.4%	47.3%	15.9%	4.4%	0.0%
Income Missing =148					
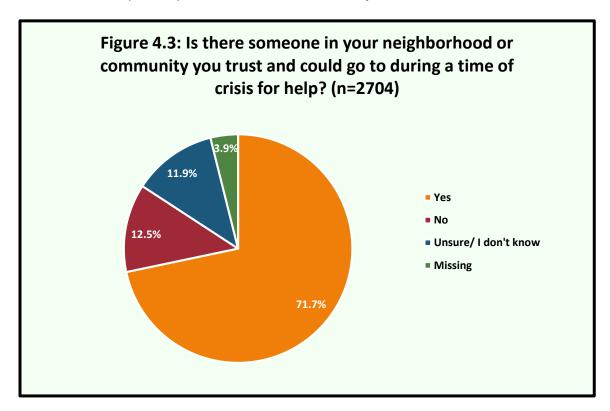
Mental Health Status Stratified by Sexual Orientation of Respondents

Respondents who identify as part of the LGBTQIA+ community were much more likely to rate themselves as unhealthy or very unhealthy as it relates to mental health compared to all respondents with 14.8% of the LGBTQIA+ respondents rating themselves as unhealthy and 3.5% rating themselves as very unhealthy compared to 4.1% and 0.8% respectively of all respondents.

| Table 4.14: How would you rate your mental health? Overall and by Sexual Orientation Category					
	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
Overall (n=2704) (Mental health missing 102)	28.3%	44.9%	18.1%	4.1%	0.8%
Sexual Orientation (Collapsed Groups)					
Straight or Heterosexual (n=2211)	31.0%	47.8%	17.6%	3.1%	0.5%
LGBTQIA+ (n=203)	23.3%	34.5%	35.0%	14.8%	3.5%
Unknown (n=<10)	*	*	*	*	*
Sexual orientation Missing = 285, *=suppressed due to small cell sizes					
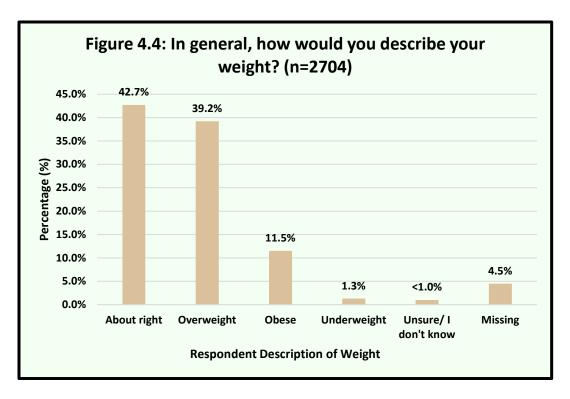
Someone in the Community You Trust in a Time of Crisis

Respondents were asked if there was someone in their neighborhood or community that they trust and could go to during a time of crisis for help. Figure 4.3 shows that approximately, three out of four (71.1%) respondents had someone they could trust and turn to in a crisis. One in four respondents did not have anyone (12.5%) they could turn to or did not know (11.9%) if there was someone they could turn to in a time of crisis.

Figure 4.3: Is there someone in your neighborhood or community you trust and could go to during a time of crisis for help? (n=2704)

- Yes — 71.7%
- No — 12.5%
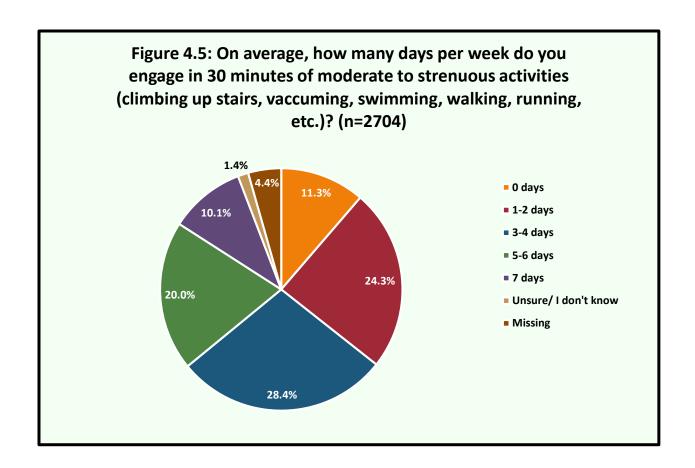- Unsure/ I don't know — 11.9%
- Missing — 3.9%

Self-reported Weight

Respondents were asked to describe their weight using the following categories: underweight, about right, overweight, obese, and unsure/don't know. Some respondents did not answer this question (4.5%) and were noted as missing. Just 1.3% of respondents described themselves as underweight as seen in Figure 4.3. Just over two out of five (42.7%) of respondents described themselves as "about right." Two out of five (39.2%) of respondents described themselves as overweight. Slightly over one in ten (11.5%) of respondents described themselves as obese.

Figure 4.4: In general, how would you describe your weight? (n=2704)
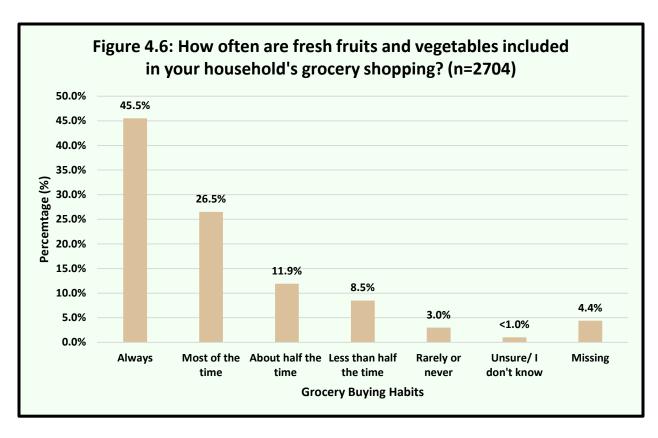
Physical Activity

The Centers for Disease Control and Prevention (CDC) recommends that adults get 150 minutes of moderate-intensity exercise per week and two days of muscle-strengthening activity per week. The survey asked respondents how many days per week they engage in 30 minutes of moderate to strenuous activities. Approximately one in four respondents (24.3%) get 30 minutes of moderate to strenuous physical activity 1 to 2 days per week, and just over one in four (28.4%) engage in physical activity 3 to 4 days per week. One in five (20.0%) respondents report 5 to 6 days of 30 minutes of moderate to strenuous physical activity, and one in ten (10.1%) report 7 days of physical activity. A little over one out of ten respondents (11.3%) reported no physical activity (0 days per week) and 1.4% of respondents were unsure or didn't know how often they engaged in 30 minutes of physical activity. The missing category for this question was 4.4% of respondents, as seen in Figure 4.4.

Figure 4.5: On average, how many days per week do you engage in 30 minutes of moderate to strenuous activities (climbing up stairs, vaccuming, swimming, walking, running, etc.)? (n=2704)

Legend:
- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days
- Unsure/ I don't know
- Missing

Pie chart values: 11.3%, 24.3%, 28.4%, 20.0%, 10.1%, 1.4%, 4.4%

Purchase of Fruits and Vegetables

Access to healthy, affordable food is essential to maintaining an individual's health, particularly fresh fruits and vegetables. Respondents were asked, "How often are fresh fruits and vegetables included in your household's grocery shopping?" Slightly under half of respondents (45.5%) stated that fresh fruits and vegetables were always included in their household's grocery shopping. Just over one in four respondents (26.5%) stated that fresh fruits and vegetables were included in their grocery shopping most of the time. About one in ten respondents (11.9%) stated that fresh fruits and vegetables are included in their grocery shopping about half the time, and just under one in ten (8.5%) said fresh fruits and vegetables were included in their grocery shopping less than half the time. Three percent of respondents stated fresh fruits and vegetables were rarely or never included in their grocery shopping. Figure 4.5 shows that less than one percent of respondents were unsure or didn't know how often fresh fruits and vegetables were of their household's grocery shopping and 4.4% of respondents chose not to answer this question and were considered missing.

Figure 4.6: How often are fresh fruits and vegetables included in your household's grocery shopping? (n=2704)

Grocery Buying Habits	Percentage
Always	45.5%
Most of the time	26.5%
About half the time	11.9%
Less than half the time	8.5%
Rarely or never	3.0%
Unsure/ I don't know	<1.0%
Missing	4.4%

Physical Health Conditions or Diseases in Household

The percentage of households that have individuals with physical health conditions and diseases helps provide context on the challenges that community residents face in maintaining their health. Only one in ten households (10.1%) in this survey stated that there were no health conditions for anyone in their household. Nine out of ten households have someone with a physical health condition or disease.

According to the Centers for Disease Control and Prevention (CDC), roughly 30% of individuals report having hypertension[14] and approximately 10% have high cholesterol.[15] Hypertension and high cholesterol are the two of the leading causes of heart disease, according to the CDC.

More than half of respondents (51.0%) to this survey reported that someone in their household has been told they have high blood pressure/hypertension. More than one in three (36.7%) individuals in this survey reported that someone in their household has been told they have high cholesterol. These two conditions put the individuals in these households with these conditions at higher risk for cardiovascular disease. One in six (16.8%) respondents identified someone in their household has been told they have heart or cardiovascular disease.

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[14] https://www.cdc.gov/mmwr/volumes/73/wr/mm7309a1.htm#:~:text=In%202021%2C%20hypertension%20prevalence%20was,school%20education%20(33.8%25)%20than

[15] https://www.cdc.gov/cholesterol/data-research/facts-stats/index.html

More than one in three respondents (35.4%) reported that someone in their household has arthritis or rheumatism.
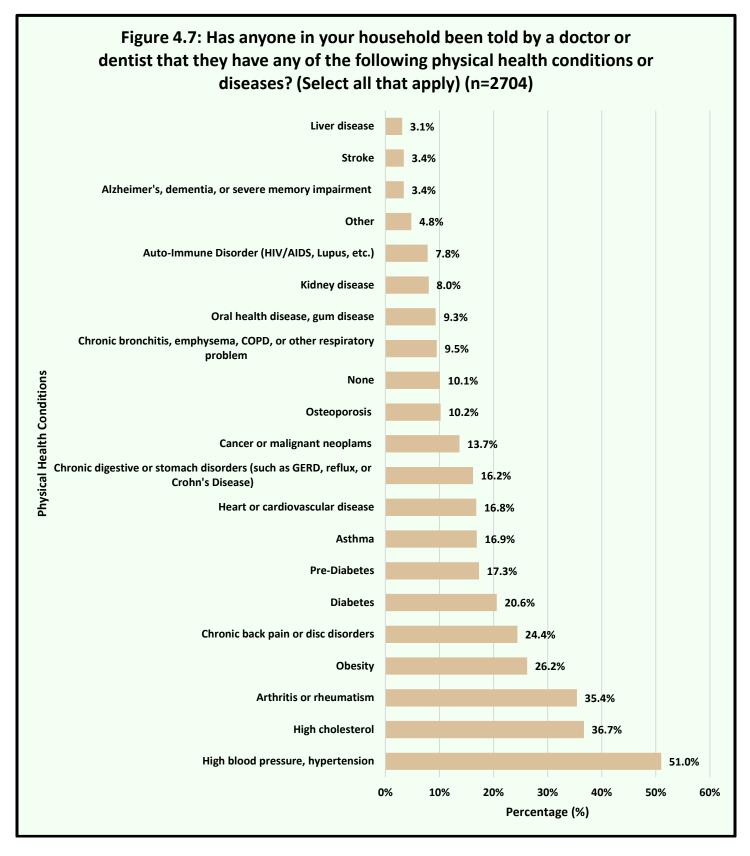
More than one in four respondents (26.2%) reported that someone in their household has obesity. Obesity is a precursor to many serious health conditions, including cardiovascular disease, diabetes, stroke, and some cancers.[16]

One in five respondents (20.6%) state someone in their household has been told they have diabetes while just under one in five (17.3%) state someone in the household has been told they have pre-diabetes.

Just under one in four respondents (24.4%) stated someone in their household has been told they have chronic back pain or disc disorders. Just under one in six (16.2%) respondents stated someone in their household has been told they have chronic digestive or stomach disorders (such as GERD, reflux or Crohn's disease). Just over one in ten households have someone who has been told they have cancer or malignant neoplasms (13.7%). One in ten respondents (10.2%) have a household member who has osteoporosis. The remaining conditions are all identified in less than 10% of households in this survey: chronic bronchitis, emphysema, COPD or other respiratory problem (9.5%), oral health disease, gum disease (9.3%), kidney disease (8.0%), auto-immune disorder (HIV/AIDS, Lupus, etc.) (7.8%), stroke (3.4%), Alzheimer's, dementia, or severe memory impairment (3.4%), and liver disease (3.1%). Figure 4.6 shows the percentage of each physical condition respondents reported for someone in their household.

16

https://www.ncbi.nlm.nih.gov/books/NBK459357/#:~:text=Obesity%20is%20associated%20with%20cardiovascula r,%2C%20sleep%20apnea%2C%20and%20cancers.

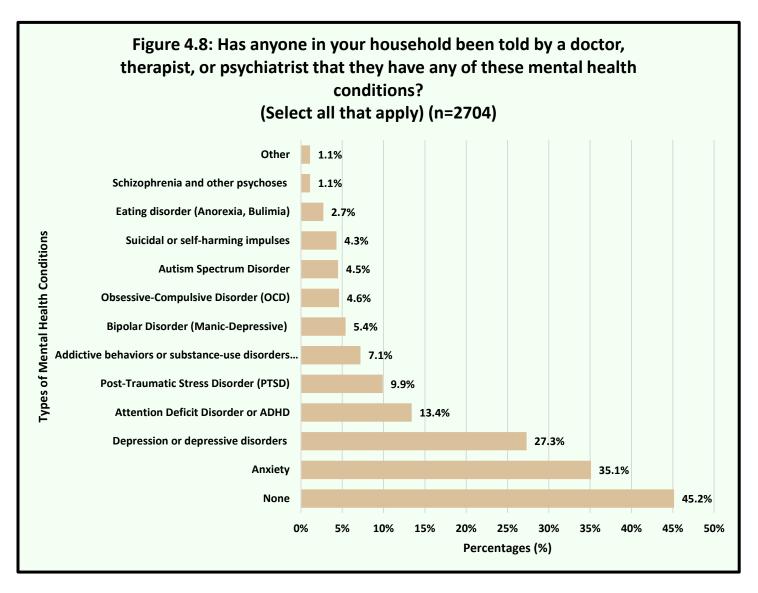## Figure 4.7: Has anyone in your household been told by a doctor or dentist that they have any of the following physical health conditions or diseases? (Select all that apply) (n=2704)

Physical Health Conditions	Percentage (%)
Liver disease	3.1%
Stroke	3.4%
Alzheimer's, dementia, or severe memory impairment	3.4%
Other	4.8%
Auto-Immune Disorder (HIV/AIDS, Lupus, etc.)	7.8%
Kidney disease	8.0%
Oral health disease, gum disease	9.3%
Chronic bronchitis, emphysema, COPD, or other respiratory problem	9.5%
None	10.1%
Osteoporosis	10.2%
Cancer or malignant neoplams	13.7%
Chronic digestive or stomach disorders (such as GERD, reflux, or Crohn's Disease)	16.2%
Heart or cardiovascular disease	16.8%
Asthma	16.9%
Pre-Diabetes	17.3%
Diabetes	20.6%
Chronic back pain or disc disorders	24.4%
Obesity	26.2%
Arthritis or rheumatism	35.4%
High cholesterol	36.7%
High blood pressure, hypertension	51.0%

Respondents could also write in diseases or conditions of individuals in their household. Many of the written conditions fell into existent categories of responses. These responses were recoded and included in the counts mentioned above. A full list of the written responses that did not get recoded into categories is included in Appendix II under Q24.

Mental Health Conditions or Diseases in Household

Respondents were asked if anyone in their household had ever been told by a doctor, therapist, or psychiatrist that they had a mental health condition. Just under half of respondents (45.2%) stated that no one in the household had an identified mental health condition. Anxiety was most frequently cited by respondents who stated someone in the household had a mental health condition at 35.1%. Over one in four (27.3%) respondents stated that someone in the household had been identified with depression or depressive disorders. Respondents in slightly more than one in ten households (13.4%) indicated that someone in the household had attention deficit disorder or ADHD, and one in ten (9.9%) reported someone in the household had post-traumatic stress disorder (PTSD).

The remaining disorders were all noted by a respondent for someone in their household: addictive behaviors or substance use disorder (alcohol, drugs, gambling, shopping, hoarding) 7.1%, bipolar disorder (manic-depressive) 5.4%, obsessive-compulsive disorder (OCD) 4.6%, suicidal or self-harming impulses 4.3%, eating disorder (anorexia, bulimia) 2.7%, and schizophrenia and other psychoses 1.1%. One percent of respondents wrote in a response which were recoded into existent categories as appropriate. Written responses that did not fit the categories included migraines, chronic pain, oppositional defiance disorder, and seasonal affective disorder and were less than 1%. Figure 4.7 shows the mental health conditions that respondents noted as being diagnosed by someone in their household.

Figure 4.8: Has anyone in your household been told by a doctor, therapist, or psychiatrist that they have any of these mental health conditions?
(Select all that apply) (n=2704)

Types of Mental Health Conditions:

Condition	Percentage
Other	1.1%
Schizophrenia and other psychoses	1.1%
Eating disorder (Anorexia, Bulimia)	2.7%
Suicidal or self-harming impulses	4.3%
Autism Spectrum Disorder	4.5%
Obsessive-Compulsive Disorder (OCD)	4.6%
Bipolar Disorder (Manic-Depressive)	5.4%
Addictive behaviors or substance-use disorders...	7.1%
Post-Traumatic Stress Disorder (PTSD)	9.9%
Attention Deficit Disorder or ADHD	13.4%
Depression or depressive disorders	27.3%
Anxiety	35.1%
None	45.2%

Percentages (%)

Summary

Three out of five respondents rated themselves as healthy or very healthy in this survey. When looking at demographic subgroups and ratings of their health, respondents who identified as Black or African American were more likely to rate themselves as somewhat healthy and slightly more likely to rate themselves as unhealthy. Respondents who did not identify a race category were more likely to rate themselves as very unhealthy.

More than half of respondents in the "other" or "2 or more race" category rated themselves as healthy, and an additional 16% rated themselves as very healthy. Respondents who identified as Hispanic were most likely to rate themselves somewhat healthy.

One in four 18 to 24-year-olds rated themselves as very healthy but had the second-highest unhealthy percentage. Respondents over 55 were also more likely to rate themselves as very healthy than all respondents, but those over 75 also had the third highest percentage of rating themselves as unhealthy. One in ten respondents in the 45 to 54-year-old range had the highest combined unhealthy and very unhealthy percentages. Respondents who identified as transgender or gender non-conforming had the highest percentage rating themselves as unhealthy or very unhealthy compared to all

other genders, with almost one in four in this group rating themselves in an unhealthy category.

Respondents with higher levels of education rated themselves healthier than those who achieved lower levels of education. More than half of respondents with less than a high school degree rated themselves as somewhat healthy. This group had the highest very unhealthy percentage and lowest very healthy percentage. Respondents who achieved a bachelor's degree or higher were much more likely to rate themselves as healthy or very healthy than other groups.

Respondents with higher incomes were more likely to rate their physical health as healthy, with 3 out of 4 of respondents making $100,000 or more rating themselves as healthy or very healthy. Respondents making less than $35,000 were more likely to rate themselves as unhealthy or very unhealthy. Respondents who identify as LGBTQIA+ were also more likely to rate themselves as unhealthy**.**

Seven out of ten respondents rated their mental health as healthy or very healthy. Respondents in the category of "other race" or "2 or more races" were most likely to rate their mental health as unhealthy or very unhealthy, and those who identified as Hispanic rated their mental health as unhealthy twice as much as all other respondents.

The older respondents in this survey were more likely to rate their mental health as healthy or very healthy, with 9 out of 10 respondents over 75 rating themselves in one of these two categories. Respondents with higher levels of education and higher incomes rated their mental health as healthy or very healthy. Respondents with less than a high school education and those making less than $35,000 per year had the highest ratings of unhealthy and very unhealthy mental health within their subgroups. Respondents who identified their sexual orientation in the LBGTQIA+ category were much more likely to rate their mental health as unhealthy or very unhealthy as well. Three out of four respondents had someone in the community whom they trusted and could turn to in a time of crisis.

Two out of five respondents rated their weight as "about right", but more than half stated they are overweight or obese. Less than one-third of respondents get the CDC-recommended moderate to strenuous physical activity of 150 minutes per week. Less than half of survey respondents include fresh fruits and vegetables in their regular grocery shopping.

When asked about the diseases or conditions of people within their household, more than 1 in 5 respondents stated that someone in their household has one of these conditions: high blood pressure/hypertension, high cholesterol, arthritis, obesity, and chronic back pain. Just under half of all households stated no one in their household has a mental health condition, with anxiety being reported in 1 of 3 households and depression or depressive disorders in 1 of 4 households that had household members with mental health conditions.

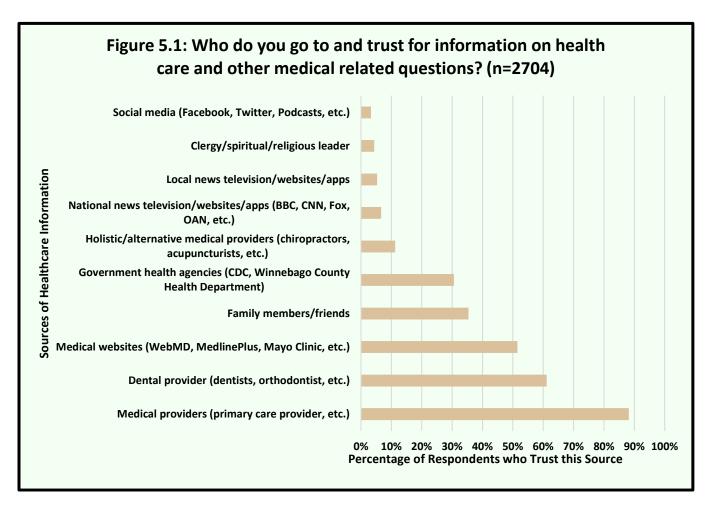# Chapter 5: Experiences with Healthcare Systems and Access

This chapter focuses on respondents' personal experiences using and accessing healthcare systems and healthcare information.

Sources of Trusted Information

Respondents were asked, "Who do you go to and trust for information on health care and other medical related questions," and were given 11 responses from which to choose including the option to write in a response. Respondents were asked to select up to five of the responses for sources of healthcare information they trust, and the results are shown in Figure 5.1.

Most respondents (88.2%) listed their medical providers (primary care provider, etc.) as their top trusted source for information on health care and other medical related questions. Dental providers such as dentists, orthodontists, etc. were also high on the list of those trusted (61.2%) of all respondents. Just over half of respondents (51.5%) listed medical websites such as WebMD, MedlinePlus, Mayo Clinic, etc. for healthcare information, a little over one third of respondents (35.4%) reporting family members and friends for healthcare information and 30.6% citing government health agencies (CDC, Winnebago County Health Department) as the top five trusted sources for healthcare information.

Over 1 in 10 individuals (11.2%) trust holistic and alternative medical providers (chiropractors, acupuncturists, etc.). The remaining categories were selected by less than 10% of respondents. They included: National news television/websites/apps (BBC, CNN, Fox, OAN, etc.) - 6.6%, local news television/websites/apps - 5.3%, clergy/spiritual/religious leaders - 4.4%, and social media (Facebook, Twitter, Podcasts, etc.) - 3.3%. Some respondents (4.2%) provided a written response, a full list of responses is included in Appendix II.

Figure 5.1: Who do you go to and trust for information on health care and other medical related questions? (n=2704)

There are differences by demographic sub-groups in the sources of trusted information. This is important to know when healthcare information is distributed to the community to ensure that information is distributed through each group's appropriate trusted messengers. Information on who respondents trust for healthcare information was stratified by demographic sub-groups.

Sources of Trusted Information Stratified by Race

Nine out of ten (90.2%) White respondents trust their medical provider as a source of healthcare information, 6 out of 10 (64.4%) White respondents trust their dental provider, and more than half (55.5%) of White respondents trust medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.). For other race categories, 8 out of 10 (79.7%) Black or African American respondents, 8 out of 10 (77.5%) "other race" or "2 more races" and 3 out of 4 (76.4%) race unknown respondents trust their medical provider. Dental providers and websites are trusted to a lesser degree by these other race sub-groups.

Table 5.2: Percentages for Trusted Sources for Healthcare Information Overall and by Race Category (Collapsed)						
Trusted Sources for Healthcare Information		**All (n=2704)**	**White (n=2263)**	**Black or African American (n=177)**	**Race Unknown (n=140)**	**Other Race and 2 or more races (n=111)**
Medical providers (primary care provider, etc.)	1	88.2%	90.2%	79.7%	76.4%	77.5%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	64.4%	47.5%	38.6%	45.9%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	55.5%	30.5%	25.0%	39.6%
Family members/friends	4	35.4%	35.7%	35.0%	31.4%	33.3%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	31.1%	29.4%	27.1%	28.8%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	11.5%	10.7%	10.7%	9.0%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	6.8%	5.6%	5.0%	7.2%
Local news television/websites/apps	8	5.3%	5.0%	10.2%	3.6%	3.6%
Clergy/spiritual/religious leader	9	4.4%	4.0%	10.2%	4.3%	3.6%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	3.0%	4.5%	6.4%	3.6%

Sources of Trusted Information Stratified by Gender

Eight out of 10 respondents who are transgender or gender non-conforming reported that they trust medical providers compared to almost 9 out of 10 overall respondents, but more than half of transgender or gender non-conforming respondents said they trust government health agencies as compared to 1 in 3 men, women or overall respondents. Transgender or gender non-conforming respondents were less likely to trust dental providers and family members and friends than either men, women or the overall group of respondents (Table 5.3).

Table 5.3: Percentages for Trusted Sources for Healthcare Information Overall and by Gender Category (Collapsed)					
Trusted Sources for Healthcare Information			**All (n=2704)**	**Woman (n=1644)**	**Man (n=836)**	**Transgender or Gender Non-Conforming (n=38)**
Medical providers (primary care provider, etc.)	1	88.2%	89.2%	90.2%	78.9%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	60.0%	65.8%	52.6%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	54.0%	50.0%	52.6%
Family members/friends	4	35.4%	37.0%	33.7%	28.9%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	30.1%	32.7%	55.3%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	14.0%	6.1%	15.8%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	6.1%	8.0%	5.3%
Local news television/websites/apps	8	5.3%	5.0%	5.9%	7.9%
Clergy/spiritual/religious leader	9	4.4%	4.0%	5.0%	0.0%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	3.6%	2.9%	5.3%

Sources of Trusted Information Stratified by Sexual Orientation

Stratification of sexual orientation showed that the LGBTQIA+ sub-group reported slightly less trust in medical providers than the overall and straight or heterosexual population of respondents and trusts medical websites more than dental providers. The LGBTQIA+ sub-group said they trust government health agencies (CDC, WCHD), more than the overall or straight or heterosexual sub-group of respondents (Table 5.4)

Table 5.4: Percentages for Trusted Sources for Healthcare Information Overall and by Sexual Orientation Category (Collapsed)					
Trusted Sources for Healthcare Information		All (n=2704)	Straight or Heterosexual (n=2291)	LGBTQIA+ (n=210)	Unknown (n=<10)
Medical providers (primary care provider, etc.)	1	88.2%	90.0%	85.2%	40.0%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	62.9%	51.9%	-
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	52.3%	59.5%	-
Family members/friends	4	35.4%	36.0%	35.7%	20.0%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	30.3%	43.8%	-
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	11.0%	15.2%	-
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	6.6%	7.1%	-
Local news television/websites/apps	8	5.3%	5.2%	6.2%	-
Clergy/spiritual/religious leader	9	4.4%	4.6%	1.0%	-
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	2.8%	10.5%	-

Sources of Trusted Information Stratified by Age

Respondents in the 18 to 24-year-old age group were the least likely to trust medical providers (62.7%) compared to 88.2% for all respondents. More than half of this group list their family members and friends as trusted sources for health care information. About one third of this age group trusts dental providers (37.3%), medical websites (33.9%), and government health agencies (33.9%). Respondents in the 75 and older age group overwhelmingly reported trust in their medical providers at 94.0% and are closely followed by 65 to 74-year-olds at 91.8%, and 55 to 65-year-olds at 89.0%. The over 75-year-old group also reported a high-level of trust in dental providers with 7 out of 10 in this group trusting dental providers. Thirty-five (35) to 44-year-olds also cited a fair amount of trust in friends and family at 41.7%. Twenty-five to 34-year-olds cited a higher amount of trust in government health agencies at 45.3% compared to just 30.6% of the overall respondents.

Table 5.5: Percentages for Trusted Sources for Healthcare Information Overall and by Age Category (Collapsed)									
Trusted Sources for Healthcare Information		All (n=2704)	18-24 Year Olds (n=59)	25-34 Year Olds (n=181)	35-44 Year Olds (n=309)	45- 54 Year Olds (n=390)	55-64 Year Olds (n=590)	65-74 Year Olds (n=807)	75+ (n=368)
Medical providers (primary care provider, etc.)	1	88.2%	62.7%	81.8%	83.8%	84.1%	89.0%	91.8%	94.0%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	37.3%	53.6%	51.5%	54.1%	59.5%	68.3%	71.5%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	33.9%	52.5%	45.3%	48.2%	53.7%	56.3%	48.6%
Family members/friends	4	35.4%	54.2%	38.7%	41.7%	34.4%	36.4%	32.0%	32.3%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	33.9%	45.3%	37.9%	33.8%	31.2%	27.5%	19.3%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	6.8%	13.3%	13.9%	14.1%	12.5%	9.7%	7.1%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	3.4%	4.4%	5.5%	5.6%	4.9%	7.4%	11.1%
Local news television/websites/apps	8	5.3%	1.7%	5.0%	3.9%	4.1%	6.3%	5.7%	6.0%
Clergy/spiritual/religious leader	9	4.4%	0.0%	1.7%	3.2%	5.1%	4.9%	4.6%	5.2%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	3.4%	7.2%	4.2%	6.4%	2.9%	1.9%	1.4%

Sources of Trusted Information Stratified by Highest Level of Education Achieved

The higher an individual's level of education received, the greater their trust in medical professionals. Of those respondents having a graduate or professional degree, 92.4% reported they trust medical providers while only 76.4% of those with less than a high school degree reported trusting medical providers. Individuals with less than a high school degree and those who are unsure or don't know their highest level of education achieved were least likely to trust dental providers at 29.1% and 16.7% respectively.

Individuals with less than a high school degree and those with a high school degree or GED were less likely to trust medical websites and government health agencies than those with higher levels of education. Those with less than a high school degree reported that they trust family members and friends at 34.5%, dental providers at 29.1%, government websites at 18.2%, and local news television/website/aps at 14.5%.

Trusted Sources for Healthcare Information		All (n=2704)	Less than High School Graduate (n=55)	High School Graduate/ GED (n=293)	Some College (n=524)	Technical course work/ Associate's degree (n=435)	Bachelor's degree (n=740)	Graduate/ Professional Degree (n=647)	Unsure/ don't know (n=6)
Medical providers (primary care provider, etc.)	1	88.2%	76.4%	81.9%	86.3%	86.7%	90.5%	92.4%	66.7%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	29.1%	50.5%	56.7%	57.7%	65.3%	70.5%	16.7%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	10.9%	35.5%	44.5%	50.8%	57.4%	62.0%	33.3%
Family members/friends	4	35.4%	34.5%	33.1%	35.5%	32.9%	38.0%	35.4%	33.3%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	18.2%	18.8%	25.6%	26.9%	35.1%	38.6%	33.3%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	5.5%	6.5%	10.5%	12.4%	12.7%	12.2%	0.0%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	7.3%	6.5%	5.9%	5.3%	7.6%	7.0%	16.7%
Local news television/websites/apps	8	5.3%	14.5%	7.2%	7.1%	5.3%	3.9%	3.7%	16.7%
Clergy/spiritual/religious leader	9	4.4%	5.5%	6.5%	4.8%	3.7%	3.8%	4.2%	0.0%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	7.3%	3.8%	5.7%	2.3%	2.6%	2.5%	0.0%

Table 5.6: Ranking of Trusted Sources for Healthcare Information Overall and by Highest Level of Education Achieved Category (Collapsed)

Sources of Trusted Information Stratified by Household Income

In general income doesn't influence who respondents trust, but it does influence each category. For example, individuals with lower household incomes put less trust in each category but are within 10% of the overall percentage who trust a category, except the category of dental providers where they differ from the overall by 15%.

Trusted Sources for Healthcare Information	All (n=2704)		$35,000 or less (n=457)	$35,001 - $50,000 (n=325)	$50,001 - $75,000 (n= 496)	$75,001 - $100,000 (n=441)	$100,001 or more (n=740)
Table 5.7: Ranking of Trusted Sources for Healthcare Information Overall and by Household Income Category (Collapsed)							
Medical providers (primary care provider, etc.)	1	88.2%	84.2%	86.2%	89.7%	90.5%	91.8%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	46.4%	53.8%	62.7%	69.6%	68.6%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	42.2%	47.4%	55.0%	56.5%	56.9%
Family members/friends	4	35.4%	36.1%	35.7%	36.1%	33.3%	36.4%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	27.4%	28.6%	31.5%	34.7%	33.4%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	8.1%	9.2%	11.5%	14.7%	12.8%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	6.3%	5.8%	7.3%	8.4%	6.2%
Local news television/websites/apps	8	5.3%	8.3%	4.6%	6.0%	4.8%	3.2%
Clergy/spiritual/religious leader	9	4.4%	5.3%	4.3%	5.6%	5.7%	2.7%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	6.3%	3.4%	3.0%	2.9%	2.6%
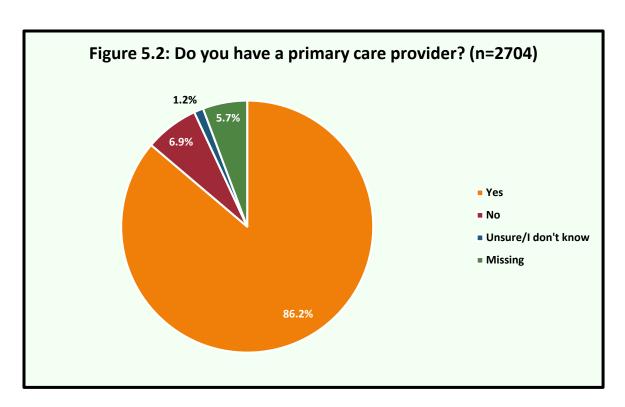
Sources of Trusted Information Stratified by Ethnicity

Individuals who identify as non-Hispanic trust sources for medical information in similar numbers to the overall population. Individuals who identify as Hispanic are less likely to trust dental providers (38.2%) than non-Hispanics (62.3%) Hispanic individuals also reported a higher level of trust for social media at 4.9% as compared to overall respondents (3.3%) and non-Hispanics (3.3%).
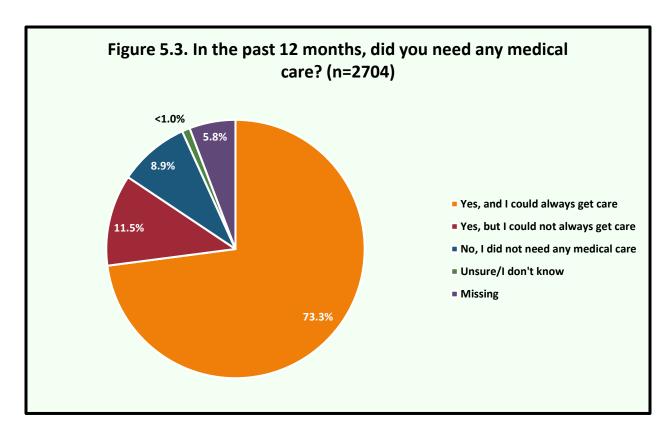
Table 5.8: Ranking of Trusted Sources for Healthcare Information Overall and by Ethnicity Category (Collapsed)				
Trusted Sources for Healthcare Information		All (n=2704)	Hispanic (n=123)	Non-Hispanic (n=2568)
Medical providers (primary care provider, etc.)	1	88.2%	76.4%	88.8%
Dental provider (dentists, orthodontist, etc.)	2	61.2%	38.2%	62.3%
Medical websites (WebMD, MedlinePlus, Mayo Clinic, etc.)	3	51.5%	25.2%	52.8%
Family members/friends	4	35.4%	31.7%	35.6%
Government health agencies (CDC, Winnebago County Health Department)	5	30.6%	29.3%	30.8%
Holistic/alternative medical providers (chiropractors, acupuncturists, etc.)	6	11.2%	11.4%	11.3%
National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)	7	6.6%	4.9%	6.7%
Local news television/websites/apps	8	5.3%	3.3%	5.3%
Clergy/spiritual/religious leader	9	4.4%	4.1%	4.4%
Social media (Facebook, Twitter, Podcasts, etc.)	10	3.3%	4.9%	3.3%

Primary Care Provider
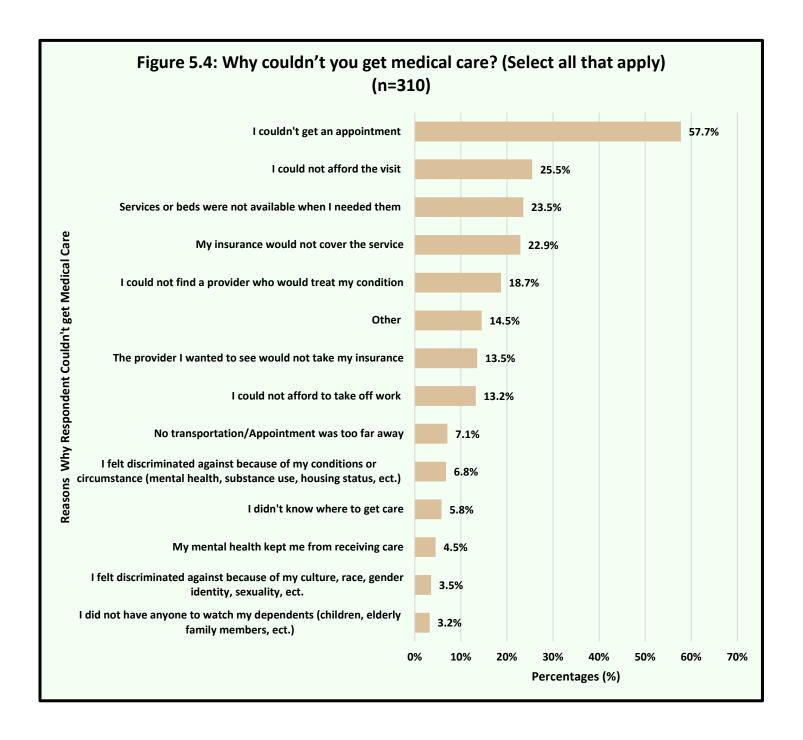
Individuals were asked if they have a primary care provider. More than 8 out of 10 (86.2%) respondents reported they have a primary care provider, while 6.9% said they do not have a primary care provider, 1.2% were not sure if, and 5.7% did not answer this question as seen in Figure 5.2.

Figure 5.2: Do you have a primary care provider? (n=2704)

- Yes
- No
- Unsure/I don't know
- Missing

1.2%
6.9%
5.7%
86.2%

Respondents were asked if they had needed medical care in the past 12 months. Almost 3 out of 4 respondents (73.3%) said they needed care and could always get it. About 1 out of 10 respondents (11.5%) stated they needed care but could not always get it. Just under 1 in 10 respondents did not need any medical care while 5.8% were missing a response to this question and under 1% were unsure or didn't know if they needed medical care in the past 12 months (Figure 5.3).

Figure 5.3. In the past 12 months, did you need any medical care? (n=2704)

Legend:
- Yes, and I could always get care
- Yes, but I could not always get care
- No, I did not need any medical care
- Unsure/I don't know
- Missing

Pie values: 73.3%, 11.5%, 8.9%, <1.0%, 5.8%
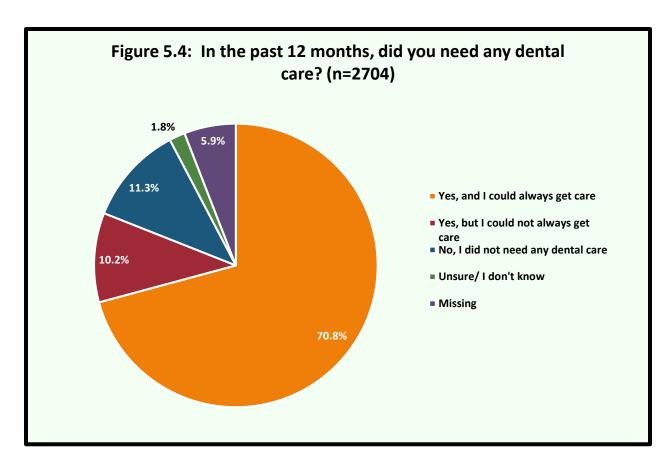
For the 310 respondents (less than 10% of all respondents) who indicated that they needed medical care but could not always get it, more than half of respondents (57.7%) said they couldn't get an appointment as seen in Figure 5.4. About 1 in 4 respondents (25.5%) said they could not afford the visit and less than 1 in 4 respondents (23.5%) said services or beds were not available when they needed them. About 1 in 5 respondents (22.9%) said their insurance would not cover the service needed and just under 1 in 5 respondents (18.7%) could not find a provider who would treat their condition. The following responses were indicated by about 1 in 7 respondents: provider wouldn't take their insurance (13.5%), respondent could not afford to take time off of work (13.2%) and 14.5% mentioned other as a reason. The remaining barriers to care were all reported by less than 10% of respondents: no transportation/appointment was too far way at 7.1%; feeling discriminated against because of their conditions at 6.8%; not knowing where to get care at 5.8%; mental health kept them from receiving care at 4.5%; felt discriminated against because of their race or culture at 3.5%, and didn't have anyone to watch their dependents at 3.2%. The full list of other responses is listed in Appendix II.

Figure 5.4: Why couldn't you get medical care? (Select all that apply)
(n=310)

Reason	Percentage
I couldn't get an appointment	57.7%
I could not afford the visit	25.5%
Services or beds were not available when I needed them	23.5%
My insurance would not cover the service	22.9%
I could not find a provider who would treat my condition	18.7%
Other	14.5%
The provider I wanted to see would not take my insurance	13.5%
I could not afford to take off work	13.2%
No transportation/Appointment was too far away	7.1%
I felt discriminated against because of my conditions or circumstance (mental health, substance use, housing status, ect.)	6.8%
I didn't know where to get care	5.8%
My mental health kept me from receiving care	4.5%
I felt discriminated against because of my culture, race, gender identity, sexuality, ect.	3.5%
I did not have anyone to watch my dependents (children, elderly family members, ect.)	3.2%

Y-axis label: Reasons Why Respondent Couldn't get Medical Care
X-axis label: Percentages (%)

Dental Provider

Respondents were not asked if they had a regular provider for dental (oral health) care but were asked if they had needed dental care in the previous 12 months. Seven out of 10 (70.8%) respondents stated they needed dental care in the previous 12 months and could always get it as seen in Figure 5.5. One in ten respondents (10.2%) said they needed dental care but could not always get it and just over 1 in 10 (11.3%) respondents did not need dental care. Approximately 5.9% of respondents did not answer this question and 1.8% of respondents were unsure or didn't know if they needed dental services.

Figure 5.4: In the past 12 months, did you need any dental care? (n=2704)
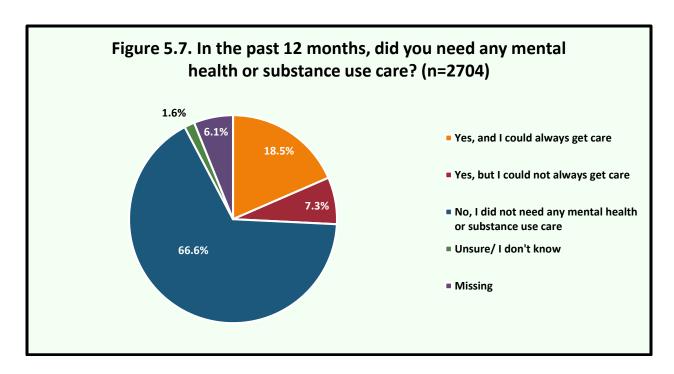
About 10% of all respondents stated there were times when they could not get dental care when they needed it. For the 277 respondents who indicated that they needed dental care but could not always get it, more than half of respondents (59.6%) said they couldn't afford the visit as seen in Figure 5.6. One in three respondents (33.6%) said their insurance would not cover the service and 1 in 5 said their provider would not take their insurance. About 14.8% of respondents provided a written response and this list is included in Appendix II. Just less than 1 in 10 respondents stated their mental health kept them from receiving care (9.0%) and that they could not afford to take time off of work (9.0%). The remaining barriers to obtaining dental care were all reported at less than ten percent: didn't know where to get care at 8.3%l no transportation/appointment was too far way at 6.5%; could not find a provider who would treat their condition at 4.3%; services or beds were not available when needed at 2.9%; feeling discriminated against because of their conditions at 2.9%; didn't have anyone to watch their dependents at 1.4%; felt discriminated against because of their culture, race, identity, etc. at 1.1%; and language barrier at less than 1%.

Figure 5.6: Why couldn't you get dental care? (Select all that apply)
(n=277)

Reasons Why Respondent Couldn't get Dental Care	Percentage (%)
I could not afford the visit	59.6%
My insurance would not cover the service	33.6%
The provider I wanted to see would not take my insurance	22.0%
I couldn't get an appointment	16.6%
Other	14.8%
My mental health kept me from receiving care	9.0%
I could not afford to take off work	9.0%
I didn't know where to get care	8.3%
No transportation/Appointment was too far away	6.5%
I could not find a provider who would treat my condition	4.3%
Services or beds were not available when I needed them	2.9%
I felt discriminated against because of my conditions or circumstance (mental health, substance use, housing status, ect.)	2.9%
I did not have anyone to watch my dependents (children, elderly family members, ect.)	1.4%
I felt discriminated against because of my culture, race, gender identity, sexuality, ect.	1.1%
Langauge barrier	<1%

Mental Health

Respondents were asked if they needed mental health or substance use care in the previous 12 months and two thirds of (66.6%) respondents indicated that they did not need this care and 6.1% did not answer this question. One in 5 respondents (18.5%) reported they needed mental health or substance use care and could always get it. Less than 1 in 10 respondents, or 7.3% stated they needed this care but could not always get it, and 1.6% were unsure or didn't know if they need mental health or substance use care as seen in Figure 5.7.

Figure 5.7. In the past 12 months, did you need any mental health or substance use care? (n=2704)

Legend:
- Yes, and I could always get care
- Yes, but I could not always get care
- No, I did not need any mental health or substance use care
- Unsure/ I don't know
- Missing

Pie chart values: 18.5%, 7.3%, 66.6%, 1.6%, 6.1%
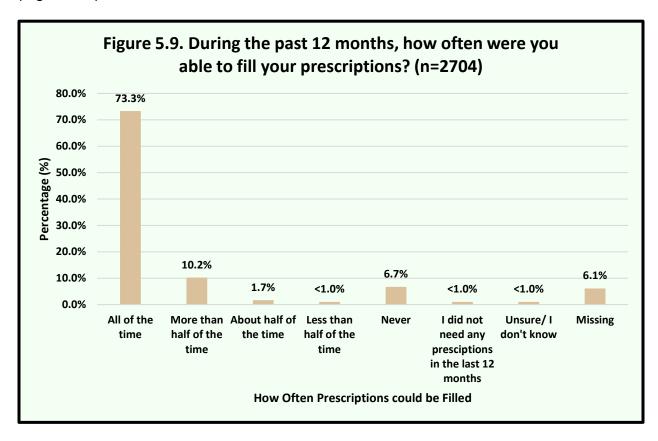
Respondents who needed mental health or substance use care but could not access care listed multiple barriers with not being able to afford care as the primary barrier (46.4%) as seen in Figure 5.8. Almost one third of respondents (29.1%) said they could not get an appointment and 1 in 4 respondents (26.5%) said their insurance would not cover the services. One in five respondents said their provider would not take their insurance (21.9%) and 1 in 5 said they didn't know where to get care (20.4%).

Not being able to find a provider to treat their condition was listed by 16.8% of respondents and 16.3% said their mental health kept them from receiving care. Not being able to afford to take time off of work was listed by 12.2% of respondents and 11.2% said services or beds were not available when they needed them. One in ten respondents provided a written response and the full list is available in Appendix II. The remaining barriers were all listed by less than 10% of respondents: no transportation or appointment was too far away at 6.6%, feeling discriminated against because of condition or circumstances by 4.1%, not having anyone to watch dependents at 4.1%, feeling discriminated against due to culture, race, gender, etc. at 4.1%, and language barriers at 2.0%.

Figure 5.8: Why couldn't you get the mental health or substanse use care needed?
(Select all that apply) (n=196)

Reasons Why Respondent Couldn't get Mental Health or Substance Use Care	Percentage (%)
I could not afford the visit	46.4%
I couldn't get an appointment	29.1%
My insurance would not cover the service	26.5%
The provider I wanted to see would not take my insurance	21.9%
I didn't know where to get care	20.4%
I could not find a provider who would treat my condition	16.8%
My mental health kept me from receiving care	16.3%
I could not afford to take off work	12.2%
Services or beds were not available when I needed them	11.2%
Other	10.2%
No transportation/Appointment was too far away	6.6%
I felt discriminated against because of my conditions or circumstance (mental health, substance use, housing status, ect.)	4.1%
I did not have anyone to watch my dependents (children, elderly family members, ect.)	4.1%
I felt discriminated against because of my culture, race, gender identity, sexuality, ect.	4.1%
Langauge barrier	2.0%

Prescriptions

The last question in this chapter asked respondents how often they were able to fill their prescriptions in the past 12 months. The majority of respondents (73.3%) were able to fill their prescriptions all of the time. One in ten respondents (10.2%) were able to fill their prescriptions more than half the time and 6.7% were never able to fill their prescriptions. Respondents who did not answer this question accounted for 6.1% of responses and are considered missing. Respondents who said they could fill their prescriptions about half the time accounted for 1.7% of respondents. The remaining responses were all less than 1% and these were respondents who said they could fill them less than half the time, they did not need any prescriptions in the last 12 months, or they were unsure or didn't know (Figure 5.9).

Figure 5.9. During the past 12 months, how often were you able to fill your prescriptions? (n=2704)

Summary

Overall, respondents tended to trust the same sources for healthcare information in the same order with medical providers and dental providers near the top of the list for almost all sub-groups. However, the rate at which sub-groups trusted a source varied. For most of the White population and for populations with higher education and income, health information distributed through medical providers was trusted by 9 out of 10 individuals. For sub-groups that are known to be more vulnerable, such as non-white races, lower income and education categories, and non-majority gender and sexual orientation

categories, consideration should be taken to distributing health care information through multiple trusted sources in order to ensure the broadest reach of information.

The majority of respondents reported a primary care provider and could (3 out of 4 respondents) always get the care they needed when they needed it. For respondents who could not always get the care they needed when they needed it, the top barriers to accessing care were the inability to get an appointment, inability to afford the visit, services were not available when they were needed, and their insurance would not cover the service needed.

Most respondents, 7 out of 10, were always able to get dental care, but about 1 in 10 could not get it when they needed it. The reasons for not being able to get dental care included inability to afford the visit, insurance not covering a dental visit, or the provider not accepting the respondent's insurance.

Three out of five respondents said they did not need mental health or substance use care, but 1 in 10 said they needed it but could not access it. The three primary reasons respondents listed as barriers to accessing mental health and substance use care were not being able to get an appointment, insurance not covering the service and the provider not accepting their insurance.
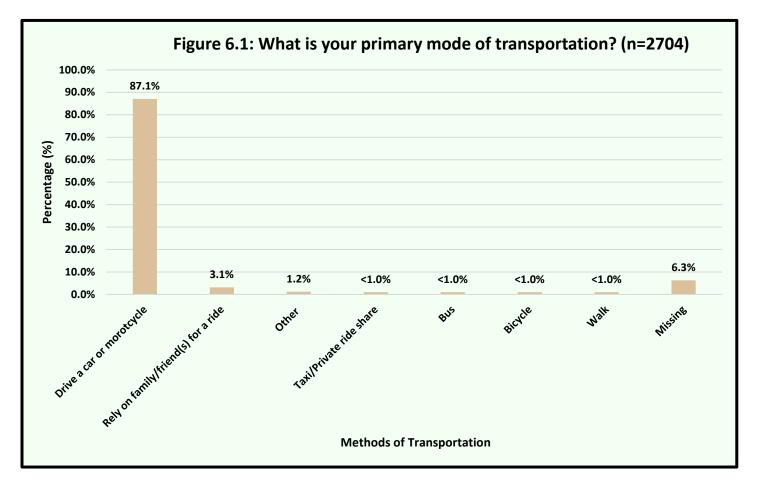
Prescription access was noted as an issue for some respondents where 1 in 10 were only able to access prescriptions about half the time.

Chapter 6: Equity and Health Equity

The final set of questions in the survey focused on the social determinants of health that can affect an individual's ability to achieve health with a lens toward understanding the impacts of inequities

Transportation
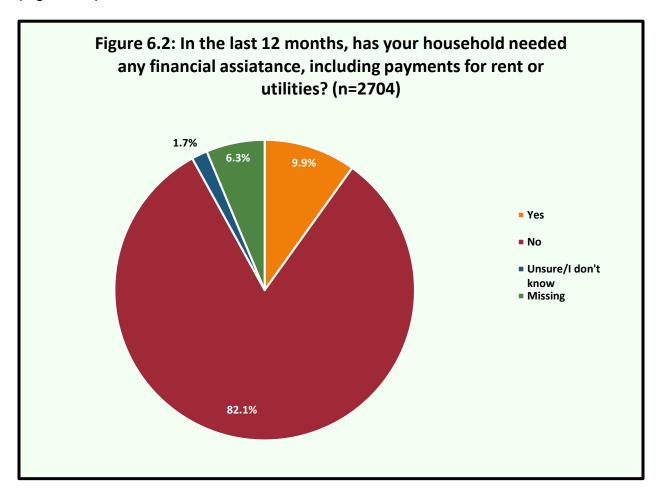
Respondents were asked about their primary mode of transportation. Most respondents (87.1%) drive a car or motorcycle, but they were not asked if they own the car or motorcycle. Family and friends were relied on for a ride by 3.1% of respondents. Less than 1% of respondents used each of the following categories: a taxi/private ride share, bus, bicycle, or walk. Respondents had the option to write in an answer and 1.2% did this while 6.3% chose not to answer the question and were considered missing as seen in Figure 6.1.

Figure 6.1: What is your primary mode of transportation? (n=2704)

Method	Percentage
Drive a car or morotcycle	87.1%
Rely on family/friend(s) for a ride	3.1%
Other	1.2%
Taxi/Private ride share	<1.0%
Bus	<1.0%
Bicycle	<1.0%
Walk	<1.0%
Missing	6.3%

Y-axis: Percentage (%)
X-axis: Methods of Transportation
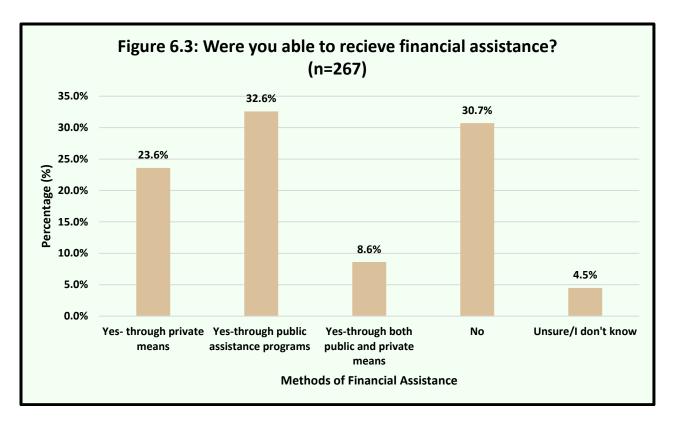
Financial Assistance

Respondents were asked if their household needed any financial assistance, including payment for rent or utilities, in the past 12 months and 1 in 10 (9.9%) said yes, 82.1%

said no, 6.3% did not respond to this question, and 1.7% were unsure or didn't know (Figure 6.2).

Figure 6.2: In the last 12 months, has your household needed any financial assiatance, including payments for rent or utilities? (n=2704)
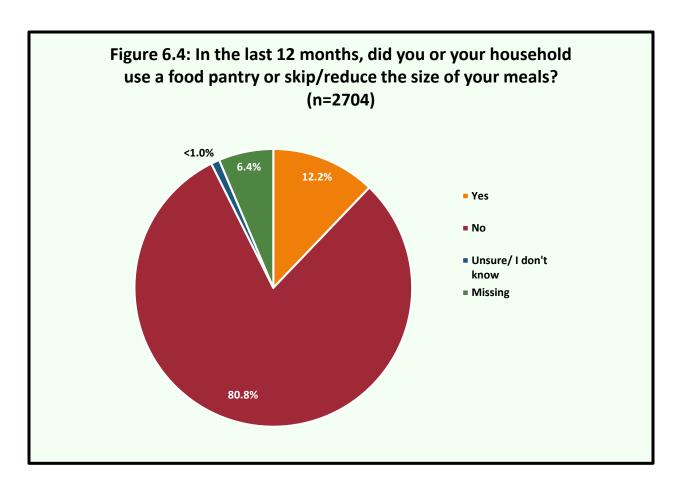
Respondents who needed financial assistance (n=267), were asked if they were able to receive assistance and how they received it. Figure 6.3 shows about 1 in 4 (23.6%) households were able to get assistance through private means (personal loans, assistance from family/friends, etc.), 1 in 3 (32.6%) households were able to get assistance through public assistance programs (TANF, township assistance, public aid, LIHEAP, Medicaid, or public aid, Supplemental Security Income (SSI), Disability, etc.), 1 in 10 (8.6%) households were able to get assistance through both public and private means and 4.5% were unsure or didn't know if their household was able to get assistance.

Figure 6.3: Were you able to recieve financial assistance?
(n=267)
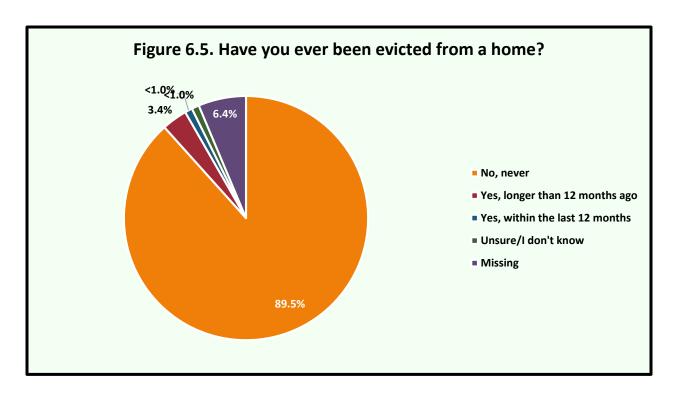
Nutrition

More than 1 in 10 (12.2%) individuals or households needed to use a food pantry or skip/reduce the size of their meals in the last 12 months. Eight out of ten households (80.8%) said they did not need to use a food pantry or skip/reduce the size of their meals in the past 12 months. Figure 6.4 shows that less than 1% were unsure or didn't know if they or their household needed to use a food pantry or reduce meals and 6.4% of respondents did not answer this question and were missing.

Figure 6.4: In the last 12 months, did you or your household use a food pantry or skip/reduce the size of your meals? (n=2704)

<1.0%
6.4%
12.2%
80.8%

- Yes
- No
- Unsure/ I don't know
- Missing

Housing Stability

Nine out of ten respondents stated they have never been evicted from their home while 6.4% of respondents did not answer this question and were missing. Less than 1% of respondents were unsure or didn't know if they had ever been evicted, less than 1% said they had been evicted in the previous 12 months, and 3.4% said they had been evicted from their home longer than 12 months ago as seen in Figure 6.5.

Figure 6.5. Have you ever been evicted from a home?

<1.0% <1.0%
3.4%
6.4%
89.5%

- No, never
- Yes, longer than 12 months ago
- Yes, within the last 12 months
- Unsure/I don't know
- Missing

Summary

Nine out of 10 respondents drive a car or motorcycle as their primary mode of transportation. One in ten respondents needed some type of financial assistance in the preceding 12 months, with about one-third getting assistance through private means and 2 out of 5 getting it through public means. More than 1 in 10 households needed to use a food pantry or reduce the size of their meals in the preceding 12 months. Less than 1% of respondents were evicted from their home in the preceding 12 months.

Chapter 7: Additional Comments and Feedback

The final question of the survey was an open-ended, free response question asking for "any additional comments or feedback." This final question gave respondents the opportunity to comment on anything of their choosing. Of the 2704 surveys used in the quantitative analysis, 523 surveys had written comments on this final question, nearly one in five (19.3%) respondents. This chapter presents a qualitative analysis of these 523 comments.

The Qualtrics platform has a qualitative analysis feature for open-ended questions called Text iQ. This feature was used to analyze the question responses for this question. Text iQ allows multiple topics and subtopics to be assigned to each comment. It also allows for sentiment to be assigned to each topic assigned to a comment. The sentiments include very positive, positive, neutral, mixed, negative, and very negative.

Each comment was reviewed twice by an HRE researcher, and a list of topics and subtopics was developed. Each comment was assigned one or more topics and/or subtopics based on what was discussed in the comment. Topics were also assigned a sentiment based on the comment.

Table 7.1 presents an alphabetical list of parent topics and subtopics for the 523 comments. Some parent topics did not have subtopics.

Table 7.1: Parent and Child Topics for All Responses to "If you have any additional comments or feedback, please leave them below." (n=523)			
Parent Topic	**Subtopics (if any)**	**Parent Topic**	**Subtopics (if any)**
Affordability of living		Information	
All issues important		Internet	
Animal control		LGBTQIA+	
Chronic disease		Mental health	Need providers
Cultural sensitivity	Interpretation services Seniors	Need assistance now	
Disability	Accessibility	Neighborhood	Negative perception of neighborhood Positive perception of neighborhood
Economy	Employment	No comment	
Education	Entrepreneurship Health Education	Prescriptions	Prescription costs
Empathy		Rural issues	
Environment	Air quality Green spaces Noice pollution Trash/dump/garbage Water Quality	Safety	
Food	Food bank/food pantry Healthy food	Senior Services	
Government	Police, fire, emergency services	Substance use	

	Trust related to government		
Health Department	COVID Negative Positive Services Vaccines	Survey	Appreciation Not reaching those in need Too long/bad questions translation
Healthcare	Abortion Closing hospitals Distance Doctors leaving/can't find doctors ER/Urgent care access In-home care Insurance (public & private) Mental health services Need specialist providers Oral health/dental care Physical activity Physician quality Veteran's Administration Wait times	Taxes	
Housing	Multigenerational household Recovery housing Senior housing Unhoused	Transportation	Bad drivers Enforcement of laws Poor road conditions Public transportation Walkable/bikeable communities
Immigration		Utilities	

Comments varied from one word, such as "none," "n/a," or "thanks," to several sentences describing health or community issues and concerns that have affected the respondent. Of those who wrote in a comment for this question, 8.6% were classified as "no comment" due to their comments being one word such as "no", "none,", "n/a" or comments that did not have any meaning, such as "10 minutes" or stating where the respondent lived. Several respondents used this section to clarify an earlier response in the survey, such as a number given to an earlier question, or used the space to add the context of their work industry and how it influenced their comment.

Three written comments were made in Spanish. Google Translate was used to translate these statements, and a native Spanish speaker then reviewed the translation. One Spanish comment stated that some of the questions in the Spanish version of the survey did not make sense or words were used differently in a question.

Multiple comments expressed an interest in seeing the results. Several respondents wondered if the survey would reach those who really need help. Several respondents also expressed the need for assistance for themselves. Since this was an anonymous survey, no outreach could be provided to those who expressed immediate needs.

Figure 7.1 shows a graphical representation of the parent topics assigned to the 523 comments. Circles are not proportional to the number of comments, larger circles indicate that more comments were coded within that parent topic. The color around each circle represents the sentiment assigned to the comments with that parent topic. Shades of green indicate positive and very positive sentiment assigned to a topic, while shades of red indicate negative and very negative sentiment assigned to a topic. Gray colors indicate neutral comments, while black colors indicate that comments were mixed and had both a negative and positive connotation to the comment. but larger circles do indicate more comments for that topic.

An example of a comment that would be coded as mixed is,

> *"Overall, love living in Winnebago County. However, there is limited access to psychiatric care, way too high property taxes, and extremely high sales taxes!"*

The comment is both positive and negative. It was coded as being positive for the neighborhood, but negative for mental health services, needing providers, and taxes.

For the purposes of this analysis, HRE staff made the decision to keep mental health and prescriptions as their own topics rather than making them subtopics of healthcare. The Community Context Assessment kept these questions as specific questions within the survey to understand how these issues are affecting the community. The comments under these topics provided additional context to these quantitative questions asked in the Community Context Assessment.

Figure 7.1: Responses to question requesting additional comments or feedback. (n=523)

Legend: ● Very negative ● Negative ● Mixed ● Positive ● Very positive ● Neutral

Word Clouds for Select Parent Topics

Qualtrics Text iQ can generate word clouds for all comments or for topics. Word clouds are visual representations of text responses. A word cloud shows the frequency of words in a set of text and represents words that appear more often through larger and darker or bolder text. Due to the wide-ranging nature of all comments to this question, a single word cloud for all comments did not yield a visual that seemed useful for telling the stories of the comments. Several parent topics did yield sufficient sample sizes to produce word clouds that help tell the stories of the comments under a topic.

The next section presents word clouds for the comment topics that had 20 or more comments under that topic. In addition, word clouds are presented for the topics of empathy, prescriptions and safety as they add context to the entire survey. HRE researchers felt that the comments under empathy told a story of residents being concerned about a topic for those who might not have a chance to complete the survey. The prescriptions topic was presented as these respondents wrote a lot of context to their comments expressing how this issue affects their lives and relates to their social drivers of health. Finally, the safety topic was included as a word cloud as safety and crime are interrelated. Crime and violence were ranked highly by nearly every
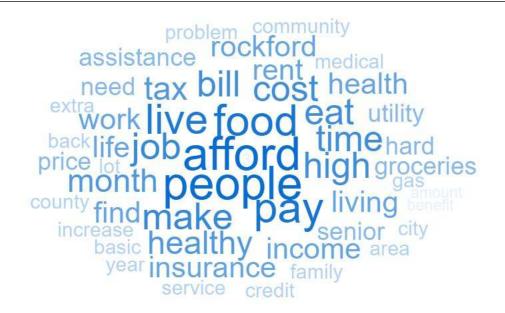
demographic group in the earlier quantitative survey question related to community issues and concerns and these comments provide more context to this topic.

Affordability of Living

Affordability of Living was a topic assigned to 9.1% of the comments (n=523). Affordability of Living comments referenced being unable to afford living expenses, recognizing that others could not afford living expenses, or the recognition that they are working hard but still struggling and could not get assistance when they needed it because they were over the income eligibility threshold. Some comments discussed overall difficulties in affordability, while others referenced just one specific affordability, such as healthy food in a restaurant, and others referenced specific items that were not affordable, such as utilities, food, housing, and being "able to do the fun things".

Figure 7.2 presents the word cloud for the responses assigned to the topic of affordability of Living. The words food, health, healthy, eat, and groceries are all significant within the cloud. When reading the comments, it was clear that respondents are interested in the availability of healthy and affordable food for all.

Figure 7.2: All Comments under Parent Topic: Affordability of Living (n=48)

Education

Of those who wrote comments (n=523), 4.2% mentioned education in some way. Most comments referred to traditional school education, but several mentioned the need for more health education for the population. Several comments highlighted the need for a strong education system to have a strong community. Figure 7.3 is the word cloud for all comments under the topic of education.

Figure 7.3: All Comments under Parent Topic: Education (n=22)

Empathy

Overall, 3.4% of written comments (n=523) were assigned the topic of empathy. Several respondents recognized how fortunate they are in their current life situation but also acknowledged that many in the Winnebago community were struggling and needed additional assistance to get by. Some hoped that this survey reached those neighbors who are most in need. Figure 7.4 highlights the words used in the comments under the topic empathy including community, fortunate, services and assistance.

Figure 7.4: All Comments under Parent Topic: Empathy (n=18)

Environment

Issues related to the environment were mentioned in 7.5% of the comments (n=523). Air, noise, and water pollution/quality were frequently mentioned. Of the respondents who mentioned environmental concerns (n=39), 25.6% mentioned air pollution/quality, and 25.6% included a mention of trash/dump/garbage in their comment. Figure 7.5 shows the word cloud for all environmental topic comments.
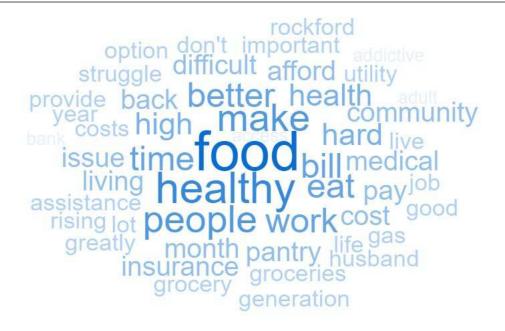
Figure 7.5: All Comments under Parent Topic: Environment (n=39)

Food

Comments assigned to the food topic represented 5.9% of all comments (n=523). Subtopics under food included food bank/food pantry and healthy food. Multiple comments emphasized the need for access to healthy food, often in conjunction with affordability. Multiple comments also highlighted the relationship between healthy food and health or between healthy food and managing chronic disease. Some respondents noted the lack of grocery stores in their neighborhoods. Figure 7.6 shows the word cloud related to the food topic responses which emphasizes the words food and healthy.
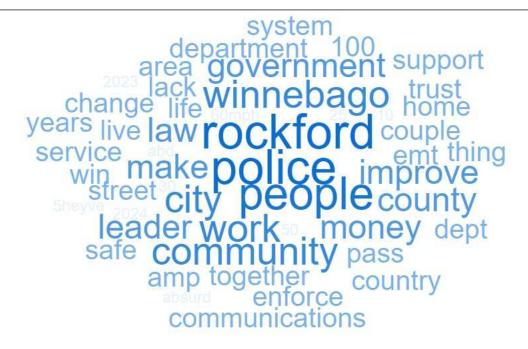
Figure 7.6: All Comments under Parent Topic: Food (n=31)

Government

Comments related to the topic of government were mentioned in 5% of written responses. Comments referenced federal, state, or local government. The subtopics under government included police, fire, emergency services, and trust related to government. More than one comment mentioned appreciation for emergency services, the health department, or the mayor. Figure 7.7 reflects the words in comments related to the topic of government.

Figure 7.7: All Responses under Parent Topic: Government (n=26)

Health Department

One in ten (10.1%) comments (n=523) referenced the health department, with comments spanning the full sentiment spectrum including positive, negative, mixed and neutral comments. More than half (58.4%) of the health department comments (n=53) reflected health department services in some way. Comments included thanking the health department for giving out Narcan and requests for information on how to access resources such as transportation, rent, or utilities. COVID was mentioned in 18.9% of the health department comments with comments varying from frustration over perceived misinformation that was initially distributed by the health department early in the pandemic to current frustration that the health department isn't requiring masking for COVID today. Figure 7.8 shows the word cloud for all comments under the health department topic.

Figure 7.8: All Comments under Parent Topic: Health Department (n=53)

Healthcare

Healthcare was the most frequent topic assigned to comments (n=143). There were 14 subtopics under healthcare as seen previously in Table 7.1. The 6 most frequently mentioned subtopics mentioned under the topic of healthcare (n=143) were doctors leaving/can't find a doctor (37.73%), wait times (20.9%), insurance (public & private) (15.4%), need for specialist providers (13.3%), ER/urgent care access (12.6%), and distance (8.4%). Overwhelmingly, the comments on healthcare topics and subtopics were negative. Frustration was expressed over the inability to find physicians and specialist physicians, the travel distance needed to get to physicians, long wait times for appointments or in the ER/urgent care, and struggles to pay for care or insurance. Figure 7.9 reflects the words mentioned in all comments under the healthcare topic.

Figure 7.9: All Comments under Parent Topic: Healthcare (n=143)

Housing

Housing was mentioned in 6.1% of comments (n=523). The following subtopics appeared under housing: multigenerational households, recovery housing, senior housing, and unhoused. The most frequently mentioned subtopic under housing comments (n=32) was unhoused (18.8%). The unhoused comments focused on the awareness of needs for unhoused individuals. Unhoused comments expressed concern for individuals dealing with being unhoused. Unhoused comments most often used the word homelessness in the comments. Figure 7.10 highlights the words in the comments related to housing.

Figure 7.10: All Comments under Parent Topic: Housing (n=32)

Mental Health

Mental health was mentioned in 6.1% of all comments (n=523) with a third (31.3%) of the mental health (n=32) comments highlighting the need for more mental health providers. Comments often tied mental health to other issues within the community such as being unhoused, substance use, and stress. Figure 7.11 represents the words that appear in comments related to mental health.

Figure 7.11: All Comments under Parent Topic: Mental Health (n=32)

Prescriptions

Prescriptions were mentioned in just 2.7% of all comments (n=523), but these comments were often long responses describing how cost and access to prescriptions affect individuals' lives. Prescription costs, the only subtopic for prescriptions, were mentioned in 42.9% of prescription comments (n=14). Comments mentioned how prescription costs have impacts on all living costs as individuals choose between paying bills or paying for their prescriptions. Access to prescriptions related to access to pharmacies or to supply chain issues related to the medications. Figure 7.12 represents the words in the comments related to prescriptions.
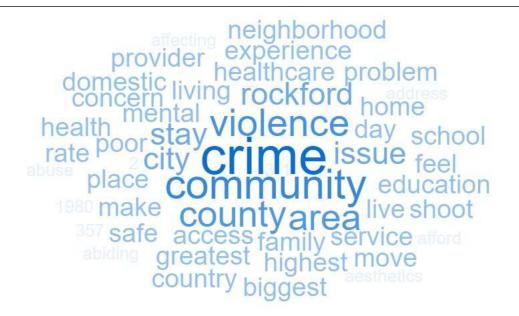
Figure 7.12: All Comments under Parent Topic: Prescriptions (n=14)

Safety

The desire for safety and addressing crime were noted in 3.4% of all comments (n=523). These safety comments reinforced the responses to the most important community issues and concerns in the Community Context Assessment where all demographic sub-groups ranked crime in their top 5 issues and concerns. The words in the comments under the topic of safety are presented in Figure 7.13 where crime, violence and community are highlighted.

Figure 7.13: All Comments under Parent Topic: Safety (n=18)

Survey

Comments about the survey itself represented 13.8% of all comments (n=523). The subtopics under survey included appreciation, not reaching those in need, too long/bad questions, and translation. Almost half of the survey comments (n=72) expressed appreciation (47.2%) for the survey calling it "excellent" and "great" and the hope that it helps create a better community for Winnebago County. Several comments asked when they could see the results of the survey. Multiple comments expressed frustrations with the survey length, not liking the questions, and concern about whether it would reach the right people. Multiple people stated that limiting their quantitative responses in the questions about issues and concerns, programs and activities, and the top 3 things to work on in Winnebago County was hard, and several people stated that all of the items listed were important, which also occurred in the "other" responses for those questions. Figure 7.14 shows how people perceived the survey and is consistent with 47.2% of comments expressing appreciation.

Figure 7.14: All Comments under Parent Topic: Survey (n=72)

Transportation

Transportation comments represented (8.6%) of all comments (n=523). Transportation topics spanned a spectrum of subtopics, including bad drivers, enforcement of laws, poor road conditions, public transportation, and walkable/bikeable communities. Walkable/bikeable communities (24.4%), enforcement of laws (22.2%), and poor road conditions (22.2%) were nearly equal in terms of their frequency within the transportation comments (n=45). Figure 7.15 shows the wide range of topics mentioned in the comments about transportation which were often tied to a desire for safety.

Figure 7.15: All Comments under Parent Topic: Transportation (n=45)

Summary

Nearly 1 in 5 individuals chose to provide comments at the end of the survey on a wide variety of topics. Thirty-three topics were selected by HRE staff. Issues related to healthcare were the most frequently cited comments, with 1 in 4 comments (27.7%) of all comments related to healthcare in some way. Most of the healthcare comments had a negative sentiment attached to at least part of the comment. The primary issues under healthcare were related to the availability of physicians in Winnebago County and the wait times to see physicians either through appointments or in the ER or urgent care.

Comments related to mental health and prescriptions were looked at separately from healthcare as physical health, mental health, and prescriptions each had unique questions within the quantitative questions of the Community Context Assessment. Mental health services and providers were mentioned most frequently in the mental health comments while cost and access were most frequently mentioned in the prescription comments.

Issues that relate to the social drivers of health were mentioned frequently across comments. The social drivers of health comments included comments on food, housing, affordability of living, environmental factors, transportation, and utilities. All these comments expressed the need for improvement in the Winnebago County area. There was a strong recognition of and desire for healthy food within the food comments. Comments also linked multiple concepts of health with affordability of living. Comments noted that choices had to be made of what would get paid for if you could not afford all of your needs and that this has health consequences.

Many people took the time to comment on the survey itself. Comments expressed appreciation for the opportunity to help shape the future of Winnebago County. Other comments expressed frustration with aspects of the survey. Winnebago County Health Department should consider these comments in the next iteration of their Community Context Assessment.

All comments are included in Appendix II of this report. This chapter provides a high-level overview of comments. Many respondents took the time to leave paragraph length comments. Reading through all of the comments will provide the most understanding and context to the comments made by those surveyed.

Appendix I: Community Context Assessment (CCA) Survey

Community Context Assessment

Introduction

The Winnebago County Health Department is asking all Winnebago County Residents 18 years and up to share what impacts your health. Please take 10 minutes to submit this online questionnaire that asks about health issues, quality of life, strengths, and resources in our community.

Your individual responses are confidential. The data will be used alongside other sources of data to create a plan to improve health in our community. Your participation is voluntary, but critically important in helping to shape the plan for Winnebago County.

Please submit your experiences before March 8, 2024.

To continue the survey please complete the Captcha.

Q1 What is your age (in years)? _____

(if less than 18, skip to the end of survey).

Q2 Do you currently live in Winnebago County, Illinois?
- o Yes
- o No

The following set of questions will ask you about your demographic information.

Q3 What is your zip code?
_____

Q4 What is your sex assigned at birth?
- o Male
- o Female
- o Other

Q5 Will you answer two additional questions about gender identity and sexual orientation?
- o Yes
- o No **(if no, Go to Q6)**

Q5.B What is your gender identity? (select all that apply)
- Man
- Woman
- Transgender Man
- Transgender Woman
- Non-binary or Gender-fluid
- Two-Spirit or Third Gender
- Other

Q5.C What is your sexual orientation?
- Straight or Heterosexual
- Gay or Lesbian or Homosexual
- Bisexual or Pansexual
- Asexual
- Other (please specify)

Q6 What is your race or ethnicity? (Select all that apply)
- Asian
- American Native or American Indian or Alaska Native
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Unsure / I don't know
- Other

Q7 What language(s) do you prefer for communication? (Select all that apply)

- English
- American Sign Language
- Arabic
- Chinese, including Cantonese and Mandarin
- French
- German
- Gujarati
- Greek
- Hindi
- Italian
- Korean
- Polish
- Russian
- Spanish
- Swahili
- Tagalog
- Thai
- Urdu
- Ukrainian
- Vietnamese
- Other

Q8 How well do you understand English?

- o I can speak and read English
- o I can speak or partially speak English, but not read English
- o I can read or partially read English, but not speak English
- o I cannot read or speak English
- o Unsure / I don't know

Q9 What is the highest degree or level of school you completed?

- o No formal education
- o Grade K though 12 with no diploma
- o Regular high school diploma or GED equivalent
- o Some college coursework
- o Associate's degree (AA, AS)
- o Technical or occupational certificate (RN, technical certification, etc.)
- o Bachelor's degree (BA, BS)
- o Professional degree beyond Bachelor's degree (PhD, DDS, PhD, M.S. Ed., MA, etc.)
- o Unsure / I don't know

Q10 Do you own or rent your home?
- o Own
- o Rent
- o Stay there without paying rent
- o Unhoused or homeless
- o Unsure / I don't know
- o Other (Please write in)

Q11 What is your total annual household income (from all sources)?
- o Less than $10,000
- o $10,001 - $15,000
- o $15,001 - $20,000
- o $20,001 - $25,000
- o $25,001 - $35,000
- o $35,001 - $50,000
- o $50,001 - $75,000
- o $75,001 - $100,000
- o $100,001 or more
- o Unsure / I don't know

Q12 Not including you, how many other people in each age group live in your home? (Enter number of people in each group)

Under 3: _____
3 to 5: _____
6 to 17: _____
18 to 29: _____
30 to 44: _____
45 to 64: _____
65 to 74: _____
75 or older: _____

The following set of questions will ask about your thoughts on the strengths and concerns of living in Winnebago County.

Q13 I feel that people in my community are generally respectful of my opinions and my culture.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree or disagree
- o Somewhat agree
- o Strongly agree

Q14 Which community issues and concerns are important to you? (Select up to 5)
- Crime and violence
- Racial discrimination
- Language barriers
- Access to healthy food options
- Affordable housing/Homelessness
- Neighborhood blight (abandoned buildings, unsafe structures)
- Preparedness for addressing extreme weather conditions (heat, cold, floods, etc)
- Unhealthy environment (poor air quality, water contamination)
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Economic disinvestment (lack of services, grocery, and retail stores)
- Food security
- Literacy, or ability to read
- School graduation rates
- Teen pregnancy
- Chronic health conditions (obesity, diabetes, cancer, etc.)
- Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)
- Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)
- Maternal and infant mortality
- Other (please specify)

Q15 Which community activities/programs are most important to you? (Select up to 5)
- Affordable and obtainable food
- Financial assistance
- Job Training/Retraining
- Adult Education
- Special education for children
- Mental health and substance use services
- Support for caregivers, elderly, and disabled
- Public transportation system
- Affordable housing
- Age specific activities
- Services for people or families in crisis
- Faith based services
- Programs to create a safe, healthy, and clean environment
- Other: _____

Q16 Which 3 things should we work on to make Winnebago County one of the Top 25 communities in the U.S.? (Select up to 3)
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Better schools
- Science, Technology, Engineering, and Math (STEM) education
- Health related education
- Early childhood services including home visiting support for families
- Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care.
- Services for seniors
- Clean environment
- Walkable, bikeable communities
- Parks and recreation
- Public transportation
- Affordable housing
- Arts and culture
- Lower violent crime and safer neighborhoods
- Homelessness services
- Improving social and emotional learning in schools
- Police, Fire and Emergency services
- Other (please write-in):

  _____

The following set of questions will ask about your health and factors related to your health.

Q17 How would you rate your <u>physical health</u>?
- ○ Very healthy
- ○ Healthy
- ○ Somewhat healthy
- ○ Unhealthy
- ○ Very unhealthy

Q18 How would you rate your <u>mental health</u>?
- ○ Very healthy
- ○ Healthy
- ○ Somewhat healthy
- ○ Unhealthy
- ○ Very unhealthy

Q19 Is there someone in your neighborhood or community that you trust and could go to during a time of crisis for help?
- o Yes
- o No
- o Unsure / I don't know

Q20 In general, how would you describe your weight?
- o Underweight
- o About right
- o Overweight
- o Obese
- o Unsure / I don't know

Q21 On average, how many days per week do you engage in 30 minutes of moderate to strenuous activities (climbing up stairs, vacuuming, swimming, walking, running, etc.)?
- o 0 Days
- o 1-2 days
- o 3-4 days
- o 5-6 days
- o 7 Days
- o Unsure / I don't know

Q22 How often are fresh fruits and vegetables included in your household's grocery shopping?
- o Always
- o Most of the time
- o About half the time
- o Less than half the time
- o Rarely or never
- o Unsure / I don't know

Q23 Has anyone in your household been told by a doctor or dentist that they have any of the following physical health conditions or diseases? (Select all that apply)
- Alzheimer's, dementia, or severe memory impairment
- Arthritis or rheumatism
- Asthma
- Auto-Immune disorder (HIV/AIDS, Lupus, etc.)
- Cancer or malignant neoplasms
- Chronic back pain or disc disorders
- Chronic bronchitis, emphysema, COPD, or other respiratory problem
- Chronic digestive or stomach disorders (such as GERD, reflux or Crohn's Disease)
- Diabetes
- Pre-Diabetes
- Heart or cardiovascular disease
- High blood pressure, hypertension
- High cholesterol
- Kidney disease
- Liver disease
- Obesity
- Oral health disease, gum disease
- Osteoporosis
- Stroke
- Other: _____
- None

Q24 Has anyone in your household been told by a doctor, therapist, or psychiatrist that they have any of these mental health conditions? (Select all that apply)
- Addictive behaviors or substance-use disorder (alcohol, drugs, gambling, shopping, hoarding)
- Anxiety
- Attention Deficit Disorder or ADHD
- Autism Spectrum Disorder
- Bipolar Disorder (Manic- Depressive)
- Depression or depressive disorders
- Eating disorder (Anorexia, Bulimia)
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia and other psychoses
- Suicidal or self-harming impulses
- Other: _____
- None

The following set of questions will ask about your experiences with healthcare systems.

Q25 Who do you go to and trust for information on healthcare and other medical related questions? (Select up to 5)
- Medical providers (primary care provider, etc.)
- Dental provider (dentist, orthodontist, etc.)
- Family members/friends
- Government health agencies (CDC, Winnebago County Health Department)
- Holistic/Alternative medical providers (chiropractors, acupuncturists, etc.)
- Clergy/Spiritual/Religious leader
- Medical websites (WedMD, MedlinePlus, Mayo Clinic, etc.)
- Social media (Facebook, Twitter, Podcasts, etc.)
- National news television/websites/apps (BBC, CNN, Fox, OAN, etc.)
- Local news television/websites/apps
- Other (please describe):

  _____

Q26 Do you have a primary care provider? (physician, physician assistant, nurse practitioner, etc.)
- ○ Yes
- ○ No
- ○ Unsure / I don't know

Q27 How do you get your health insurance? (Select all that apply)
- Private insurance (through employer, ACA marketplace, Obamacare, etc.)
- Public insurance (Medicare, Medicaid, CHIP, etc.)
- I do not have any health insurance
- Unsure / I don't know

Q28 In the past 12 months, did you need any medical care (Check-up, sick visit, emergency room care, etc.)?
- ○ Yes, and I could always get care
- ○ Yes, but I could not always get care **(if yes, Go to 28.B)**
- ○ No, I did not need any medical care
- ○ Unsure / I don't know

Q28.B Why couldn't you get medical care? (Select all that apply)
- My mental health kept me from receiving care
- No transportation/Appointment was too far away
- I could not afford the visit
- The provider I wanted to see would not take my insurance
- My insurance would not cover my service
- I could not find a provider who would treat my condition
- Services or beds were not available when I needed them
- I could not afford to take off of work
- I did not have anyone to watch my dependents (children, elderly family members, etc.)
- Language barrier
- I felt discriminated against because of my culture, race, gender identity, sexuality, etc.
- I felt discriminated against because of my conditions or circumstance (mental health, substance use, mobility issues, housing status, etc.)
- I couldn't get an appointment
- I didn't know where to get care
- Other: _____

Q29 In the past 12 months, did you need any dental care (Dental exam, cleaning, appointments for fillings etc.)?
- ○ Yes, and I could always get care
- ○ Yes, but I could not always get care **(if yes, Go to 29.B)**
- ○ No, I did not need any dental care
- ○ Unsure / I don't know

Q29.B Why couldn't you get dental care? (Select all that apply)

- My mental health kept me from receiving care
- No transportation/Appointment was too far away
- I could not afford the visit
- The provider I wanted to see would not take my insurance
- My insurance would not cover my service
- I could not find a provider who would treat my condition
- Services or beds were not available when I needed them
- I could not afford to take off of work
- I did not have anyone to watch my dependents (children, elderly family members, etc.)
- Language barrier
- I felt discriminated against because of my culture, race, gender identity, sexuality, etc.
- I felt discriminated against because of my conditions or circumstance (mental health, substance use, mobility issues, housing status, etc.)
- I couldn't get an appointment
- I didn't know where to get care
- Other: _____

Q30 In the past 12 months, did you need any mental health or substance use care (Talk therapy, support groups, treatment program, prescription medications, etc.)?

- Yes, and I could always get care
- Yes, but I could not always get care **(if yes, Go to 30.B)**
- No I did not need any mental health or substance use care
- Unsure / I don't know

Q30.B Why couldn't you get mental health care? (Select all that apply)
- My mental health kept me from receiving care
- No transportation/Appointment was too far away
- I could not afford the visit
- The provider I wanted to see would not take my insurance
- My insurance would not cover my service
- I could not find a provider who would treat my condition
- Services or beds were not available when I needed them
- I could not afford to take off of work
- I did not have anyone to watch my dependents (children, elderly family members, etc.)
- Language barrier
- I felt discriminated against because of my culture, race, gender identity, sexuality, etc.
- I felt discriminated against because of my conditions or circumstance (mental health/substance use, mobility issues, housing status, etc.)
- I couldn't get an appointment
- I didn't know where to get care
- Other: _____

Q31 During the past 12 months, how often were you able to fill your prescriptions?
- All of the time
- More than half of the time
- About half of the time
- Less than half of the time
- Never
- I did not need any prescriptions in the last 12 months
- Unsure / I don't know

The following set of questions will ask about your experiences with access to resources and quality of life.

Q32 What is your primary mode of transportation (traveling to/from work, getting groceries, etc.)?
- Drive a car or motorcycle
- Bus
- Bicycle
- Taxi/Private ride share (Uber, Lyft, etc.)
- Walk
- Rely on family/friend(s) for a ride
- Other (please describe):
  _____

Q33 In the last 12 months, has your household needed any financial assistance, including payments for rent or utilities?
- o Yes **(if yes, Go to 33.B)**
- o No
- o Unsure / I don't know

Q33.B Were you able to receive financial assistance?
- o Yes-through public assistance programs (TANF, township Assistance, Public Aid, LIHEAP, Medicaid or Public Aid, Supplemental Security Income (SSI), Disability etc.)
- o Yes- through private means (personal loans, assistance from family/friends, etc.)
- o Yes- through both public and private means
- o No
- o Unsure / I don't know

Q34 In the last 12 months, did you or anyone in your household use a food pantry or reduce the size of your meals to make the food last longer, or skip meals because you/your family didn't have enough food?
- o Yes
- o No
- o Unsure / I don't know

Q35 Have you ever been evicted from a home?
- o Yes, within the last 12 months
- o Yes, longer than 12 months ago
- o No, never
- o Unsure / I don't know

If you have any additional comments or feedback, please leave them below.
_____

Appendix II: Survey Comments

Question 10: Do you own or rent your home? Responses to Other
- Assisted living
- CRCC WESLEY WILLOWS
- Caregiver for parents
- Continuing care retirement community
- Independent living at a senior complex
- Live in a retirement community
- My family and I have lost our home because of Winnebago County
- Retirement community
- Senior living facility
- Tent
- What's the scratch to do with health?

Question 14: Which community issues and concerns are important to you? Responses to Other
- Students in school not respecting teachers, & other students! Daughter taught at Lincoln. It was unbelievable!
- Abortion and abortion providers
- Access to fiber internet. I see this as vastly necessary now days as Mediacom in our area is terrible. We are 1 mile from the fiber city cut off and it is painful knowing that our options are limited.
- Access to guns
- Actual help for pregnancy that does not involve the destruction of a genetically and corporeally healthy and complete human.
- Affordable prescription meds for senior citizens
- An overall lack of community and connectedness to one another
- Animal issues
- Aside from those listed on the WCHD website, lack of Covid-19 safety precautions
- Better education more access to better education
- Better healthcare for bed bound individuals
- Calles sin seras para caminar
- Care for the elderly
- Cars driving to fast
- Collaboration need with Rps and apprenticeship programs
- Common sense.
- Continuous expansion of roadways and expansion of car culture
- Costs paid to Winn Health for food permits
- Covid mitigations
- Disability/Senior assistance programs
- Discrimination by law enforcement against gays
- Domestic and child abuse
- Education in general
- Education. It benefits the whole community
- Elder care, sexual identity prejudices

- Emergency room services to long of wait times
- Energy bill assistance
- Excessive taxes
- Getting rid of slum lords
- HIGH PROPERTY TAXES
- HIGH TAXES
- Healthy, safe opportunities to be active and engage with my community
- High property tax
- High taxes
- Human trafficking
- I am concerned about the gender issues being pushed on kids in schools, especially at elementary level ages when kids should not even be thinking about sex. This is child abuse! I am also very concerned about parents being taken out of the equation of gender issues and abortion issues. Why does the government feel they are better able to raise our kids than we are? I am concerned about the lack of family values in our community. I am concerned about the messages that the schools are sending to our children with the inappropriate songs being played at sports games and the illicit dances being performed at halftime. I am concerned about the lack of morals and values in our community that is contributing to the degradation of the society in our community.
- Illegal aliens
- Immigration
- In Rockford city area. Building and new business codes are so strict and make to difficult to start a new business or building
- Influx of illegal aliens being rewarded for breaking the law and taxpaying citizens paying their way.
- Infrastructure, public works, reflected line/lane stripping on main streets or high traffic areas. Also, dark roadways, country/county roads
- Internet for everyone
- Justice for dv survivors
- LGBTQ+ discrimination
  LGBQ+ support
- Lack of LGBT resources
- Lack of police ability to do their job
- Lack of attention to curbing climate change
- Lack of discipline in RPS
- Lack of places to walk safely as in sidewalks and ideally bike trails. People are often almost hit with speeding vehicles
- Lack of sidewalks
- Landlord does not enforce the conditions of the lease
- Local government understanding of laws
- MAGA delusions effecting democracy
- Medical transportation
- Mental inflexibility of conservatism and its economic and educational strangle hold on the community.
- Migrant issues

- Migrants be shipped to our area
- Motivation of young people
- Neighbors' excessive garbage. They don't know what is required to have their garbage
- No senior center to gather and socialize safely
- Noise pollution from low flying planes coming into RFD
- Non English-speaking classes using up tax payer $s. Feel a student should be able to speak English before admitted to schools. Have English language classes!!!
- None, stay in house and keep to myself
- None
- None of the above
- Number of, & close proximity to exercise options.
- Old white men in charge of laws
- Outrageous property taxes
- Overdose deaths
- People with disabilities
- Police who racially profile, abuse and kill citizens. The military police we have is dangerous and life threatening
- Poor education systems
- Property taxes
- Public transit and bike lanes/routes
- Public transit/infrastructure
- Rampant SARS-CoV-2 spread and the chronic illness that follows because no one was informed on how to wear a well-fitting respirator
- Reducing inflated property taxes in Illinois
- Reverse discrimination
- Road work unfair tax on road condition every year
- School safety
- Services and housing for elderly
- Sex Trafficking
- Street noise pollution, unhealthy stressful environment due to ATVs racing, auto mufflers, blasting music
- Street racing, high speed collisions, little/no police presence
- Strong, science based public messaging about covid prevention and covid dangers.
- Student treatment of teachers
- TAXES - What happened to the money from the casino
- The health of our democracy, and our ability to vote
- The quality of education for the High school graduates, they are graduating at a lower level and lower expectation. Also, it is concerning that the younger adults have an entitled attitude about work, lack of work ethic.
- The total lack of any structure from Winnebago county's public health concerning how poorly some residents live and take care of their property. All kinds of wildlife living inside the homes and garages. Totally unacceptable and nothing ever gets done.

- There is no senior. Center in Rockford, have to go to Beloit, Wi
- They are all important
- Things are too expensive
- Too many foreigners entering USA
- Too many single parent households
- Transgender healthcare (i.e.. Hormone replacement therapy)
- Transportation
- Transportation, roads
- Unresponsive government
- Unsafe sidewalks and ramps for wheelchair people. Unshoveled sidewalks and ramps
- Uproot malicious government actors.
- We DO have access to great healthcare, but we don't seem to be able to get/retain enough providers
- Access to dental care on public aid
- All of the dogs, cats, ground hogs, racoons running around in the city
- dealing with covid and related health conditions that affect understanding, employment, etc.
- domestic violence
- education overall not just ability to read/write
- fatherless homes
- feral cats!
- Food waste from grocery stores
- Green urban spaces in addition to our lovely forest preserves
- Illegals living here
- Lack of a national health plan
- Litter
- Recreation
- Safe bike paths for exercise
- Side effects of covid shot
- Terrible road conditions for driving safety
- To meet people near same age
- Too much catering to minorities
- Transportation
- Transportation/paratransit
- Uneducated IN GOD WE STILL TRUST

Question 15: Which community activities/programs are important to you? Responses to Other
- Access to private education if desired
- Affordable NON-FOOD-ADDITIVE foods for ALL residents
- Affordable and readily available healthcare
- Affordable medicine
- Affordable, safe childcare
- Any program that focused on keeping crime off our streets!!
- Basic education

- Bring On the Waterfront back.
- Comprehensive, affordable healthcare
- Community building
- Considerate neighbors who don't deprive you of sleep
- Create a beautiful downtown extend walk/biking path along river/ bring back annual music festival
- Crime prevention
- Crime & literacy
- Cultural and entertainment
- Daycare affordability
- Education and improved job opportunities
- Education on why and how to prevent SARS-CoV-2 infection (clean air in schools, workplace, etc.)
- Gardening projects
- Getting out and doing
- Green spaces
- Green spaces for all ages and abilities
- Handicapped accessibility
- Having access to Urgent Care facilities covered by my insurance is a problem living here. I have to travel an hour away for treatment to St. Charles.
- Health
- Helping kids who missed basics during COVID
- High school junior or senior financial course pertaining to real life such as: mortgages, stocks and bonds, life insurance, etc.
- Homelessness, LGBTQ needs
- Housing options for adults with Development Disabilities and autism
- Housing rehab
- I am thankful no need for these services
- I do not use any of these
- I don't feel safe in Rockford
- I'd like to see more social activities that build community… especially for retirees
- Illegal migration
- Impossible to get in to see a doctor, at all three systems in town, or appt. 3 to 4 months out. Even if urgent
- In town and park areas that would allow adults to be adults. If you don't play bingo, go to Church, bowl or drink. There's nothing for you to do in Rockford.
- Jobs that pay enough that a person only needs one job to survive.
- Just not interested
- Justice for victims not
- Keeping all kids in school until high school graduation
- LBGT rights
- LGBTQ+
- LGBTQ+ services
- More sidewalks
- NO LIBRARY ON NW SIDE!
- Natural medicine

- Non
- Non-taxpayer overfunded
- None of the above
- Parks
- Parks and recreation
- Parks and Forest Preserve upkeep of trails, facilities, etc.
- People not having their dogs on leashes
- Programs that promote healthy relationships and good choices for our youth, rather than those that pressure children to leave their parents out of the equation and try to make adult decisions on their own. I would like to see programs that model what positive relationships look like. I would like to see more leaders like Jack Dixon in our community, encouraging and mentoring our children, and giving them sound advice and guidance.
- Quality healthcare and medication
- Rockford needs an independent pharmacist. Maybe there's something you can do to encourage one to move here?
- Safe, well-built bike lanes
- Secondary schools providing quality education and holding students accountable to homework, tests, etc.
- Street maintenance
- Support fatherhood
- Support Law Enforcement
- Support for homeowners to make improvements they otherwise could not afford
- Support for teachers
- Supportive services for strengthening adult & child interaction and loving relationships
- Taxes
- Taxes
- Trans/LGBT healthcare
- Understanding LGBT issues and needs
- Utilities help, with a higher top income limit due to increased cost of living
- Wage to reflect inflation
- Waterfront
- Work permit teenager employment opportunities

Question 16: Which 3 things should we work on to make Winnebago County one of the top 25 communities in the U.S.? Response to Other
- Acceptance of different races and LGBTQ community
- Address systemic racism
- Better renter laws like Chicago
- Better roads
- City adult flag or tackle football program thru the park district
- City beautification
- Collaboration with Workforce apprenticeships are needed on the westside of town
- Communication so people know how to access what is available in Rockford
- Control/reduce property taxes

- Energy assistance with better income limits
- Establish a Welcome Wagon program
- Expanding adult capabilities to help young children to build lifelong resiliency skills
- Fiber internet truly everywhere. Especially with work from home as it is and the pandemic was
- Grocery store in northwest Rockford
- Historic preservation, CLEAN/sandblast older buildings
- I work in social work and actual crisis work is necessary for those in psychiatric crisis for adolescents. SASS is NOT SUFFICIENT
- Know our neighbors
- LGBTQ+ services
- LGBT rights
- LOWER PROPERTY tax
- Lower Property Taxes
- Lower property taxes
- Lower property tax
- Lower real estate taxes
- Lower services, water, and sewer
- Lower tax
- Lower taxes
- Mental health care and treatment
- Mental health services
- More affordable real estate taxes in Winnebago County!!
- More domestic violence awareness
- More educated representatives
- None of these are jobs for Winnebago health department
- Preservation of existing farmland
- Providing care for veterans
- Reducing school tax
- Revitalize the Metro center/bring great entertainers
- Safer drivers
- Services for disabled less than 65 yrs who live alone
- Services for rural areas
- Streets need upgrades same with a lot of the shopping areas need upgrades
- Strong LGBTQ community and resources
- TOO HIGH PROPERTTY TAXES
- Taxes and wreckless spending
- Teach respect for all
- Technical education
- Trade school education
- Travel medications and assistance
- Volunteerism
- Workforce development

Question 23: Has anyone in your household been told by a doctor/dentist that they have any of the following physical health conditions or diseases? Responses to Other

- ADD
- ADHD
- ADHD
- ADHD
- Alcoholism
- ALS
- Aneurysm
- Aneurysm & Hernias
- Anxiety
- Anxiety, bipolar
- Autism
- Autism (Asperger's)
- Autism, personality disorder, anxiety, depression
- Brain aneurysm coiling
- Brain lesions
- Celiac
- Cerebral Palsy
- Chronic Aura Migraines
- Chronic Migraines
- Chronic migraines
- Cognitive impairment
- Degenerative connective tissue disease
- Depression
- Depression and anxiety
- Depression, anxiety, PTSD, migraines
- Depression, ADHD
- Don't know since healthcare is so expensive the only time we can seek any services if it's an emergency.
- Endometriosis
- Endometriosis
- Endometriosis
- Enlarged Prostate
- Epilepsy
- Erectile Disfunction
- Fall risk, myocliness, degenerative narrowing of my spinal cord in my neck, bone spurs.
- Fibromyalgia
- Fibromyalgia
- Fibromyalgia
- Fibromyalgia
- Haven't been to a DR in years because it isn't safe because no one knows why or how to wear a well-fitting respirator and improve air quality
- Hearing loss and blocked glands in eyelids causing dry eye

- Herpes
- Hx of polio
- Hypothyroidism
- Hypothyroidism, elevated PSA
- I am an amputee
- I don't answer most personal medical questions. Suffice it to say. That at my age my health could be better. And it is almost all due to poor quality of doctors in Illinois.
- I don't go to doctor
- Idiopathic Angioedema
- Last CA was 14-15 years ago, and a couple of not listed, I told them I was diagnosed years ago!
- Long COVID
- Losing bone strength
- Lyme
- Lyme disease
- Macular degeneration
- ME/CFS- Myalgic Encephalomyelitis
- Mental health
- Muscular dystrophy
- My household has not been to the doctor in a while, so nothing is diagnosed
- Myalgic Encephalomyelitis
- Neurological disease
- None of your business
- Orthopedic issues
- Osteopenia
- Osteopenia
- Osteopenia
- Osteopenia
- Osteopenia
- PCOS
- PCOS
- PTSD, degenerative joint disease
- Pain!
- Parkinson's
- Parkinson's Disease
- Peripheral neuropathy
- Psoriasis
- Residual paralysis, use wheelchair
- Sickle cell anemia
- Shoulder pain, poly-cystic ovarian syndrome, pre-menstrual dysphoric disorder, clinical depression
- Sleep Apnea
- Son that lives with me has bipolar disorder, seizure disorder and it has been very difficult getting help. Not enough mental health access.
- Talking Prolia

- Thyroid
- Thyroid issues
- Vision

Question 24: Has anyone in your household been told by a doctor/dentist that they have any of these mental health conditions? Responses to Other
- Borderline Personality Disorder; Sensory Processing
- Borderline personality
- Developmental delay
- Dyslexia
- Executive function disorder
- Living with pain!
- Migraines
- My household has never been to a mental health professional, so nothing is diagnosed
- My son has overcome this and is moving on in life now.
- Oppositional Defiance Disorder, Intermittent Explosive Disorder
- See the last question. Although I do believe at times I have small bouts of
- Sleep deprivation due to neighbors
- White Coat Syndrome

Question 25: Who do you go to and trust for information on healthcare and other medical-related questions? Responses to Other
- I have Healthcare.gov plan, it has like $7k+ deductible. But at least 100% if I use the correct facilities after that. Effectively useless to me at my current income level.
- All "care providers" just see dollar signs. They don't care.
- Alternative media
- Books
- Books
- ChatGPT. (You can't trust doctors, nurses, and law enforcement officers in Winnebago County to keep anything private, so you're forced to rely on the internet.)
- Computer Research
- Do a lot of searching on internet for affordable appropriate help
- Do my own research
- Educate myself
- Go to Dr. but do not trust them
- Go to doctor but do not feel we can actually trust them given previous experiences with facilities in Winnebago
- Go to out of town for anything requiring specialists
- Google
- Google
- Googling questions as they come up
- Healthcare outside of the county
- I am an RN employed for 45 years in healthcare at OSF.
- I can't afford to see anyone

- I don't trust health office to do fake covid scare
- I don't really trust any of these. I need to research.
- I read published studies on SARS-CoV-2 and follow the handful of MDs on social media who ignored the memo that they should pretend the pandemic is over
- I work in healthcare
- I would actually trust a blind witch doctor holding a dead chicken. Before I would completely trust any of these.
- If uncomfortable with local medical care, I go to UW Health-Madison, WI; Mayo Clinic, Rochester, MN
- Independent research online
- Internet
- Internet
- I'm a nurse that works in healthcare
- I'm my own doctor
- Lawyers/attorney
- Mayo Clinic
- Mayo Clinic/Cleveland Clinic
- Medical books
- Medical journals like Nature Medicine and CIDRAP
- Medical libraries
- Medical literature
- Medical research studies
- Med page today
- My own research
- My Walmart Pharmacy
- Myself
- NIH, AHRQ, TJC, CMS
- NOT the CDC
- National Institute of Health (NIH)
- NIH research info
- Newspaper or journal
- No one
- No one
- Non-profits dedicated to health issues
- None
- None listed
- Nutritional digest; Blood type diet
- Our government from the lowest to the highest. If somebody, you cannot trust at all, they line their pockets and let everybody else suffer
- Pharmacist
- Pharmacist
- Pharmacists
- Primary Sources (library/print)
- Podcasts
- REACT19 web page
- Rely on past knowledge as health

- Reputable research publications
- Research on the internet
- Routine eye exams
- Scientific journal publications
- Self
- Self
- Targeted internet search with sources
- University of Illinois College of Medicine-Rockford faculty
- Veterans' Healthcare
- Vision
- Web MD

Question 28B: Why couldn't you get medical care? Responses to Other
- Doctor is overloaded
- Doctors keep leaving Rockford
- Emergency rooms overcrowded, waiting hours unseen, and give up and leave
- Go out of state for medical care
- Horrible medical care
- I do not have insurance a medical card
- I was between docs & couldn't find one I was happy with
- Keep trying to establish with new providers and then they leave (out of area, state, retire etc.) and then it takes to long to be seen as a new patient with a new provider and go through the process again
- Long wait times at the ER
- Medical field not respectful on needs for handicap
- My dr will do anything to keep me safe, but sometimes they are so understaffed they can't handle the patient load. with RMH being closed on Rockton Ave its harder to seek treatment for mental health. the system in Winnebago county sucks. the program they have with the police and Rosencrance center could use work.
- My primary physician's office never bothered to return two messages.
- NP at OB office was overwhelmed and refused to reply to my question & do follow-up appt as was needed for postpartum care
- No insurance
- Not accepting new clients
- Not worth the risk of having a covid infection on me
- Taking months and months for parts for my power chair. No one calling for my physical therapy.
- The medical community we have. Can't diagnose anything with any accuracy, the triage and waiting times in the emergency rooms is a joke. The communication and corporation between facilities is poor at best. And the resources they have to draw on (along with their desire to do so.) Is beyond deplorable.
- Treating pain is left to me! Shamed by doctors for medical cannabis!
- Uninsured for most of year last year
- Wait times ridiculous for emergency room Swedish American hospital
- Waited 6 hours in ER, left, I'll go elsewhere

Question 29B: Why couldn't you get dental care? Responses to Other
- Can get in to see a dentist but major things are not covered by the state
- Dangerous exposure to a BSL-3 pathogen (covid)
- Dental provider poorly managed, lost employees. I just found another dentist, go next month.
- Didn't get in appointment reminder. I didn't realize I missed the appointment. The appointment was so far away I forgot.
- I can't risk exposure to covid
- I need a crown, but cannot afford it, so the dentist wanted to pull the tooth and leave a gap.
- I use to take Atripla for years and suddenly I loss 4 molars that cracked Since I was switch to Bentarvyi have not cracked and teeth I have to be careful due to the loss of teeth and Medicaid doesn't cover implants
- Lack of hygienists at dental practice. They cancelled my appt.
- Lack of pediatric dentists that accept commercial BCBS insurance in Rockford. there are zero.
- Lapses in dental insurance
- Mask requirements were dropped
- My former dentist would not take proper precautions against airborne transmission of viruses
- No dental insurance
- No Dental insurance
- My former dentist would not take proper precautions against airborne transmission of viruses
- Physical problems
- Short staffed
- Tested positive for covid and missed appointment
- The assistance they offer (what the insurance companies offer and the quality of teeth they offer.) for dentures is a joke.
- They want to do a deep cleaning each year and I don't think I need it, they seem to want money all the time.
- Too painful to sit in dental chair, can't afford sedation
- Too scared
- VA Madison, WI
- Went outside of Winnebago county for affordable quality care

Question 30B: Why couldn't you get mental health care? Responses to Other
- Could not find quality provider
- Family Peace center is located where trauma has taken place. Feel unsafe downtown therefore cannot attend the only service provided
- High deductible insurance
- I don't have insurance
- I finally got an upcoming appt. after failed attempts
- Lapse in insurance
- Miscommunication between two Walgreen stores although for 4 years I have tried to transfer pharmacies

- No faith in available provider's ability to treat my condition in a timely manner
- There are very few therapists/specialists who are at all educated on ADHD in adults
- There aren't any good, qualified therapists/therapy groups dealing with depression/anxiety in the Rockford area for the average functioning adult. The few available services tend to lean towards intellectually challenged individuals and the therapists/counselors are typically inexperienced with diverse communities, they are painfully unknowledgeable of problems dealing with race, sexual identities, religious beliefs, etc. If they are any good, they wind up leaving to the Chicago area.
- Will not treat chronic pain!
- Winnebago county needs a better system to help people with mental health issues. with RMH on Rockton closed there is no good places to get help. Rosecrance is not the best place to seek help. most time i ignore my mental health and let it bottle up inside

Question 32: What is your primary mode of transportation (traveling to/from work, getting groceries, etc.)? Responses to Other
- Bed bound because of medical conditions
- Carpool
- Home delivery
- Homebound most of the time
- I am bed-ridden
- I sometimes fly or just transport. When the humans aren't looking.
- I'm just starting use of senior bus service after selling car for scrap.
- Medical Rides, Para transit
- My brother in law's car
- Paratransit
- Paratransit
- Paratransit
- Paratransit
- Paratransit and Spee-Dee taxi Transportation
- Power chair.
- Rate
- Retired
- Rockford ParaTransit
- Transportation provided by facility where I live
- Transportation provided through health insurance
- Walmart+ Delivery Service
- Work from home
- Work from home
- Work remotely

Additional Comments

- 1 and only survey I will do and please don't sell my info. Also the noise pollution is bad
- :)
- ;)
- A great way to reach out to the community, hopefully those who need help will also participate.
- A healthy neighborhood is a clean organized living environment. It takes work but little money.
- A huge concern is the availability of emergency rooms in the 3 local hospitals. We have known multiple people who needed medical help and sat in emergency rooms for 10 hours. We know people are going up to Beloit Memorial because they can actually get treated right away. That issue needs to be fixed for our community.
- A more honest judicial system
- Access to comprehensive gender-affirming care would be very helpful. I travel about 90 minutes to the Planned Parenthood in Ottawa as many primary care providers (including my former PCP) are not confident enough about the intricacies of gender-affirming hormone therapy to prescribe it and perform the necessary blood work/monitoring to do so safely
- Accessibility should be included. Universal design.
- Advertise healthcare options. When free local dentists came to UW sports core no one knew! Get homeless people off the streets. Get more involved with the population. You guys should seek this information by calling not everyone has time or the resources to fill out a survey.
- All information needed through more outlets in community. Sometimes things are not out until after the fact of a workshop, help or promotions going on.
- Although I have always filled my prescriptions, I rely primarily on credit cards to buy my medicine, groceries, and gas. The interest rates on credit cards are continually increasing and making it even more difficult for me to buy necessities. I don't go to food pantries because I am too proud, I just buy fewer items. The cost of fruits and vegetables makes it difficult to eat healthy. There are often tax breaks and rebates for families with children, which is good, but there should also be some type of relief for people who have one income and have to bear the burden of rent and bills without the benefit of a second income or extra deductions, etc.
- Animal control is out of control, I feel no one is helping with all the wild cats, dogs, racoons, ground hogs, in the city.
- Any serious medical issues go to uw Madison. Rockford is too slow and not accurate.
- Appreciate the work of WCHD and Mayor McNamara; suffering from ALS, narrowing window of life.
- As a UW it takes MONTHS to make an appointment just for a physical due to so many doctors leaving.
- As a caregiver for elderly parents who live in a different community from me in Winnebago county, I have run into so many walls due to lack of services and help for their issues. The hospitals don't help, and there are no community supports

that pertain to their needs. The county should work on providing a resource for assisting families of the elderly and the elderly themselves to arrange services for them. It's disgraceful how this county is so unprepared for the onslaught of baby boomer services that are going to be necessary for them.

- As a nurse I'm always shocked over lack of routine testing for people in this area. Things that go along with where we live. Like vitamin D levels & testing for Lyme disease when presenting with unexplained pain.
- As a senior, we will ultimately have to move out of Illinois due to the extreme property taxes
- As an immune-compromised individual and proponent of strong public health services, continued community education and publicity regarding vaccination against communicable diseases, mask wearing, etc. is extremely important to me. Also, while medical services were available to me locally, specialist care availability was NOT timely and I went to other communities for timely diagnoses and to obtain orders for treatment.
- At least 10 mins. :)
- Availability/choice of providers seems to be lacking, especially with regard to mental health. Significant delays in treatment due to availability. limited number of providers especially nonfaith based.
- Badly need assisted living/nursing home facility in Pecatonica.
- Basic living wages are needed everywhere before automation and ai takes over
- Better food for school lunches
- Better roads. Police stop speeding and reckless drivers.
- Better roads; crack down on speeding; cell phone use while driving, people running red lights
- Biggest problem for healthcare is getting in touch with my doctor and getting appointments in a timely manner. Also, problems getting doctors to adequately communicate to insurance the need for certain procedures.
- Both adults in the household work full time jobs with insurance and kids go to the public schools that our taxes pay. I worked and paid for my way through college. My husband did journeyman and got his trade license. Hard work pays off to not live off the community.
- Both household residents are still working full time. Healthcare providers in the area are constantly revolving- they don't stay. Need some programs for seniors approach g for social security, Medicare that are at time for employees to attend
- Can't stress housing enough- the mission cannot be Rockfords only option. Healthcare, unhoused folks services, harm reduction services.
- Caring is important. Whether it be an employee at the grocery store, a police officer or any citizen. Too often people don't care anymore. Doctors don't care that they have patients they don't see. Grocery stores don't care that they throw away food while people go hungry. Police don't care when someone breaks the rules. We need people to care for all aspects of life, give a damn, be held accountable. What have you done to make this place better? We need less takers and more givers. You are not entitled to anything. You are not guaranteed life, it can be taken away from you in a second. What can we do to help out the next guy, the next generation. Are we setting them up for failure or success? Even

those that say they help often don't care, however how beaten down are they at that point? We can do it, but it takes hard work, a lot of us doing it, and there will be some pain. Community can.

- Clean water needs to be priority please
- Community concerns and community needs number more than "5"
- Community needs help from its leaders. Leaders that care about the community not lining their pocketbooks.
- Concerned about outdoor smells living close to dump, concerned about air quality, concerned about water quality, cherry valley water plan is outrageous
- Concerned about seemingly shortage of Physicians in Rockford, especially specialist
- Could not get grief support. Lost my father, husband had quad bypass and assorted other problems was hospitalized 89 days. I was and am under considerable stress and the appointment was 15 weeks away. I needed help then with carrying the weight of all that, sole financial provider etc. Not in 15 weeks.
- Could we have electric vehicles in neighborhoods housed in now- vacant buildings and managed by neighbors for local use. This could cut down on the noise and emissions created by under-repaired ICE vehicles. Shared EVs in a solar powered garage to get you to appointments and local errands- who wouldn't love that?!
- County Health Dept needs to provide the expensive vaccines such as shingles vaccine
- County needs to look at more than income I pay $3,000.00 for med's that I can't afford or get help for. Then my insurance so by the time I pay this nothing is left. Not sure how I'm paying my property taxes this year.
- Covid is still very much around, more needs to be done to still get folks vaccinated. This should be a primary mission for WCHD.
- Crazy drivers in RFD. No police control of speeders, Drivers not paying attention to driving laws. Rude drivers
- Crime and poor public schools have the greatest negative impact on this community.
- Crime and poor schools are tearing up the community
- Crime and the smell of the landfills make me want to move away from here.
- Crime prevention #1 decaying neighborhoods#2
- Crime, traffic violations by drivers and better and stricter education at all levels are needed. So our community is not so uneducated. Environmental issues in our area are a big concern as well.
- Delays in getting access to care are a problem
- Dental work is very much needed but so expensive. I am unable to afford cleanings and am losing teeth
- Doctors are all quitting. Help
- Don't think you have to re-invent the wheel. Jos and the economy will fix most of the problems organically.
- Drinking water is terrible forcing many to leave town.
- Due to asthma, I have extreme difficulty during times where people are doing open burning. At times, even closed windows are not enough to keep smoke out of the

house. One nearby neighbor even burns his garbage every few days. This is a real problem for those with asthma or other breathing issues.
- Due to inflation and rising healthy food costs it is harder to eat healthier.
- During covid WCHD disseminated much misinformation and instituted some baseless policies for which there was zero accountability. So....not a fan.
- Education and healthcare are a priority in my view and should be free of cost to anyone who wants/needs it. If you educate a society and provide them with healthcare everyone as a whole will be better off. With education you will have professional citizens who make good choices. And quality healthcare should be provided for everyone because no one chooses to be sick.
- Education especially the need for wellness vaccines and that the DO NOT CAUSE autism sterility fight mis information
- Education is paramount to improving lives. STEM a start.
- Emergency Room Services Need to Improve!
- Emergency room care in the county is terrible. Minimum of 4-5 hours waits is unacceptable.
- Emphasize the role of healthy diet/lifestyles to prevent, slow down, and reverse chronic diseases (high blood pressure, high cholesterol, type 2 diabetes, overweight.
- Employment drives all economies
- Even individuals with decent jobs/pay are struggling to meet all basic needs. It's always a toss-up between bills, food or medications
- Even with insurance, asthma inhaler cost $500.00 to $250.00 monthly. That essentially depletes any extra needs in retirement. Gone are Vacations, social outings, simple dinner out with friends.
- Every senior over 60 years of age are not the same and the community, health care fellows should not assume they are, regardless of what data or statisticians say. Seniors would like to feel their voices are being heard.
- Everything is rising. We can afford our bills-make a decent living but it COST so much more. We are considered middle class-but it leaves us less and less each month to do extra things outside of the normal day to day. We used to be able to do fun things. Rockford is a scary/sad place to live. We cannot wait till my kids graduate college-which we pay for and move out of this sad city.
- Find a way to get new medical professionals in Rockford
- Finding mental health services for children is lacking in our area. Both hospital Beds available and PHP programs for after care
- Finding a PCP or specialist in Rockford is getting to be a problem.
- Gender assigned at birth Other? Seriously? So delusional.
- Get it together Winnebago county. Seriously.
- Get my neighbors at 302 S. 3rd to clean up their GARBAGE!
- Good luck
- Good survey for the needy
- Government handouts is creating entitlement mentality which is affecting people actually working
- Gracias!
- Great shortage of doctors in Rockford

- Great survey, hope it brings good to Winnebago Community
- Had to drive to Rolling Meadows for travel medicine advice and prescriptions. No longer available in Winnebago County.
- Hard Rock Casino will not fix the problems or make Winnebago County a better place to live. We have 2 other homes in different states and would move permanently if it wasn't for grandkids.
- Health services were provided but at a 3 to 6 month wait time for appointment.
- Healthcare (good Drs) is getting harder. Too many good Drs leaving Rockford/IL
- Healthcare is deteriorating in Rockford due to many people without insurance using ER as their primary physician.
- Healthcare providers are abundant in this area but not always reliable. The good ones are overworked, and the hospital systems keep shuffling personnel. It's frustrating. Ps. Mercy is the absolute worst.
- Healthcare seems to be in crisis throughout the whole U.S. secondary to the takeover by corporate medicine. We are suffering from a history of the AMA restrictions on the number of doctors trained and now we steal them from countries that really need them.
- Healthcare accessibility is the number one issue in this community. Well educated population will not stay with it as is.
- Help with electric bill and healthy groceries are my main concern
- Hi Ryan!
- Homeless need a place to live, work, Education.
- Hope my answer help out with your assessment for the community.
- Hospital ER delays. Long waiting times.
- Housing needs are one of the greatest needs in our county/city. Especially for those experiencing human trafficking and domestic violence. There is a huge gap in services there. Not enough open beds or housing vouchers available. When individuals are 357 on the waiting list and experiencing Human trafficking and they have kids we are not listening to the needs. I hope we can change that. Far too many in our city are not served properly, in this area especially.
- How do seniors get trusted people like electric and plumbing to do jobs and not over charge.
- How will this survey aid in helping to change the population of the community. When will begin to see results?
- I nite medical cart
- I HAVE CONCERN FOR THE LACK OF MEDICAL SPECIALIST,
- I also use the VA for medical services
- I am a very fortunate person and realize that many in my community are not so fortunate. I want my community to help those who ate less fortunate to receive the support and assistance that they deserve.
- I am able to see dr/hospital at any time, but not be able to pay.
- I am blessed with generational wealth and education. My community needs to address the needs of those who've been marginalized and need a hand up to succeed. Services and healthy food options are essential in some of the poorest areas in our community.

- I am concerned about the rise in traffic related accidents: both vehicular accidents and pedestrians being struck. There is too much aggressive driving, distracted driving and speeding and it seems nothing is being done about it. Also, too much noise due to loud cars, motorcycles and car stereos. I am hoping to move out of Rockford ASAP.
- I am concerned that many seniors are not getting the emotional support that they need. Getting help often makes them identify as "in need" and so they do not seek services. It needs to be available without income requirements,
- I am fortunate enough I have everything I need, but I know several others struggle. I strongly believe we need to do more to curb the drug use in our community. Maybe we can bring back DARE or the Big Brother Big Sister programs. Are there rehab programs available to those without insurance and who do not have extra money. If so, are they aware? Is this advertised somewhere?
- I am grateful for the Winnebago County Health Department. During Covid pandemic I felt your leadership and information provided was outstanding! Thank you!
- I am very concerned about drainage and standing water in this community. I am just waiting for people to start getting serious health problems as a result. People seem oblivious to the issue. Ditches are filled in or full of crap. It is time to take care of this, climate change is only going to make it worse.
- I am very concerned at the levels of arsenic in our city water. I had the water tested and it is 10x the legal amount allowed by law. Arsenic is very toxic and WILL cause cancer.
- I appreciate this survey and trust that people will complete it truthfully.
- I appreciate your work to make Rockford a great place for everyone!
- I believe that Winnebago county is failing in holding landlords accountable and this leads to price gouging in the housing market and i understand there are new housing developments, but they will only serve to make the issue worse if they are not specifically designed to drive costs down.
- I believe that the healthcare in our country is rapidly deteriorating. Not enough providers, and insurance makes all the rules. Insurance doesn't let the doctors make the decisions about what is best for the patient. That call should be the doctors to make not an insurance company that isn't even aware of what is going on with the patient.
- I believe the mental health services are a primary concern for everyone regardless of insurance. The effects of untreated issues go far and wide.
- I bought a lemon of a house in 2015 and exhausted my investment money/IRAs and 401Ks to pay for the multitude of problems. Now I'm on a fixed income and run out of money each month. This is a hardship for me.
- I could use a referral for a low-cost dentist
- I do not get any medical or dental in this county. The area is very dirty and is discouraging to visit any stores etc. Only lived here for 3 years and spend very little money here and travel elsewhere for things I need.
- I do not want my tax dollars to fund abortions.
- I do not wish to pay health care for illegals

- I don't feel safe because of little law enforcement and little police presence, especially for traffic violations. Work with benefits is very hard to find.
- I don't want my taxes to go to ILLEGAL aliens.
- I don't want the Winnebago county health department to be involved in any of this.
- I fear for my health and safety because of the bad roads and drivers in Rockford.
- I feel Winnebago County does well in all areas.
- I feel all medical facilities should be covered under Every area.
- I feel like I am in a 3rd world country when I go to the ER.
- I feel that overall, the health care system in this country is broken. First of all, there is a shortage of health and mental health care providers. Second of all, lower-income people do not have the same access to care as do wealthier people. Third, more emphasis is given on pharmaceuticals that temporarily fix health problems rather than providing resources and education that empower people to be healthier in the first place. This is because our healthcare system is run by pharmaceutical companies and health systems that seek profit over helping people. Lower-income people are the ones who need care the most. Many lower-income families experience generational problems with substance abuse, interpersonal violence, community violence, and other trauma. I realize that these are overarching issues, but perhaps you can help ease these problems in some way.
- I feel we need better care centers and living facilities and more participation in fundraisers etc.
- I go to Fitchburg WI for my general practitioner. I could not find an English speaking, US trained physician accepting patients locally. (Won't go to Mercy Health)
- I greatly appreciate the assistance the County gives residents. I also believe we have a good percentage of people that have become entitled or are just taking advantage of services like food pantries. I have worked at them and know this to be true. I am confident it happens with other services, better screening needs to be done and employment or service work encouraged or required to get assistance. There are some that cannot but MANY that could give service to the community in payment. Just my belief based on what I observe. Multiple generations of my family have worked very hard to have what we have, we do not believe in living off the government and begging for assist
- I had a problem with the questions about which services will make Rockford a top 25 city. For example, one of the choices was Police, Fire, etc. Although I do believe that these services contribute heavily to ranking, checking it would seem to imply it is currently inadequate. I believe we have stellar Police, Fire, etc. units. and so do not want my responses misinterpreted.
- I have a feeling people who need help, are not going to be the ones answering this survey. But any feedback is good feedback. I think more community outreach is important in the south side of Rockford.
- I have been a member of WCHD Medical Reserve corps since 2026 but we no longer have meetings or are asked to assist -----Why not
- I have celiac disease and it makes dining out very difficult. I would love to see more dining options that are certified to be safe with little to no risk of cross

contamination. There are organizations that provide training and certifications for restaurants.

- I have come to trust the CDC less and less. They do not seem to be independent of popular and political pressures.
- I have lived in the Northwest quadrant of Rockford for over twenty-five years (although not all at once). I am concerned about the gradual decline in the availability of services in this area. The most glaring is the closure of Rockford Memorial Hospital on Rockton Avenue.
- I have no idea how to start the conversation with my doctor about substance abuse. It cannot go on my record and I don't trust that it won't
- I have run credit cards up way to far to get what I have needed.
- I have siblings that need food, medical assistance. Baselines need to be raised for these individuals.
- I have to travel to Chicago to receive basic care. I do not feel safe with medical providers in Winnebago county.
- I hope there is another way available to reach underserved residents. I doubt those residents that need public services the most are the least reachable through email.
- I hope this survey will be of benefit.
- I hope we could work together to make this County a better place again. Mental health has been an outstanding issue in the past years, I belief we shall overcome.
- I just glad I have a car, I live off Sandy Hollow and no bus service
- I know I have been fortunate. Others need a great deal of support and it can be difficult to gain. I wish mental health services were more abundant in our area, as well as addiction services. This might help reduce our homelessness issue.
- I know people who need mental health services who are on a waiting list for over 6 months to be seen. UNACCEPTABLE!!
- I live at Independence Village Rockford.
- I live in Rockford Township. there needs to be a noise ordinance passed due to frequent ongoing loud parties with in Hispanic culture households...and enforcement on number of family members occupying those homes...multiple generations in single family homes.
- I live in pain every day and wish I could just die and be done with pain!
- I live in what is considered the safe neighborhood in Winn. Co. I am surrounded with nice houses and neighbors who have excellent high paying jobs. I do not feel safe outside after dark because we hear gunshots about once and week in the background. Also our roads, even in our subdivision are terrible. We often think about moving out of state but because of our family we stay. We have discussed it with many of our extended family here and we all may decide to move some day. That would be at least 3 households in Rockford that would move out of state.
- I lost my full-time job and benefits in August 2022 and have since acquired a part time job without benefits. I am public aid but cannot get dental care to have 2 wisdom teeth I need removed. I pay out of pocket for dental visits and he told me I need to see an oral surgeon to have the wisdom teeth to be removed, there is 1 in the area and he does not take public aid.
- I love people but would never support any funds for abortions.

- I love the Illinois health department the staff members are always professional and whatever I need they're always there to help me
- I may not need some of the services listed in the survey but know that many in the county are in need of the services listed. Sometimes it was hard to choose just 5 that the community needs.
- I moved to IL 5 years ago. In Roscoe, Rockford, and now Loves Park. The water is undrinkable. One can see this in sinks, tubs and toilets. I get drinking water from the grocery stores. I think we are doomed if we don't try to save this planet.
- I need fixed dentures due to limitations due to severe Rheumatoid Arthritis
- I need help with my Adult Autistic son. No one in area specializes treating adults.
- I need help with my lights and gas.
- I need help with my rent. And I'm getting the run around
- I need help with the side effects of getting the covid shot.
- I now drive a semi, big money, no personal time
- I real estate taxes are too high in this county
- I realize how very fortunate I am!!
- I really believe that walkable/bikeable neighborhoods would increase our community's health and wellbeing.
- I received financial assistance for internet which is now in jeopardy, ACP Extension 2024; I left a co-op janitor to find work, I don't know if he was evicted which would have affected my reputation. Last move, I gave notice to landlord's representative & left down payment in case they had issues-didn't hear from them either.
- I rent and am on a fixed income. It is hard to find units I can afford that are in areas of town that feel safe to me even though I am willing to live in more areas than my friends would be.
- I reported that I was able to access health care in the last 12 months. However, it is important to note that my providers are outside the county due to access or poor quality in the area health care providers.
- I see progress in developing trauma informed community services
- I see quite a bit of stress on helping with mental health, but I know firsthand my 73 year old elderly uncle having a mental crisis was not helped.
- I see so many dangerous drivers that it is CRAZY!!! And my friends all say the same thing. It's BAD!!!!!!
- I should look to help my neighbor…
- I think ER care should be improved at all hospitals in Rockford. Too much time spent in waiting area
- I think Winn County does a pretty good job, taking care of the health of the citizens. The citizens have to also take responsibility for their health...
- I think something should be done about the panhandling in Rockford. Assist folks as needed, but it should not be allowed. In some cases, I question the need. It has become a "business" to some, I think. Really makes the city look bad.
- I think the key to a great community is excellence in education from Pre-K to college availability to everyone who wants to go. Include meal program if needed since you cannot learn on an empty stomach.
- I think there is definitely a disparity in health care for poor, uninsured in our community.

- I thought the County did a great job handling the Covid crises and Covid vaccines. I was a volunteer at the hospital during this time frame.
- I truly hope this is confidential. Keeping someone from struggling to eat better or get assistance is worth the risk. It's really, really tough to make it in this county.
- I want my yard to be full of native plants & the city always tries to cut my yard. I don't use gasoline, pesticides or fertilizers which cause pollution!
- I was dismissed from a food subsidy program because they didn't return my call before the deadline.
- I wasn't able to clarify the age of those in my household. Father 69, Mother 60 and sibling 26
- I will pay 31,257 dollars for health insurance this year. With a 6000-dollar deductible. I see those with public insurance receiving free care and medication while my family is overly burdened by the expense. Enough with the message that people don't have access to quality medical care with public insurance.
- I wish I had more access to mental health. I suffer from grief and severe anxiety and depression, PTSD. Many times, I have depression meltdown and don't know what to do
- I wish someone would pick up garbage behind my house
- I wish the local hospitals would provide ancillary services to fulfill the orders (blood tests, infusions, etc.) of my specialists in Madison/Chicago. They demand I employ a local physician on their staff
- I work 4 somebody in their home and I get paid by the State of Illinois and since they've done the Affordable Care Act. It's been nothing but a nightmare. They have so far taken 90 hours away from the person. I take care of first. The person needs those hours. He requires a lot of care. Second, it is my job and I need those hours. I told I need to be careful about how I say this. But they are his hours for the care that he needs. And they are my hours for me to support myself. So, I am told that his service max is just a little over $4000 a month. They need to raise that to 5 to $6000 a month in order for it to be right for the care that he needs. If he were put in a nursing home is where he would actually have to go if he didn't have me to take care of him. It would cost the state between $20010 a month. They would have to hire respiratory therapy on top of the nursing. Home because he requires nursing care which I do for you and I was told by his Insurance Company that because I am his mother. I should be doing it for free. He is 30 years old and I need to work and have someone take care of him. So if I go out to work, they're still going to have to pay somebody to take care of him. I do care for him. Add a 100% at 24 hours. I do not get paid for 24 hours. Nor did I ask for 24 hours, but he's definitely at least a 16 hour day job. For anybody, a nursing home would be 24 hours. There's absolutely no job security in this one. Whatsoever, so definitely bring back some factory jobs to the Winnebago area, so people can actually work full-time and have some kind of job security and Health Insurance. With dental and I vision at no extra cost like it used to be years ago. I hope everything got out. All right on this and spell correctly but anyway I hope you get the message
- I worry about people with no transportation available.
- I would be interested in seeing the results of this poll

- I would use my bicycle more often if there were safe pathways to and from my destinations. I recognize that the county is working on improving bicycle infrastructure and would implore it to continue
- I'd really love more public transport and food pantry that uses grocery store wastes. also, maker spaces for tools and STEM related activities.
- I'm concerned about the uncontrolled increase in utility rates and
  aren't windfall tax sources. This is especially destructive to low income households.
- I'm disabled and I have reflective sympathetic dystrophy which means I live in chronic pain 24/7 365 days a year my best day is an 8 I have back problems to much to mention I worked most of my life I've been disabled for 10 years and these people that's never worked a day of their life gets everything they want now myself thank God I got a great wife that goes to work every day and just because we make 63000 a year together we don't get no help at all I think that's got to change we get punished because she works I've paid into social security all the time I worked we definitely don't live above our means either my wife has high blood pressure so she's got to eat right I should be try but how can we afford it
- I'm hoping the price of gas goes down and I find a job that is not violent, which has caused stress induced cancer.
- I'm lucky that I have an excellent job/salary and great health benefits. Many in our community do not. I would like to see more assistance for those who need housing or mental health services.
- If Donald Trump wins the 2024 election and sends the military into urban areas to oppress dissenters, Rockford's government should start coordinating with other urban communities to organize a resistance.
- If I did need help for transportation and food and from rent our utility, do you have a place for me to go
- If we could get all young people to go to school every day, graduate from high school, get a job, earn a decent income, and be productive members of society, it would solve most of the problems we have.
- If you could please get more people vaccinated against Covid, that would be wonderful.
- Impossible to answer questions in only 5 or 3 choosing's
- In general, we are very fortunate and try to help those who are not as well off
- In my immediate area, there is trash all over the place. The apartment complexes near me are not cleaning up around their dumpsters and the garbage men do not seem to help either. For weeks, there has been litter all over the place, and there are a dozen or so raccoons that live in the old abandoned national guard building across the street. Prescriptions are hard to fill because the only pharmacy around is Walgreens and they are very overwhelmed. Other than that, I love Rockford.
- In order to make our community safer and healthier, please consider more sidewalks and bike trails as well as easy access for bikes/pedestrians across Rt. 251.
- In past yr developed bk pain and had difficulty finding medical help (0 pain meds)

- In the last 2 years I have had 2 doctors leave, unsure if it has to do with our hospital systems. My experience has when working in the nonprofit sector is availability of health care has to do with having good health insurance vs Medicaid. Dental services for low income very limited despite the health consequences.
- It is IMPOSSIBLE to get a healthcare provider to come to our home to get a COVID-19 booster. I am unable to leave home other than via ambulance.
- It needs to be easier to contact a human being at DHS. They could hire more people and take call back numbers. I have been trying to talk to someone for a year now. Sometimes I was on hold for over an hour. I am on oxygen and going there sitting for hours does not work. It is REALLY aggravating.
- It seems like our household is in the in-between of not being able to manage our needs, but not so badly that we would need assistance.
- It seems that doctors are leaving in droves from our area, particularly specialists. As a senior, I'd like to see more senior oriented events in our communities. I live in a manufactured home community and would like to see more involvement in the oversight of MHCs by the county, as these communities are often overlooked by local municipalities.
- It seems that schools, infrastructure, and services east of the river are in much better shape than west of the river.
- It seems that the area needs more apartments with a fair price. We have had our rent raised several times and the Landlords don't want to provide amenities and will say the apartment as is. Nobody wants to pay for something that isn't nice.
- It would be great to see the collaboration with the Clean Energy workforce initiative be one of Rockfords Best Practices in change for our city.
- It would be nice if somewhere on the far east side of Rockford or Cherry Valley could have a site or mobile unit. The downtown location is not easy to get to
- It's astounding that while we are in yet another covid surge, your communications do not include wearing a respirator for an airborne deadly virus. This is so absurd that I cannot take you seriously about anything. Masks work, and everyone is going to come down with Long Covid if they don't mask. You are not helping to improve this situation.
- It's very difficult to get a doctor's appointment in a timely manner. Waiting 6 months to see a Doctor is standard in my experience. Doctors' offices turn off their phones and do not return calls. Try it. It
- It's more affordable to live in Russia than Rockford. The price and access to basic necessities is absurd. The economy is not sustainable the way it currently sits.
- I've lived in Rockford all my life. I have watched this city go from being a strong middle-class community to a shit hole. Illegal immigrants, gangs, drugs, and Democrats have ruined the city. Kids are dumber than ever. The school suck. The roads are terrible. Taxes are out of control. And our leaders are clueless.
- Just found out I'm on the ASD spectrum, but no live human support group for my age
- Keep medical providers in Rockford. This is a HUGE issue.
- Keeping neighbors cleaned up is very important
- La comunidad necesita mas capacitacin para emprender su propio negocio en caso de no poder obtener un empleo

- Less money for cops, more money for thing that's improve people's material lives and wellbeing.
- Let our leaders tell the TRUTH! IN GOD WE STILL TRUST!!!
- Let the police enforce the laws on the books without fear of retribution
- Litter and environment are areas of concern for Rockford
- Local law enforcement should not encrypt communications. The community cannot help if communications are encrypted.
- Long survey! Not sure if you'll get an accurate sampling across demographics.
- Lot rent keeps going up every year. There should be some rent and mortgage subsidies, so people do not have to leave their homes and go into subsidized housing.
- Love my neighborhood
- Lower taxes
- Machesney Park needs bike paths and lanes.
- Madison WI would be a good city to model after
- Many medical facilities do not have w/c accessibility for doors and restrooms.
- Me gustaria que no me quitaran mi seguro medico por que no tengo con que pagar un especialista y tengo una condicion medica que nesecito tratamiento y medicina
- Medical and other Therapies
- Medical services I need are too far away
- Mental Health is a huge concern for me. Since the closure of Singer Zone Center, which was a wonderful facility as I did a residency there, we need to open it or another facility. What else concerns me is the lack of staffing at River Bluff. We need to provide a center, such as the Keen Age Center in Belvidere.
- Mental health care should be made available at no charge to those in need of it!
- Mental health help needs to be increased.
- Mental health in this community is ridiculous as well as care for our elders, especially if they have dementia. My niece has mental health issues along with chronic illness and there is nothing that has been done to address her mental health issues and there is no where I can take her to have her addressed. We have been to psychiatrist psychologist tried every medication. They don't work. Nothing works and when we're in a crisis, the only thing you can do in this town is a 5-day hold... ridiculous.
- Mental health problems, associated homelessness and crime need to be addressed before businesses will come and stay in the area downtown.
- Mental health providers are greatly lacking.
- Mental health services are scarce in Winnebago county and a family member was recently sent to Chicago for services. That added to an already traumatic situation.
- More in home care by licensed nurses or other professionals would be welcome.
- More plant based alternative proteins available
- Most important, be kind and listen to each other.
- Most of your questions are skewed toward city and suburb living people. Not others living outside the metro areas which is a real detriment for us living in the rest of the county.
- My answers will probably change with another 5-10 years due to more severe spinal issues and Hashimoto's thyroiditis

- My biggest complaint re: life in this area (Rockford) is the lack of sidewalks in many places. This is a very walker unfriendly community (aggressive and distracted drivers and the missing sidewalks is a very problematic and scary combination). We live near a high school, and many kids walk to school but do not have sidewalks to do that.
- My daughter needs a psychiatrist and finding one that is taking patients is very difficult.
- My husband and I both work full time jobs. We live on a budget. Many times, we have to cut back due to the increase in food, utilities, gas, clothing-We live on a budget to pay our bills every month.
- My only concern regarding my own health medication is the removal of Flovent by the manufacturer from the asthma drugs available on the formulary list and the generic version not being covered under the formulary. For those with asthma who have depended on this drug to live a healthier life with less complications from asthma attacks and better breathing, it has been difficult and the whole issue seems money driven with no concern for people's health.
- My partner was out of work and had a very difficult time finding a job. My partner was out of work and had a very difficult to find a job groceries and everything was so expensive. We took out personal loans and maxed out our credit cards along with utilizing food banks to keep my two teenage boys fed. He was applying everywhere and most of the time not even getting an interview. And he has a good work record, but he just relocated back here for the first time since 2002.
- My son and his family are on Medicaid and have problems getting specialty care.
- My spouse has just been diagnosed with stage 4 cancer. It is terminal. He is the one who works and carried the insurance for medical and dental. Plus pays for the rent. Who is going to hire a 54 yr. old teacher?
- N/A
- N9ne
- Nam Vet, I use the local VA
- Need better doctors. Shouldn't take months to get in
- Need more affordable grocery stores
- Need more doctors and nurse practitioners. Need another grocery store in northwest Rockford. Bring back library branch and Associated Bank to northwest Rockford.
- Need more doctors as it takes TOO LONG to get in to see our family providers.
- Need more doctors! Impossible to get appointments and docs booked out for a year. Especially Endocrinologists.
- Need more protected walking/biking spaces & more trees for shade. Keep nearly getting hit by careless drivers on Forest Hills road in the crosswalk because underpass is flooded 99.5% of the time. My subdivision also lacks sidewalks. People don't want to live here because the environment is dangerous and unpleasant-anything to make it nicer and being active/healthy lifestyle easier and less dangerous would be appreciated. Look at nicer areas for inspiration (Geneva, Lake Bluff, Lake Forest). Beautifully designed to be walkable and has a vibrant arts and culture scene along with stem/good schools for kids.
- Need more specialty Drs. Better communication between Drs

- Need rural internet service ASAP
- Need to change my email address / *
- Need to focus on ALL RESIDENTS of Winnebago County, NOT JUST PEOPLE OF COLOR OR ILLEGAL IMMIGRANTS! HOW ABOUT FOCUSING ON OUR VETERANS AND OUR HOMELESS IN OUR COMMUNITY!!!!!!! God help us!!!!
- Need to lower taxes so you can afford to eat, especially for the elderly.
- No
- No one seems concerned about increased noise levels.
- None
- None at this time
- None,
- Not at this Time
- Not at this time
- Not currently
- Not enough doctors in this area. If I need to see a GP for basic health needs, they never have any openings. Requires us to the ER or to immediate care facility for basic stuff. Mental Health needs pushed appointments out to 3 months or we have to travel out of the area. No Brain specialists in the area, only spine and they only treat injury, not chronic issues.
- Nothing
- Nothing too bad to report really
- OUR NW SIDE IS NOW A MEDICAL EMERGENCY CARE DESERT AND MANY DO NOT WANT TO LIVE HERE ANYMORE, WE COULD USE AN ACTIVIST AS OUR ALDERMAN
- Ok
- On Dec 10, 2023 my husband found me unresponsive on couch. EMT's from Win Bur Sew Fire Dept worked for half an hr to stabilize & transport me to UW ER, where I was put on life support. We're very fortunate to have emergency care in village of Winnebago. They saved my life.
- Option to have seeds in our fruit!
- Our medical system is lacking on the northwest side of Rockford, they forgot about us here...Swedes, waited 6 hours in ER, left, toothaches were getting assisted first...unbelievable...
- Overall love living in Winnebago County, however there is limited access to psychiatric care, way too high property taxes, and extremely high sales taxes!
- PLEASE stop giving millions of additional funds to police and redirect it to A+ public transit instead, PLEASE.
- PLEASE work toward providing mental health and addiction services available in our community! WE NEED THEM NOW!
- People not paying attention while driving. I've been hit by a car on my mobility scooter. Almost hit several times in my power chair. Just trying to cross the street.
- People would eat healthier, including me, if healthy food prices were more affordable.
- Physicians do not want to live here. That should say something.
- Please continue to help those who need it.
- Please encourage our county to ban burning leaves

- Please enforce traffic laws. That means writing citations for speeding, running traffic lights and operating vehicles that violate noise ordinance. There is very little respect for the traffic laws in this city
- Please increase police enforcement of existing road rules.
- Please look at the work Irene from Irenea's Entropy is doing to help people navigate trauma. Her website and Instagram are valuable resources, and she is located (works as an aerospace engineer) in the Rockford area.
- Please make Rockford a cycling friendly community by making greenways and separate, safe bike paths for getting across and around the city!
- Please make training to use Narcan training in school easier
- Please read the new study on how covid was found in the bone marrow of 30/30 test subjects, and the studies showing it seems to be oncogenic and that it exhausts T cells and forms syncytia which cause organ damage even in cases with mild or asymptomatic acute infection and educate the public properly and advocate for higher air quality in schools and public spaces
- Please stop allowing the burning of yard waste, it makes it so difficult to breathe and enjoy the outdoors when I can go outside.
- Police, fire depts, EMTs need updated equipment. More aggressive attack on human tracking & safe, recovery housing
- Poor access to health care in Winnebago County. Takes weeks to be seen by medical professionals (unless emergency). This region is being depleted of quality medical professionals on a daily basis. Went a year without pulmonologist and now without ENT doctor. Was without a cardiologist for several months but thankful that my primary doc took good control.
- Poor medical: Services in ER rooms are uncalled for. way too long a wait:7-8 hrs in any of the 3 local hospitals. Need more cardiologists. Wait 5-6 months for surgeries. I have medical people in other states and am a former educator here. We need to improve quickly here.
- Poor wages are killing people. I make more than I ever have, would have provided me a normal comfortable life 20 years ago, today it's barely a living
- Prioritize environmental health. Ecosystem services
- Property taxes are a major concern for me.
- Providing abortion in our community feels like killing precious humans.
- Public transportation is very much needed.
- Putting together the firefighters and police is disingenuous. Fired departments help people and police do not.
- Radon testing needed in the county
- Ranking the choices on this survey would have been a better way to ask...
- Reducing crime, especially domestic violence, would be my highest priority for the community.
- Regarding mental health, I have anxiety & depression and go to a therapist but all that happens is me sitting there talking and NO helpful solutions or even digging deeper into it to help me understand why & what to do.
- Rent went up so much I needed a roommate grrrr
- Repair the roads because the road's because there are holes in the road.
- Right now, I need a procedure, and I have no one to drive me to and back home.

- Rockford desperately needs safe walkable communities, greater economic variety i. e. affordable groceries, and more social services that don't just exist in the same 3 neighborhoods.
- Rockford has a shortage of primary care physicians.
- Rockford is a great place to live and work
- Rockford is a shit hole. It's a miserable place to live, and you pretending it's not us making it worse. We can't fix a problem if you deny the problem exists.
- Rockford needs a formal Senior Center (like Keen Age in Belvidere).
- Rockford needs its own mental health inpatient hospital. Some people on the streets were in Singer and now clearly still to be placed in a mental health hospital.
- Rockford used to be a safe town to drive in. That has not been the case for the past several years. I have tried to address this with the police and get "blown off." I live next to E. State Street (30 mph area) and cares commonly travel 50-60mph. Motorcycles sometime do wheelies down E. State Street. Drivers commonly ignore stop signs and stop lights, etc. A couple of times going to work, I was passed by people driving at least 100 mph. This is a huge concern to all of my family. Please, can you solve this? Thank you!
- Rockford's safety net has a lot of holes in it. Thank you for trying to plug them up.
- Rockfords corrupt government has to change before anything improves in this city.
- Safe bicycle routes (beyond painting white stripes on busy streets) are needed.
- Safer walking on busy roads maybe city needs to organize a way to shovel snow to protect people from getting hit by cars especially in the winter
- Safety is my biggest concern for this area. We still have one of the highest crime rates for a city our size in the country.
- Safety, mental health and education are vital to us as they impact the Rockford community
- Se necesitan mas interpreted en los lugares del cuidado de salud
- Selecting only 5 issues was hard. But I believe improving education, security (financial and physical), and access to healthcare will in turn help improve many of the other issues.
- Services covered by Medicaid are incomplete and many covered providers are inadequate.
- Severe shortage of GOOD MDs or NPs. Medical care is obviously financially driven; mentality of the few primary care providers is to refer to yet another provider. -thus resulting from an over use of expensive procedures.
- Shame on Rkfd Memorial/UW Health for leaving the West side of Rkfd w no hospital.
- Shortage of doctors. Every time I get a primary care physician they leave before a year is up
- Should be able to answer more than 5 questions on what is important in your neighborhood.
- Should be able to pick more than 5 items. There are more than 5 that never worked on.
- Small towns need more senior events regularly
- Smoke and other forms of air pollution create an adverse impact on my ability to be outdoors a lot of the time.

- Some issues that I marked "Concerned" don't affect me personally, but I'm familiar with because of my involvement in charitable activities.
- Some of these questions could be a bit clearer - specifically the one about programs in my community, I think? One of the answers was "financial assistance"... for what??
- Something must be done about wait time in hospital ER.
- Sometimes I just want to check out.
- Stay out of my kitchen.
- Stigma around substance abuse is pervasive, including within the psychiatric community
- Stop patching up the same old mess from 100 years ago. Start designing the city they will need for the next couple of hundred years. Get rid of the back- scratching people in charge. Almost everything 5heyve done for decades to keep the power and money in their pockets. Has destroyed this city and state. Pass laws to stop all bigotry and ignorance of the spirit of the constitution. Teach real history. Not only in schools but at large. Build our own pharmaceutical labs and be done with it. I find your lack of donuts and coffee on jogging paths disturbing.
- Supply chain issues at pharmacy were reason for unfilled prescriptions, not inability to pau
- Surprised you didn't ask about vision problems and treatments.
- Thank y'all for doing this survey...I think it will help a lot
- Thank you for conducting this survey. I hope to learn of results.
- Thank you for having NARCAN to give out to people. I have much appreciated it.
- Thank you for issuing this survey. It is important to our community!
- Thank you for offering this questionnaire. I would be interested in knowing the results.
- Thank you for putting out this assessment. Please use it.
- Thank you for this opportunity. Community preparedness to identify and effectively respond to public health threats is a vital capacity to maintain and strengthen. Keep up the great work!
- Thank you for this survey
- Thank you for your survey
- Thank you!
- Thank-you for conducting this survey
- Thanks for asking.
- Thanks for doing this!
- Thanks for doing this! I know we need to prioritize the most important issues, it is difficult to limit them (as well as goals), but I think this is an excellent survey.
- Thanks for soliciting input. Medicaid rates are a barrier to accessing medical care.
- Thanks for the survey ... hope you get 100s responses.
- Thanks for the survey!
- Thanks for this, I think it is important to gather information.
- Thanks for your work
- The Chemtool fire still bothers me. I live about 3 miles from the site and am losing a lot of trees

- The Rockford and Winnebago County area have a large amount of manufacturing jobs available. But they don't pay enough for a person to survive on without having multiple jobs. Fix this and you will find that many other problems will fix themselves.
- The Rockford police department is a violent and racists
- The West side of Winnebago county is a good and healthcare desert
- The biggest thing in the county now is crime rate and shootings every day
- The cost of my insurance premiums, this year, will make it difficult to pay all regular bills (food, utilities, etc.)
- The country uses its plentiful resources very poorly. With the pot and gambling proceeds being funneled into the leaders of Rockford rather than spending them on the people that live and pay taxes. Winnebago County is very poorly run and it shows everywhere. The streets are trashed, homes that are not lived in all over, shoplifting is a sport, carjacking and shootings are the norm. The leaders should be ashamed of themselves.
- The county and local communities are being shortsighted in providing green spaces and environmental improvements. These kinds of improvements bring about growth physically and reduce negative impacts on mental health. It is not enough to have sports fields and indoor sports opportunities. That only helps a limited number who have more financial resources than most. Impacts mental
- The county needs more LGBTQ+ services. As well as better training for when interacting with someone who is LGBTQ+. I and several others I know, at going to Chicago or out of state for LGBTQ+ services or general health services.
- The county needs to address the domestic animal overpopulation.
- The disparity in the healthcare field is highly active in Rockford IL, Winnebago County
- The eviction in the last question was a foreclosure. It is nearly impossible to find a place to live when you have bad credit. Fortunately, I found someone who was willing to overlook those problems, but the rent is higher than we can honestly afford so am now making cuts to necessary items like groceries and medications.
- The first questions have nothing to do with health. That is the biggest problem.
- The free covid testing without insurance was nice. Can that please continue?
- The gender question should say "cis man" and "cis woman" instead of "man" and "woman". The latter implies that trans men and women aren't really the gender they say they are. Making this change would also make it more clear what options should be clicked. || The sexuality question should be a "select all that apply" question type. || The "Executive Order 2022-10" hyperlink in the COVID-19 section on the WCHD website now leads to an error page.
- The health system in this area is horrible.
- The healthcare system in Rockford is terrible. I have a primary care doctor, but I haven't seen her in years, I always get her nurse. My son's doctor cuts me off when I'm talking to rush me out the door. I found a great therapist but she's outside of my insurance network. My mom was told she had stage 5 kidney disease after her primary doctor finally referred her to a specialist, so it was too late to intervene. My nephew got sick, went to Javon Bea who wasn't able to help him and sent him to RUSH in Chicago where he was diagnosed with leukemia and died 3 days later. A

friend's child had seizures, went to Javon Bea who just closed their pediatric intensive care, so he had to be transported to Madison. A city the size of Rockford should have high quality healthcare. We shouldn't have to be outsourced to other hospitals. Doctors are overbooked so they don't provide quality care. They see us as numbers instead of people. I suffer from depression and hypothyroidism and have to pay more money to get special care because my own doctor won't see me and help me. I have a friend who moved here from OK, and she said she got better treatment in a red state than here and that is outrageous. We put so much money towards building hospitals here only to cut down on services. My sister and I both drive to Roscoe to go to North Pointe for urgent care because we get better care there than in Rockford. I had a terrible birth experience at Swedish American. The breastfeeding "expert" told me my son was tongue tied then his doctor checked him out and said he wasn't. I wanted to breastfeed right after giving birth and was abandoned by all the nurses and doctors for hours. DO BETTER.

- The healthcare system nationally feels broken.
- The instance of illness/cancers in youth, younger adults, and older adults is consistently rising, which leads me to believe our food sources are contaminated with additives to addict people to nonhealthy food brands (not permitted in other countries), and poisons used to contain weeds, decay during the growth of food item, which then transfers to the food supply. Also, the use of plastics has thoroughly contaminated our food/water supplies and are poisoning the population and eco-systems. Climate change and the release of long buried viruses shall also soon be an issue. These are the most important problems to plan for now. If the USA continues to poison the population through food/water contamination, the rest of the issues are moot points. Steps need to be taken to provide a clean, non-addictive food supply and healthy living environment.
- The intent of this questionnaire is not clear. I filled it out because you need data.
- The landfill odors and environmental issues need to be addressed in my community.
- The level of health care in Winnebago county is much lower than in our previous community which was in Kane County.
- The only way I can pay for my prescriptions is by working. I'm 75 and I am a checker at Schnucks and I need this money to pay my bills or I wouldn't have my medication.
- The poor air quality coming from the dumps needs to be addressed. This happens too often. Just yesterday there was a rotten egg smell again.
- The qualifying requirements to be eligible for assistance are too high. They need to be reevaluated so more people can qualify such as my household.
- The quality of life for many low-income families renting from slum lords is inhumane. High rent, dangerous neighborhoods, extremely high rent, unrepaired properties, thus excessive utility bills etc. adds to the burden of low income families. Our city should be ashamed!
- The roads and curbs and gutters in our city look horrendous
- The wait time (several weeks to months) for medical and mental health care is a huge problem. problems get much worse while waiting for care

- The wait time in emergency rooms in the area is atrocious. I've had to wait over 8 hours before. Also, I am diabetic and there are few endocrinologists and other specialists.
- The wait time to get into see a specialist is ridiculous. We waited over 4 months to see a specialist while my husband suffered with an ulcer. The cost of medicine is way too high. My husband was prescribed an antibiotic that cost over 3000.00 dollars. He took that same antibiotic in his country 6 months earlier for 100.00. Even with insurance, which we pay a lot for we spent a lot in health care last year. There needs to be reform on medical care costs. People who can't afford it are going without, which is decreasing their life span. Also, healthy food needs to be more affordable too and more accessible. There needs to be high taxes on junk food like we have on cigarettes. Educate the community that junk food is loaded with addictive chemicals that not only are harmful but cause obesity. Rockford is the 18th most obese city in the U.S. That is very disheartening. In order to reduce the majority of the health issues in our community, we need to educate people how to eat healthy, cook healthy and ways to get exercise. It is easier said than done but if we would sign up and push to be a blue zone community like they did in Minnesota, that is a step in the right direction.
- There are a lot of individuals and families in this area that could benefit from a better community environment and a lesser stigma on asking for help. This new Casino is not going to aid in that need unless there are tax incentives from the money it brings in to better aid those in need within our community.
- There are not enough real doctors here! Please give doctors an incentive to come here and an incentive for the ones we currently have to stay here.
- There is a lack of restaurants that serve healthy meals at a reasonable price
- There is a severe lack of healthcare providers including specialists in this area. Affordable mental healthcare is not available to you if you are not extremely poor. There aren't enough providers through Rosencrance who take Medicaid as secondary to Medicare. There needs to be something more on the model of Colorado's community mental health clinics that include a sliding fee scale.
- There is a terrible shortage of physicians in this area. There are long waits, which is unacceptable if you have cancer. I must go out of state for surgery as there are none in this area. UW health has no ENTs practicing in Rockford. We must make Illinois attractive to physicians. Our government should be contributing to their education if they practice within the state of Illinois
- There is much more that could be done, but there seems to be a lack of effort and desire. What I do for the community should be done by those responsible. I deal with the City(s) and County to try and get stuff done, much of it is public safety issues.
- These public services are important and needed. But, in this declining city/county, the tax burden on the few still with a job or assets will drive many out. And city officials going gaga over the casino. For its taxes paid. Meanwhile those souls with gambling additions with leave Their SS checks etc. at the casino. Instead of for food rent etc. End of rant.

- They are closing the fire station off rural, make it a senior center or keep it and just build the new one with all the casino money. LOWER TAXES FOR SENIORS!! Why do they have to apply every year? Give trash cans with wheels. Replace the ones you've crushed.
- This a good survey, but it is super doubtful that the populations you are needing to fill this out will not have access to the survey. It's a rather pointless experiment, don't you think?
- This county/city is unsafe for the law-abiding citizen. Punishment for lawbreakers is either too light non-existent. I've got radium in my drinking water brought to my home in lead pipes. Work on these issues and get back to me.
- This didn't make sense to me. It did not ask questions that were relevant to me. Picking just 5 or 3 options was ridiculous.
- This is an excellent survey to determine what our geographical area needs. Thank you very much!
- This is an interesting poll, and I would like to see the results when they are available. Email me at * please.
- This survey is way too long for the average user to participate. Additionally, VA health Care is not identified by name as a healthcare option.
- To understand some of my answers you need to know that I am a retired M.D. since late 2008, after 37y of practice. I also am a Vietnam Veteran!
- Transportation needed in rural communities. Population is increasing in age. Need help to get to dr, pharmacy, general shopping. We have a grocery store very high priced.
- UW needs to have a clinic on the SE part of Rockford.
- UW purchasing swedes was one of the best things that could've happened to Rockford (because mercy & osf are subpar), but I have noticed a pattern with them. Long story made short, I can't find a dr in Rockford proper who is worth seeing. I travel to Roscoe to see a UW GP and to Chicago for specialists. I have a large family in the area who have also experienced the same thing. If you would like me to give more specifics, please ask by email and I will be happy to share my experiences.
- Uneducated adult - as well as those with mental health/substance abuse issues - are the main reason Winnebago County's standard of living is well below what it was decades ago. The lack of education and/or refusal to upskill has created a vicious cycle of generational poverty and hopelessness. When coupled with the fact that the Baby Boomers are refusing to retire and/or sell their homes, jobs and housing come at a huge premium. To make matters worse, you're bringing a casino into the area that is going to further decimate the bank accounts of adults who can't afford to be gambling. It's sad to see.
- Usar una traducion adecuada al cuestionario. Contando algunas palabras 78 palabras no tenian sentido o se usar de diferente manera a la pregunta.
- Very concerned about the amount of trash dumped along railroad land in our neighborhoods.
- Very disappointed with the lack of available emergency/urgent care for everyone!

- Walgreens and the pharmacy inside the Walgreens is closing in 6 days. There is only one Public Aid office in Rockford. Sometimes we are able to get a ride...be it bus or otherwise to make the long commute
- Water walking and more affordable exercise for senior citizens. Active se
- We are blessed!!
- We are lucky enough to have access to most/all services. Many are not. The police and crime in Rockford is so scary and makes me stay closer to home and not enjoy what benefits there are.
- We are retired seniors who have an adult daughter living with us. She has several physical and mental health issues but has insurance through Medicaid since she works very part-time. My husband has cancer and needs lots of medical issues but with Medicare/supplement, we are able just to make the bills each month. We have started using a food pantry to extend our food budget and have some healthier choices. Working on keeping the utilities bills done would really help us greatly. We just make over amount for LEAP/license plate/etc. but his prescription costs are so high that we have to make some hard choices sometimes.
- We could benefit from transportation and the creation of safe third spaces for preteens and teens that are free/affordable
- We hav3 been raising our Grandchildren since 2017 one has gone to college, one only lived with us for 3 years and now the last one is a senior now and will stay with us while he is in community college to be an Airplane Mach. All the money I save my whole life is gone because I choose to raise my Grandkids. I am happy to say they have done very well. I am so Thankful for that. but now my financial situation is sad. Not where it should be. I blame that on their parents' heroin addiction. The amount of drugs coming in this country has ruined my finances. I made no mistakes. I just loved them enough to lose my financial security.
- We have had issues finding a doctor. My husband's doctor retired, and it was difficult to find a new doctor. Doctors were not taking new patients, or they left town prior to scheduling an appointment. We are losing our specialists. If you need to see an ENT or other specialist you need to go out of town.
- We know many of our neighbors and acquaintances that have struggled with food security and access to medical care. Even with insurance, we have struggles to get the medications our son needs as our carrier requires extensive pre-authorizations and typically denies, or only approves 1 month at a time, which results in weeks of work to get additional approvals. I know that transportation and housing are also regular issues I hear about from people I work with. I do think that parks and green spaces are important for physical and mental health. I think MUCH more focus should be put on teaching people how to make healthy food choices. So many health issues can improve through the use of better nutrition and the elimination of highly processed foods - but people need to learn about how to select and prepare these foods.
- We know you are all doing your best, and it isn't your fault that the cost of living (food, gas, rent) is rising, that there aren't any safe/affordable places to live in Rockford, that understanding healthcare providers are impossible to find. It's just hard out here and we're barely surviving

- We lack good mental health care, and it is difficult to get information to do volunteer work in our community
- We need a person to oversee and regulate mobile homes park. Seem to be "funny business" going on and feel helpless. No help from Dave Vella's office and no help from the City of Loves Park. For example, lot fees are excessive!! It went from $275 to $719 a month! We pay more for sewer/water/trash monthly what the public pay outside the park quarterly. They recently started using 'RUBS' and it is wrong that a single senior or disability person living alone having to pay what many neighbors pay with 3-5 people or more. This is not right. No moral and no common sense with people these days.
- We need better and easier access to quality food such as Whole Foods or Trader Joe's. Also, many neighbors, particularly on the west side are littered with trash and junk. I believe the city properly standards could certainly be enforced to a much greater degree. Also, the high-speed rail to Chicago would greatly improve our property values and provide us to even more arts and culture than we already experience in our hometown.
- We need family case management back in this broken city.
- We need lower property taxes, more ENT dr's and shorter ER visits. I am not crossing the border into Wisconsin for medical care as they have options and more specialized Dr.
- We need many more Doctors! Takes at least two weeks to get in to see a Doctor!
- We need more available internal providers with a available openings for new patients. I've been without a primary medical provider since June 2023. It's been frustrating to find a black internal medicine provider. I finally did in January 2024 and my appointment is scheduled out to June 2024. I'm grateful that I don't have a medical condition(s) that would require me to settle for another medical provider.
- We need more emergency services in this area!
- We need more family practice doctors that can actually see patients in a timely matter.
- We need more good paying jobs here. The lack is a huge drawback.
- We need more presence of WCHD out in the community.
- We need more primary care doctors. Due to doctor leaving, I have had to find a new primary doctor for two years in a row.
- We need real doctors not PA's or NP's
- We need to contain violence and shootings.
- We need to ensure all residents of our county have access to clean air (ventilation, air filtration, and ventilators), especially in locations where our most vulnerable need to be (healthcare facilities and public transportation, for example).
- We need to join the comparable countries around the world that have national health care. It's such a scam and a waste of money to support the current system we operate under. I know this will never happen. In this country as there is too much money going to the politicians that could make this happen.
- We need to make sure services are available for minorities including LBGTQ+ individuals
- We need to see changes in Winnebago not just on this feedback.

- We need to start taking care of our own people! Lower those property taxes so we can live, lower the food cost so we can eat!
- We should be helping with immigrants
- We truly need an improved and expanded healthcare system.
- What this community needs in abundance is better schooling that does not adhere to the mantra "No child left behind". I retired from the Rockford Fire Department and saw that the entry test has diminished from a spatial, mechanical, and comprehensive exam to a 6th grade reading level reading comprehension test. This does not help our cause when we hire recruits that pass that exam and withing 3 years have to go to Paramedic school which is rated at a 12th grade reading level. Why not have all the schools in Winnebago County adhere to the same curriculum, no matter what the social status or standard of living is in each district and teach children as we were taught.
- When I was much younger the Health Department was very helpful in providing necessary services.
- When you make just a little but above the poverty line to get SNAP and Medicaid then your life is very hard.
- While well-intentioned, I don't believe the results of this survey will be beneficial. I hope it didn't cost too much money.
- White is not a race
- Winnebago Health Department did a good job during covid period.
- Winnebago County is in tragic condition from slums to vacant and desolated and crumbling buildings, crime and violence and the deterioration is affecting all aspects of life here. Not the same living environment as it was even to the 1980's. I pray for a complete resurrection to this county in the years to come or its demise will happen.
- Winnebago County needs a senior center.
- Winnebago County could use more training on how to deal with people with mental health issues. including the program between the police and Rosencrance. Everyone just seems to pawn everyone off on another person these days. a public meeting to those that would like to speak especially the ones with mental health problems. you want to help the community then ask us how u can help
- Winnebago county needs *significantly* improved access to prompt, quality mental health care.
- Winnebago county sold my home for unpaid taxes that I couldn't afford, because the fees and penalties were too high for me to pay in time and they refused to work with me to keep me and my son in our home.
- Winnebago dump fumes are a huge problem!!!
- Winnebago or Rockford should have services for seniors who are willing to pay, such as snow removal and lawn care. It would relieve us from the anguish of being turned down by companies who don't want small jobs.
- Wish food stamps were sent to me
- With the income the city receives from the casinos, I would like to see practical use of this money to support the services of this city.
- Within the next ten years, the baby boomers will be increasing their use of health care resources including nursing homes, in-home care and specialized

care. Currently there are not enough medical facilities and professional staff to be able to provide services for the expected needs. It is important to begin training staff and preparing for the influx of large portions of the population that will require professional care in their elderly years.

- Would like to know more about local volunteer opportunities.
- Would welcome your posting local stats during cold, flu, covid seasons so we keep informed and protected when they are high
- Your survey included many subjects and services that, in my opinion, are not part of the Health Department's responsibilities.
- affordable housing is a necessity
- besides Medicare I have Blue Cross/Blue Shield
- better roads lead to less stress
- concerned about latest guidelines for COVID, it relies on people being responsible, which has not happened even during the worst of times
- extend and beautify river walk south of town / revamp BMO and get good quality entertainment / Bring back an annual music festival
- find it hard to get medical care in the Winnebago area. Dr offices always saying not taking new
- help people get jobs, not more ways to get free govt benefits
- my brother has schizophrenia, and we have no help for him. There are no mental health facilities in our community that have the level of care to help him.
- n/a
- na
- need emergent care for severe mental illness not just to er
- need to teach people to ride bicycles on the correct side of the road-i.e. with traffic not against it.
- no
- none
- primary concern is qualified health care, we seem to get the bottom of the barrel out here and we have to drive to Chicago or Madison for quality care
- Rockford public schools have been a drag on the Rockford economy for at least the past 40 years
- services needed for those who live alone, homebound, but just above poverty line
- Something has to be done to keep (or attract) primary care physicians in area. Have had 4 primaries in last 2 years. Had to switch from Swedes to OSF because no one was taking new patients. The wait to establish new doctors is too long. Area
- stop providing for illegal immigrant services
- taxes are taken away homes from elder fast than cpi
- thanks
- The property taxes are so out of control that I'm not able to properly feed my kids or obtain childcare to work without assistance. I have 2 masters and work my ass off and can't do basic things for my kids without getting denied for help. This is ridiculous. If the taxes weren't so overly high I could provide for my family instead our health is suffering. This county needs to quit hurting the people who live here and do right by us.

- This community will never thrive with all the crime. We need to focus on stopping criminals not aesthetics.
- This was a waste of time
- Unavailable health & dental care. Food desert conditions
- we need more primary care doctors at the 3 major health providers it is ridiculous to wait 6 months for primary care and we need a pediatric intensive care unit
- whether you like it or not, Illinois' political actions have made it a "refugee" state for trans and non-binary people. It would be nice to see the health department make a public effort to help LGBTQ+ people and provide the services they are missing in Rockford
- Wide-ranging survey! Good!
- With regards to issues important to the area, all of the ones listed were important it was hard to pick just 5. I believe that early intervention for families with young children that are struggling is important. That support early could help to curb some of the issues today.
- Women and children's healthcare and daycare should be priority; few affordable daycares for working class,
- you desperately NEED to focus on LGBT rights. we're tired of being trampled on!

*- Personal identifying information removed from comment