

Welcome to the 2019 Dunn County Health Needs Assessment!

By taking this survey, you will

- (1) share your thoughts and opinions on the health needs of Dunn County
- (2) help inform the upcoming Dunn County Community Health Improvement Plan

Information gathered from the survey will be used to help determine how to best address the needs of Dunn County. By taking this survey you help shape the priorities in Dunn County! **Let your voice be heard!**

Save the Date: The results will be shared at a community event on July 16th, 2019. Members of the community are invited and strongly encouraged to attend the July 16th event! This will be a chance to learn about the results of the survey and discuss how to use the information to create a health improvement plan for Dunn County.

All responses will be kept CONFIDENTIAL and in no way will be linked back to you.

Estimated time to complete survey: 8 - 25 minutes

Important Definitions:

Access: The word access will be used often and refers to access to services including:

- 1.) Gaining entry into the health care system (usually through insurance coverage)
- 2.) Ability to get to a place where health care services are provided (close to your home)
- 3.) Finding a health care provider you trust and feel comfortable talking to (personal relationship)

Resources: Resources are a source of supply, support, or aid that can be easily used when needed.

Option to take the survey online:

https://uwex.co1.qualtrics.com/jfe/form/SV_eUKj21ONLWLRDZr

1.) Are you 18 years or older? *Please select one option.*

- Yes
 No *(If no, please end survey)*

2.) Are you a resident of Dunn County? *Please select one option.*

- Yes
 No *(If no, skip to question 3)*

Please provide your Zip Code: _____

Township/Village/City: _____

3.) If you are not a resident of Dunn County, please describe your connection to Dunn County briefly:

Health Area: Healthy Nutrition

Healthy Nutrition focuses on always having enough healthy, nutritious food from infancy through old age.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Healthy Nutrition** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
 Moderate Weakness
 Neutral *(If checked, skip to next health area: **Physical Activity**)*
 Moderate Strength *(If checked, skip to next health area: **Physical Activity**)*
 Major Strength *(If checked, skip to next health area: **Physical Activity**)*
 Not enough Info *(If checked, skip to next health area: **Physical Activity**)*

3.) Have you had any problems accessing **Healthy Nutrition** in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Healthy Nutrition**? *Please select all that apply.*

- Time
- Money
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Don't know how to make healthy foods
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Healthy Nutrition** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Healthy Nutrition** education would you benefit from? *Please select all that apply.*

- Breastfeeding
- Food Safety (canning, storage, temp, etc.)
- Eating on a budget
- Healthy fast food options
- Meal planning and prepping
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Healthy Nutrition** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Healthy Nutrition** in your community? *Please share below.* _____

Health Area: Physical Activity

Physical Activity focuses on ways to stay active in order to improve overall health. Activities include walking, biking, swimming, exercising, lifting weights, and/or team sports.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Physical Activity** resources (bike trails, recreational areas, gyms, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Alcohol Abuse*)
- Moderate Strength (*If checked, skip to next health area: Alcohol Abuse*)
- Major Strength (*If checked, skip to next health area: Alcohol Abuse*)
- Not enough Info (*If checked, skip to next health area: Alcohol Abuse*)

3.) Have you had any problems being **Physically Active** in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to being **Physically Active**? *Please select all that apply.*

- Time
- Money
- A place to go
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Weather
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County are **Physically Active**? *Please select one.*

- Yes
- No
- Unsure

- 6.) What areas of **Physical Activity** education would you benefit from? *Please select all that apply.*
- The impacts of physical activity on the brain and overall health
 - Easy home exercises
 - How and where to join team sports and/or group fitness classes in the area
 - Exercise plans to aid weight loss
 - Exercise plans to maintain weight
 - Exercise plans to aid weight gain
 - Modified or adaptive exercises for different abilities
 - Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Physical Activity** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing **Physical Activity** in your community? *Please share below.* _____

Health Area: Alcohol Abuse

Alcohol abuse focuses on how much and how often alcohol is consumed. Topics include:

- Binge and/or excessive drinking
- Underage drinking
- Providing alcohol to minors
- Operating a vehicle while intoxicated

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

- 2.) Do you believe access to **Alcohol Abuse** resources (rehabilitation, counseling, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*
- Major Weakness
 - Moderate Weakness
 - Neutral *(If checked, skip to next health area: **Substance Abuse**)*
 - Moderate Strength *(If checked, skip to next health area: **Substance Abuse**)*
 - Major Strength *(If checked, skip to next health area: **Substance Abuse**)*
 - Not enough Info *(If checked, skip to next health area: **Substance Abuse**)*

- 3.) Have you tried to access **Alcohol Abuse** resources in Dunn County in the past three years? *Please select one.*
- Yes
 - No *(If no, skip to question 6)*

- 4.) Were you able to access the resources you were seeking? *Please select one.*
- Yes *(If yes, skip to question 6)*
 - No

- 5.) If no, what were your barriers to accessing **Alcohol Abuse** resources? *Please select all that apply.*
- Time
 - Money
 - Availability
 - Transportation
 - Discrimination
 - Embarrassed (and/or stigma)
 - Not a priority to me
 - Other, please list: _____

- 6.) Do you believe that the majority of people in Dunn County have access to **Alcohol Abuse** resources when needed? *Please select one.*
- Yes
 - No
 - Unsure

- 7.) What areas of **Alcohol Abuse** education would you benefit from? *Please select all that apply.*
- The long-term impact that alcohol use can have on your health
 - The role that heredity plays in developing problems with alcohol use
 - Resources that can provide help
 - The difference between low risk alcohol use and high risk use
 - How to talk to a loved one when concerned about their alcohol use
 - Other, please list: _____

OPTIONAL: In your experience, why do you think there is an **Alcohol Abuse** problem in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for reducing the **Alcohol Abuse** problem in your community? *Please share below.* _____

Health Area: Substance Abuse

Substance abuse includes the use of illegal substances, such as marijuana, heroin, methamphetamine and the misuse of prescription drugs such as OxyContin, Ritalin, and Vicodin.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Substance Abuse** resources (such as drug rehabilitation services, educational classes, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Sexual Health**)*
- Moderate Strength *(If checked, skip to next health area: **Sexual Health**)*
- Major Strength *(If checked, skip to next health area: **Sexual Health**)*
- Not enough Info *(If checked, skip to next health area: **Sexual Health**)*

3.) Have you tried to access **Substance Abuse** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Substance Abuse** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Discrimination
- Embarrassed (and/or stigma)
- Not a priority to me
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Substance Abuse** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Substance Abuse** education would you benefit from? *Please select all that apply.*

- The long-term impact that drug use can have on your health
- How to recognize the signs and symptoms of drug use
- Resources that can provide help
- How to talk to a loved one when concerned about their drug use.
- How to talk to children about the risks of drug use.
- Safe storage of medications
- Other, please list: _____

OPTIONAL: In your experience, why do you think there is a **Substance Abuse** is a problem in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for reducing the **Substance Abuse** problem in your community? *Please share below.*

Health Area: Sexual Health

Sexual Health focuses on education and health care services that help maintain sexual health for people of all ages. This includes pregnancy planning and spacing, as well as the prevention of unintended pregnancy and sexually transmitted infections (STIs) such as chlamydia, HIV and gonorrhea.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Sexual Health** resources (pregnancy planning, STI prevention, education, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Moderate Strength *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Major Strength *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Not enough Info *(If checked, skip to next health area: Tobacco/Nicotine Use)*

2.) Have you tried to access **Sexual Health** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

3.) Were you able to access the resources you were seeking? Please select one.

- Yes *(If yes, skip to question 6)*
- No

4.) If no, what were your barriers to accessing **Sexual Health** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Sexual Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Sexual Health** education would you benefit from? *Please select all that apply.*

- Pregnancy and STI prevention (birth control, sexual health 101)
- Pregnancy planning and spacing
- How to talk with your children about sexual health
- Age appropriate sexual health education
- Healthy couple relationships
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Sexual Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing **Sexual Health** resources in your community? *Please share below.* _____

Health Area: Tobacco/Nicotine Use

Tobacco/nicotine use includes cigarettes, chewing tobacco and E-cigarettes.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe access to **Tobacco/Nicotine Use** resources (products and services to help quit tobacco/nicotine use, counseling, and/or local support groups) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Chronic Disease**)*
- Moderate Strength *(If checked, skip to next health area: **Chronic Disease**)*
- Major Strength *(If checked, skip to next health area: **Chronic Disease**)*
- Not enough Info *(If checked, skip to next health area: **Chronic Disease**)*

3.) Have you tried to access **Tobacco/Nicotine Use** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Tobacco/Nicotine Use** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Tobacco/Nicotine Use** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Tobacco/Nicotine Use** education would you benefit from? *Please select all that apply.*

- The health risks related to the use of tobacco/nicotine
- The health risks related to the use of E-cigs/Vaporizers
- The health risks of tobacco/nicotine/E-cigs use during pregnancy
- Resources that can provide help
- How to talk to a loved one about their tobacco/nicotine use
- The availability of patches and prescription drugs to help quit
- Other, please list: _____

OPTIONAL: In your experience, why do you think there is a **Tobacco/Nicotine Use** problem in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for fixing the **Tobacco/Nicotine Use** problem in your community? *Please share below.* _____

Health Area: Chronic Disease

Chronic Disease involves illnesses that last a long time, usually cannot be cured, and often result in disability. It includes health concerns such as arthritis, cancer, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD) and obesity.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe access to **Chronic Disease** prevention and management resources (medical care, rehabilitation services, educational classes, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Mental Health**)*
- Moderate Strength *(If checked, skip to next health area: **Mental Health**)*
- Major Strength *(If checked, skip to next health area: **Mental Health**)*
- Not enough Info *(If checked, skip to next health area: **Mental Health**)*

3.) Have you tried to access **Chronic Disease** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? Please select one.

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Chronic Disease** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Chronic Disease** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Chronic Disease** education would you benefit from? *Please select all that apply.*

- Childhood obesity prevention and treatment services
- Chronic disease self-management classes
- Diabetes prevention and self-management classes
- Free or low cost chronic disease health screenings
- Free or low cost weight management programs
- Healthy food options at community events
- Other: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Chronic Disease** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Chronic Disease** resources in your community? *Please share below.*

Health Area: Mental Health

Mental health focuses on achieving and maintaining a healthy mental outlook. It includes services and support to guide how we think, act, and feel as we handle stress, relate to others, and make choices. This can include depression, anxiety, PTSD, self-harm, and suicide.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Mental Health** resources (such as qualified providers, treatment options, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Oral Health**)*
- Moderate Strength *(If checked, skip to next health area: **Oral Health**)*
- Major Strength *(If checked, skip to next health area: **Oral Health**)*
- Not enough Info *(If checked, skip to next health area: **Oral Health**)*

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3.) Have you tried to access **Mental Health** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No (*If no, skip to question 6*)

4.) Were you able to access the resources you were seeking? Please select one.

- Yes (*If yes, skip to question 6*)
- No

5.) If no, what were your barriers to accessing **Mental Health** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Mental Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Mental Health** education would you benefit from? *Please select all that apply.*

- Available mental health resources in the community
- How to treat or prevent mental health issues
- How to reduce or prevent self-harm and/or suicide
- How to deal with a mental health emergency
- How to talk about mental health issues with others
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Mental Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increase access to **Mental Health** resources in your community? *Please share below.* _____

Health Area: Oral Health

Oral Health focuses on keeping teeth, gums and mouth healthy. Topics include:

- Flossing
- Brushing
- Regular check-ups at the dentist (every 6 months)
- Fluoride supplements

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Oral Health** care is a strength or a weakness in your community? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: **Serious Infections***)
- Moderate Strength (*If checked, skip to next health area: **Serious Infections***)
- Major Strength (*If checked, skip to next health area: **Serious Infections***)
- Not enough Info (*If checked, skip to next health area: **Serious Infections***)

3.) Have you had any problems accessing **Oral Health** care in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Oral Health** care? *Please select all that apply.*

- Time
- Money
- Transportation
- Availability
- Not a priority for me
- Do not have insurance
- Local dental care providers do not accept BadgerCare/Medicare
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Oral Health** care when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Oral Health** care education would you benefit from? *Please select all that apply.*

- The importance of daily brushing/flossing
- A list of local dental care providers that accept BadgerCare/Medicare
- What is fluoride and why is it added to drinking water
- How oral health affects overall health
- The impact different foods and drinks have on oral health
- Well water testing for fluoride
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Oral Health** care in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for increasing access to **Oral Health** care in your community? *Please share below.*

Health Area: Serious Infections

Serious infections are sicknesses that you can catch from other people, bugs, animals or food. They can be passed from person to person or animal to person. This health area also includes ways to prevent and stop the spread of these infections. It includes getting sick from germs that cause:

- Influenza
- Measles
- Food poisoning
- Whooping cough
- Rabies

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe **Serious Infection** prevention and control is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Family Health)*
- Moderate Strength *(If checked, skip to next health area: Family Health)*
- Major Strength *(If checked, skip to next health area: Family Health)*
- Not enough Info *(If checked, skip to next health area: Family Health)*

3.) Have you had any problems accessing **Serious Infection** prevention and control resources in Dunn County in the last three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what were your barriers to accessing **Serious Infection** prevention and control resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Serious Infections** prevention and control resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Serious Infection** prevention and control education would you benefit from? *Please select all that apply.*

- Immunizations/shots
- Personal hygiene
- When to stay home from work
- Safely preparing and serving food
- Pet vaccinations
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Serious Infection** prevention and control resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to **Serious Infection** prevention and control resources in your community? *Please share below.* _____

Health Area: Family Health

Family Health focuses on relationships between family members which may impact one’s physical, mental, and emotional health. Family Health includes:

- Family relationships and isolation
- Preventative health care (i.e. regular check-ups)
- Information on human growth and development
- Adapting well when something bad happens (also known as resilience)
- Child and elder care

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Family Health** resources is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (If checked, skip to next health area: **Healthy Environment**)
- Moderate Strength (If checked, skip to next health area: **Healthy Environment**)
- Major Strength (If checked, skip to next health area: **Healthy Environment**)
- Not enough Info (If checked, skip to next health area: **Healthy Environment**)

3.) Have you had any problems accessing **Family Health** resources in Dunn County in the last three years? *Please select one.*

- Yes
- No (If no, skip to question 5)

4.) If yes, what were your barriers to accessing **Family Health** resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Family Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Family Health** education would you benefit from? *Please select all that apply.*

- How to cope when bad things happen to you
- Normal child growth and development
- Where to go for affordable healthcare coverage
- Prenatal Education
- Resources for child care
- Resources for elder care
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Family Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to **Family Health** resources in your community? *Please share below.* _____

Health Area: Healthy Environment

Healthy Environment focuses on the things in our water, air and food that can make us sick. Topics include:

- Safe drinking water from personal wells or city taps
- Safe lakes and rivers for recreation
- Clean air to breathe
- Raw and prepared foods that are safe to eat

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to a **Healthy Environment** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Community Safety**)*
- Moderate Strength *(If checked, skip to next health area: **Community Safety**)*
- Major Strength *(If checked, skip to next health area: **Community Safety**)*
- Not enough Info *(If checked, skip to next health area: **Community Safety**)*

3.) Overall, do you believe Dunn County has a **Healthy Environment**? *Please select one.*

- Yes *(If yes, skip to question 5)*
- No

4.) If no, what makes Dunn County an Unhealthy Environment? *Please select all that apply.*

- Unsafe drinking water
- Unsafe lakes and rivers
- Poor air quality
- Poor/Unsafe food quality
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County live in a **Healthy Environment**? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Healthy Environment** education would you benefit from? *Please select all that apply.*

- Water/well testing
- Environmentally friendly chemical application practices
- Air quality standards
- Safe water recreation
- Raw and prepared foods that are safe to eat
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of a **Healthy Environment** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing a **Healthy Environment** in your community? *Please share below.* _____

Health Area: Community Safety

Community Safety focuses on preventing harm from injuries or violence at home, work, school or on the road. Topics include:

- Physical injuries due to slips, falls and other accidents
- Outdoor recreation
- Water safety
- Poisoning
- Car accidents
- Abuse in the home
- Crime

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe that **Community Safety** is a strength or weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Health at Work**)*
- Moderate Strength *(If checked, skip to next health area: **Health at Work**)*
- Major Strength *(If checked, skip to next health area: **Health at Work**)*
- Not enough Info *(If checked, skip to next health area: **Health at Work**)*

3.) Have you had any problems with **Community Safety** in Dunn County in the last three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what are some reasons for a lack of **Community Safety** in Dunn County? *Please select all that apply.*

- Unsafe walkways/roadways
- Crime
- Not enough police
- Abuse in the home
- Weapon-related concerns
- Drug and/or alcohol related concerns
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County feel safe in the community? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Community Safety** education would you benefit from? *Please select all that apply.*

- How to start a neighborhood watch
- Weapon safety (bow/crossbow/gun)
- Help for getting out of a dangerous relationship
- Recreational Safety
- Drowning prevention
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Community Safety** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing **Community Safety** in your community? *Please share below.* _____

Health Area: Health at Work

Health at work focuses on preventing illnesses and injuries from workplace hazards. Topics include:

- Exposure to chemicals or radiation
- Exposure to infection
- Overuse injuries
- Unsafe work practices or tools

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe **Health at Work** is a strength or weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: **Social Support**)*
- Moderate Strength *(If checked, skip to next health area: **Social Support**)*
- Major Strength *(If checked, skip to next health area: **Social Support**)*
- Not enough Info *(If checked, skip to next health area: **Social Support**)*

3.) Have you had any issues with **Health at Work** in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what were your **Health at Work** issues? *Please select all that apply.*

- Exposure to chemicals or radiation
- Exposure to infection
- Overuse injuries
- Unsafe work practices or tools
- Scheduled to work too many hours
- Other, please list: _____

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5.) Do you believe that the majority of people in Dunn County have a **Healthy Work** environment? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Health at Work** education would you benefit from? *Please select all that apply.*

- Ergonomics (work station) and injury prevention
- Harassment prevention and management education
- Mental health and/or substance abuse supports
- Stress management tools
- Tobacco cessation support
- Workplace safety training
- Workers' rights
- Other please explain: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Healthy Work** environments in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing the number of **Healthy Work** environments in your community? *Please share below.*

Health Area: Social Support

Social Support focuses on creating and preserving positive community connections which can lead to improved community relations and better access to resources. Topics include:

- Volunteerism
- Community groups or activities (i.e. Faith-based organizations, Lions Club, Rotary, etc.)

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Social Support** activities is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Safe and Quality Housing*)
- Moderate Strength (*If checked, skip to next health area: Safe and Quality Housing*)
- Major Strength (*If checked, skip to next health area: Safe and Quality Housing*)
- Not enough Info (*If checked, skip to next health area: Safe and Quality Housing*)

3.) Have you had any problems accessing **Social Support** resources (community groups and activities, volunteer organizations, etc.) in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Social Support** resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- A lack of groups/organizations I am interested in joining
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Social Support** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What types of **Social Support** information would you benefit from? *Please select all that apply.*

- Local community service organizations
- Local faith-based organizations
- Local community clubs
- Local volunteer opportunities
- Mental/physical health benefits associated with **Social Support**
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Social Support** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Social Support** resources in your community? *Please share below.*

Health Area: Safe and Quality Housing

Safe and quality housing focuses on affordable housing that can protect us from extreme weather and provide safe environments for families and individuals to live, learn, grow, and form social bonds.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Safe and Quality Housing** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Transportation)*
- Moderate Strength *(If checked, skip to next health area: Transportation)*
- Major Strength *(If checked, skip to next health area: Transportation)*
- Not enough Info *(If checked, skip to next health area: Transportation)*

3.) Have you had any problems accessing **Safe and Quality Housing** in the last three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what were your barriers to accessing **Safe and Quality Housing**? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Safe and Quality Housing** when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Safe and Quality Housing** education would you benefit from? *Please select all that apply.*

- Low income housing options
- Programs/resources for saving money on heating/cooling costs (weatherization)
- Health and structural safety inspections (mold, lead paint, insect infestation, etc.)
- Knowing your renters' rights
- Resources for landlords
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Safe and Quality Housing** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Safe and Quality Housing** in your community? *Please share below.*

Health Area: Transportation

Transportation focuses on having access to reliable transportation (owned, shared, or public) to get people to where they need to go, when they need to get there.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe access to reliable **Transportation** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next section: **Demographics**)*
- Moderate Strength *(If checked, skip to next section: **Demographics**)*
- Major Strength *(If checked, skip to next section: **Demographics**)*
- Not enough Info *(If checked, skip to next section: **Demographics**)*

3.) Have you had any problems accessing reliable **Transportation** (owned, shared or public) in Dunn County in the last three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what were your barriers to accessing reliable **Transportation** (owned, shared, or public) in Dunn County? *Please select all that apply.*

- Time
- Money
- Availability
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to reliable **Transportation** (owned, shared, or public)? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of reliable **Transportation** education would you benefit from? *Please select all that apply.*

- Basic car care
- Public transit options
- Gas money assistance
- Safe biking routes
- Ride sharing
- Other, please list: _____

7.) Have you used the public bus system in Dunn County? *Please select one.*

- Yes
- No, I have not needed to use public transportation.
- No, I was not aware of public transportation in Dunn County.
- No, the public transportation did not arrive/depart when I needed it to.
- No, I did not feel safe using public transportation.
- No, the public transportation did not go where I needed to go. Location: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to reliable **Transportation** (owned, shared, or public) in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to reliable **Transportation** (owned, shared, or public) in your community? *Please share below.* _____

Section: Demographics

Congratulations! You are almost done with the survey! Please take the last few moments to complete a few demographic questions. As a reminder, all of your responses are confidential and will not be linked back to you.

What is your gender? *Please check one.*

- Male
- Female
- Non-Binary or Third Gender
- I self describe as: _____
- Prefer not to say

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Which category below includes your age? *Please select one.*

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 or older

Race and Ethnicity: I identify as:

Please select all that apply.

- Asian
- Black/African
- Caucasian/White
- Hispanic/Latinx
- Native American
- Native Hawaiian or Pacific Islander
- Prefer not to answer
- I identify as: _____

What is the highest level of school you have completed or the highest degree you have received? *Please select one.*

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor's degree
- Graduate degree (Master's, Ph.D., M.D., etc.)
- Prefer not to answer.

Estimated household income. How much total combined money did all members of your household earn in 2018? *Please select one.*

- \$0 – \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 – \$69,999
- \$70,000 – \$79,999
- \$80,000 – \$89,999
- \$90,000 – \$99,999
- \$100,000 or more
- Prefer not to answer

Number of People in Household: _____

Do you have medical insurance? *Please select one.*

- Yes
- No
- Unsure
- Prefer not to say

Do you consider yourself to have a Disability (Different Ability)? *Please select one.*

- Yes
- No
- Prefer not to say

This space is for you to share anything else you would like to share.

Thank you so much for taking the time to fill out our survey! Final survey results will be shared at a community event on July 16th, 2019 at UW-Stout.

If you are interested in one or more of the following opportunities:

- Learning more about volunteer opportunities in Dunn County.
- Being sent an invitation to the community event on July 16th, 2019.
- Being added to our email list so we can alert you of new educational opportunities in the area.

Please go to this link so we can have someone connect with you: <https://tinyurl.com/DunnConnect>

If you have any questions or concerns about the survey, please contact one of the following Dunn County Health Needs Assessment Committee members:

Stephanie Hintz of the Extension Dunn County
smhintz@co.dunn.wi.us | 715-232-1636

Tyler Jackels of the United Way of Dunn County
volunteer@uwaydunn.org | 715-231-3066

Once survey is completed, please return it prior to April 1st at 4:30pm to (1) location you picked it up, (2) Dunn County Public Health, or (3) Dunn County UW-Extension (3001 US Highway 12 East, Suite 102, Menomonie, WI 54751)