Waukesha County
Community Health Survey Report
2026

Commissioned By:
Ascension Wisconsin
Aurora Health Care
Froedtert ThedaCare
ProHealth Care
Waukesha County Public Health Department

Prepared By:
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Purpose

The purpose of this project is to provide Waukesha County with information from an assessment of the health status of county residents. Primary objectives are to:

1. Gather specific health data and opinions of the adult population.
2. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert ThedaCare, ProHealth Care and Waukesha County Public Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 450-1991 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Waukesha County Public Health Department at (262) 896-8430.

Methodology

Data Collection
A 62-question online survey was developed by sponsors and other interested organizations. Flyers with the survey QR code and web address were placed in public locations throughout the county including government agencies, health care systems, non-profit organizations, public businesses and events. Press releases and website postings were also used to alert residents to the study. A Spanish version of all communication tools and the survey were also available. Data collection was conducted between April 22 and June 30, 2026. A total of 1,429 valid completed surveys were used for analysis. Post-stratification was conducted by age group and gender from the 2024 American Community Survey to be representative of all adults 18 years old and older in the county.

Margin of Error
With a sample size of 1,429, we can be 95% sure that the sample percentage reported would not vary by more than ±3 percent from what would have been obtained by interviewing all persons 18 years old and older in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ±3 percent, since fewer respondents are in that category (e.g., adults who were asked about the reason for unmet medical care).

What do the Percentages Mean?
In 2024, the Census Bureau estimated 331,997 adult residents lived in Waukesha County. Thus, in this report, one percentage point equals approximately 3,320 adults. So, when 12% of respondents reported their health was fair or poor, this roughly equals 39,840 residents ±9,960 individuals. Therefore, from 29,880 to 49,800 residents likely have fair or poor health. Because the margin of error is ±3%, events or health risks that are small will include zero.

In 2024, the Census Bureau estimated 170,197 occupied housing units in Waukesha County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2024 household estimate, each percentage point for household-level data represents approximately 1,700 households.

Definitions
Certain variables were recoded for better analysis and are listed below.

Difficulty Paying Monthly Bills: Difficulty paying monthly bills was used to look at lower income households. Although this is not a perfect representation of household income, research has shown that it is useful (Quality Life Research, 2016 September; 25(9): 2233-2237). The question (Q27) asked "How difficult is it for you to meet the monthly payments on your bills?" Response categories included not at all difficult, slightly difficult, somewhat difficult, very difficult and extremely difficult. For this study, the variable was combined into three categories: no difficulty, slightly/somewhat difficult and very/extremely difficult.

Demographic Profile
The following table includes the weighted demographic breakdown of respondents in the county.

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2026 (Q27, Q48 – Q52, Q60 & Q61)[①]

	Survey Results
TOTAL	100%
Gender	
Female	46%
Male	45
No Answer	9
Age	
18 to 34	21%
35 to 44	16
45 to 54	15
55 to 64	17
65 and Older	25
No Answer	7
Race/Ethnicity	
Respondent of Color	10
White	78
No answer	12
Education	
High School Graduate or Less	8%
Some Post High School	24
College Graduate	62
No Answer	6
Difficulty Paying Monthly Bills	
Not Difficult	51%
Slightly/Somewhat Difficult	38
Very/Extremely Difficult	8
Children in Household	
Yes	23
No	39
No Answer	38

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

How to Read the Report

Statistical Significance
The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of male respondents reporting family are seen and listened to when they receive health care (86%) and the percentage of female respondents reporting this (83%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation
Data that has been found "statistically significant" and "not statistically significant" are both important for stakeholders to better understand county residents as they work on action plans. Additionally, demographic cross-tabulations provide information on whether or not there are statistically significant differences within the demographic categories (gender, age, race/ethnicity, education, difficulty paying monthly bills and children in household). Finally, Healthy People 2030 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup
1) Executive Summary—The Executive Summary includes a data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2030 goals, wherever possible. Also included is a summary of the key findings for each topic.
2) Key Findings—The Key Findings are broken down by:
    a. Main Topics—overarching topics such as Rating Their Own Health, Health Information and Health Care Services and Providers. Each main topic starts on a new page and is in **bold** in the report.
    b. Key Findings—The paragraph summarizes 2026 demographic findings of survey questions included in the main topic.
    c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, "Health Care Provider for Regular Check-Ups" and "Get Appointment for Health Needs Quickly" are two of the sub-topics within Health Care Services and Providers.
        i. Recommendations and/or Healthy People 2030 goals—*italicized* statements immediately after the sub-topic title, where possible.
        ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
        iii. <u>2026 Findings</u>
            1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
            2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2026. It compares the highest and lowest percentages. The order of bullets is gender, age, race/ethnicity, education, difficulty paying monthly bills and children in household. Open bullets are used to indicate fewer respondents.
        iv. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for "2026 Findings." Statistically significant demographic differences are indicated by a [1,2]. The table includes the survey question number in the title.
3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from the Appendix as a result of rounding, recoding variables or response category distribution.

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and opinions of Waukesha County residents. The following data are highlights of the comprehensive study.

	Waukesha	
Rating Their Own Health	2023	2026
Excellent/Very Good [WI: 48% & US: 47% (2024)]	53%	54%
Good [WI: 33% & US: 35% (2024)]	37%	34%
Fair or Poor [WI: 19% & US: 19% (2024)]	11%	12%
Health Information	Waukesha	
Trusted Source for Health Information	2023	2026
Hospitals, Clinics or Health Care Providers	--	79%
Internet	--	39%
National Health Organizations	--	29%
Family/Friends/Neighbors	--	29%
State Health Department	--	19%
Local Health Department	--	17%
Print Materials	--	9%
AI	--	9%
Social Media	--	8%
Faith-Based Organizations	--	5%
Community-Based Organizations	--	4%
TV	--	3%
Don't Know Where to Find	--	4%
Health Information Source Most Often Used in Past Year		
Hospitals, Clinics or Health Care Providers	--	72%
Internet	--	47%
Family/Friends/Neighbors	--	29%
National Health Organizations	--	21%
Social Media	--	14%
AI	--	11%
State Health Department	--	10%
Print Materials	--	9%
Local Health Department	--	8%
Faith-Based Organizations	--	3%
Community-Based Organizations	--	3%
	Waukesha	
Health Care Services and Providers	2023	2026
Health Care Provider for Regular Check-Ups	--	91%
Get Appointment for Health Needs Quickly	--	73%
Family are Seen and Listened to When Respondent Receives Health Care	--	84%
Seen and Listened to When Child/Children are Receiving Health Care	--	88%
Primary Health Care Services in Past Year		
Doctor or Nurse Practitioner's Office	--	83%
Urgent Care Center	--	57%
Hospital Emergency Room	--	22%
Virtual Health/Tele-Medicine/Telehealth/Electronic Visit	--	19%
Worksite Clinic	--	12%
Alternative Medicine Locations	--	9%
Quickcare Clinic/Fastcare Clinic	--	5%

	Waukesha	
Prescription Medication Not Taken in Past Year	2023	2026
Prescription Medication Not Taken [HP2030 Goal: 6%] [US: 6% (2024)]	--	14%

	Waukesha	
Unmet Medical Care in Past Year	2023	2026
Unmet Medical Care [HP2030 Goal: 6%] [WI: 10% & US: 12% (2024)]	--	15%
Reasons for Unmet Medical Care		
Cannot Afford	--	50%
Insurance Did Not Cover It	--	41%
Co-Payments Too High	--	39%
Unable to Get Appointment	--	33%
Inconvenient Hours	--	20%
Not Enough Time	--	14%
Uninsured	--	13%
Specialty Physician Not in Area	--	13%

	Waukesha	
Unmet Dental Care in Past Year	2023	2026
Unmet Dental Care [HP2030 Goal: 19%] [US: 18% (2023)]	--	17%
Reasons for Unmet Dental Care		
Cannot Afford	--	52%
Insurance Did Not Cover It	--	37%
Co-Payments Too High	--	27%
Uninsured	--	20%
Not Enough Time	--	18%
Unable to Get Appointment	--	16%
Inconvenient Hours	--	15%
Poor Dental Care Available	--	14%
Don’t Know Where to Go	--	9%

	Waukesha	
Unmet Mental Health Care in Past Year	2023	2026
Unmet Mental Health Care [US: 5% (2025)]	25%	13%
Reasons for Unmet Mental Health Care		
Cannot Afford	--	43%
Unable to Get Appointment	--	36%
Insurance Did Not Cover It	--	32%
Co-Payments Too High	--	30%
Don’t Know Where to Go	--	24%
Not Enough Time	--	23%
Poor Mental Health Care Available	--	22%
Inconvenient Hours	--	18%
Specialty Physician Not in Area	--	12%
Uninsured	--	11%

	Waukesha	
Unmet Alcohol or Drug Abuse Treatment in Past Year	2023	2026
Unmet Alcohol or Drug Abuse Treatment	--	<1%

	Waukesha	
Economic Hardships in Household	2023	2026
Ability to Feed Household		
Can Afford, Easy to Access	--	83%
Can Afford, Difficult to Access	--	3%
Cannot Afford, Regardless of Accessibility	--	12%
Difficult Paying Monthly Bills (Very/Extremely)	--	8%
Enough Money for Basic Needs (Never/Rarely)	--	9%
Able to Cover Household Expenses if Out of Work for Three Months (Not at All Confident)	--	21%
Use Assistance Program or Other Support Program if Needed (Strongly Disagree/Disagree)	--	16%
Have Place to Live Today, but Worried about Losing it in Future/No Reliable Place	--	11%
Difficult Getting or Keeping Job to Pay Monthly Bills	--	9%

	Waukesha	
Social Connection	2023	2026
Felt Lonely or Isolated (Always/Often)	--	12%
Have Close Friends, Family or Other Supports Can Depend On	--	92%
Involved in Faith-Based, Community or Service Organization	--	42%
Wished Faith-Based, Community or Service Organizations were Available in Community	--	19%

	Waukesha	
County Services	2023	2026
Affordable Health Care Services	--	53%
Quality Health Care Services	--	87%
Childcare, Daycare, Pre-School Resources are Available	--	31%
Affordable Places to Live	--	36%
Safe Places to Live	--	92%
Variety of Accessible Places to Walk	--	84%
Feel Safe Walking	--	85%
Affordable Public Transportation Options	--	28%
Public Transportation Easy to Use	--	16%
Decisions Made in County with Resident Participation Strongly Agree/Agree	--	30%

	Waukesha	
Unfair Treatment in County	2023	2026
Household Member Experienced Unfair Treatment in County (Past Year)	--	12%

	Waukesha	
Top County Health Conditions or Behaviors	2023	2026
Mental Health, Mental Conditions and Suicide	--	56%
Substance Misuse	--	34%
Nutrition, Physical Activity and Obesity	--	30%
Chronic Diseases	--	26%
Communicable Diseases	--	9%
Intimate Partner and Domestic Violence	--	7%
Maternal, Infant and Child Health	--	7%
Unintentional Injury	--	5%
Reproductive Health, Sexual Health and Sexually Transmitted Infections	--	3%

	Waukesha	
Top County Social or Economic Issues	2023	2026
Accessible, Affordable and Quality Health Care	--	45%
Safe and Affordable Housing	--	29%
Economic Stability and Employment	--	17%
Affordable Childcare	--	16%
Access to Social Services	--	13%
Community Violence and Crime	--	12%
Environmental Health	--	12%
Accessible and Affordable Transportation	--	9%
Social Connectedness and Belonging	--	8%
Education Access and Quality	--	6%
Food Insecurity	--	6%
Family and Parenting Support	--	5%

	Waukesha	
Issues for Children in County	2023	2026
Mental Health	--	42%
Internet/Social Media Use/Abuse	--	40%
Bullying	--	20%
Vaping, Juuling, and E-Cigarette Use	--	14%
Physical Activity and Exercise	--	10%
Other Illegal Drugs, Except Marijuana	--	10%
Marijuana, Weed, Gummies, and Edibles	--	9%
Nutrition and Eating Habits	--	9%
Alcohol Use	--	5%

Rating Their Own Health

In 2026, 54% of respondents reported their health as excellent or very good; 12% reported fair or poor. Respondents who were female, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report fair or poor health. *From 2023 to 2026, there was no statistical change in the overall percent of respondents who reported fair or poor health.*

Trusted Source for Health Information

In 2026, respondents were asked to select their three most trusted health information sources out of a list of 12 provided. Seventy-nine percent of respondents reported hospitals, clinics, or health care providers, 39% reported the Internet while 29% each reported national health organizations or family/friends/neighbors were their trusted source for health information. Respondents who were female, 45 and older, white or with a college education were more likely to report hospitals, clinics, or health care providers. Respondents 35 to 44 years old or with a college education were more like to report national health organizations. Respondents who were male, with a high school education or less or without children in the household were more likely to report family/friend/neighbors. Nineteen percent reported state health department while 17% reported local health department; respondents 35 to 44 years old, with a college education or with children in the household were more likely to report each. Nine percent reported print materials; respondents 65 and older or without children in the household were more likely to report this. Nine percent reported AI; male respondents were more likely to report this. Eight percent reported social media; respondents who were male or 18 to 34 years old were more likely to report this. Five percent of respondents reported faith-based organizations as a trusted source; respondents who were male, 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Four percent reported community-based organizations; respondents with any difficulty paying monthly bills were more likely to report this. Three percent reported TV as a trusted source; respondents 65 and older or with some post high school education were more likely to report this. Four percent of respondents reported they don't know

where to go for a trusted source for health information; respondents 35 to 44 years old, 55 to 64 years old, with a high school education or less or with any difficulty paying monthly bills were more likely to report this.

Health Information Source Most Often Used

In 2026, respondents were asked to select their three most often used health information sources in the past year out of 12 provided. Seventy-two percent of respondents reported they found health information they most often used from hospitals, clinics, or health care providers, 47% reported the Internet, while 29% reported family/friends/neighbors. Respondents who were female, 65 and older, white or with at least some high school education were more likely to report hospitals, clinics or health care providers. White respondents were more likely to report the Internet. Respondents 18 to 34 years old, 65 and older, respondents of color or with a high school education or less were more likely to report family/friend/neighbors. Twenty-one percent reported national health organizations; respondents who were female, 35 to 44 years old, respondents of color or with a college education were more like to report this. Fourteen percent reported social media; respondents who were male, 18 to 34 years old, respondents of color or with a high school education or less were more likely to report this. Eleven percent reported AI; respondents who were male or with at least some post high school education were more likely to report this. Ten percent reported state health department as a health information source most often used; respondents 35 to 44 years old, with a high school education or less, with a college education or with children in the household were more likely to report this. Nine percent reported print materials; respondents 65 and older, with no difficulty or a slightly/somewhat difficult time paying monthly bills or without children in the household were more likely to report this. Eight percent reported local health department; respondents 35 to 44 years old, respondents of color or with children in the household were more likely to report this. Three percent of respondents reported faith-based organizations; respondents who were male, 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Three percent reported community-based organizations as a health information source most often used.

Health Care Services and Providers

In 2026, 91% of respondents reported they have a health care provider where they regularly go for check-ups; respondents who were female, 65 and older, white, with a college education, with no difficulty or a slightly/somewhat difficult time paying monthly bills or with children in the household were more likely to report this. Seventy-three percent of respondents reported they can get an appointment for their health needs quickly; respondents who were male or with no difficulty paying monthly bills were more likely to report this. Eighty-four percent of respondents reported their family are seen and listened to when they receive health care; respondents who were 35 and older, with a college education, with no difficulty paying monthly bills or with children in the household were more likely to report this. Eighty-eight percent of respondents reported they are seen and listened to when their child/children are receiving health care; respondents with a college education or with no difficulty paying monthly bills were more likely to report this. Eighty-three percent of respondents reported in the past year they went to a doctor's or nurse practitioner's office when they were sick. Fifty-seven percent reported urgent care center. Twenty-two percent reported hospital emergency room while 19% reported virtual health/tele-medicine/telehealth/electronic visit. Twelve percent reported worksite clinic, 9% reported alternative medicine locations followed by 5% reporting Quickcare clinic/Fastcare clinic. Respondents 65 and older or with no difficulty paying monthly bills were more likely to report a doctor's or nurse practitioner's office as their primary health care when they were sick. Respondents 35 to 44 years old, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report an urgent care center. Respondents 65 and older were more likely to report a hospital emergency room. Respondents who were female, 35 to 44 years old, with a very/extremely difficult time paying monthly bills or with children in the household were more likely report a virtual health/tele-medicine/telehealth/electronic visit. Respondents 45 to 54 years old, with a college education, with a slightly/somewhat difficult time paying monthly bills or with children in the household were more likely to report a worksite clinic. Respondents who were female or 45 to 64 years old were more likely to report alternative medicine locations. Respondents 35 to 44 years old or with children in the household were more likely to report a Quickcare/clinic/Fastcare clinic as their primary health care.

Prescription Medication Not Taken
In 2026, 14% of respondents reported they had not taken their prescribed medication in the past year due to prescription costs; respondents who were female, 45 to 54 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this.

Unmet Medical Care
In 2026, 15% of respondents reported in the past year they did not receive the medical care needed; respondents who were female, 18 to 34 years old, 45 to 54 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported not receiving medical care needed, 50% reported they cannot afford the care as the reason for the unmet need while 41% reported insurance did not cover it. Thirty-nine percent of respondents reported co-payments too high followed by 33% reporting they were unable to get an appointment. Twenty percent of respondents reported inconvenient hours, 14% reported not enough time while 13% each reported they were uninsured or specialty physician not in area. Respondents who were female, white, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford it. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less or with no difficulty paying monthly bills were more likely to report they were unable to get an appointment. Respondents who were female, 18 to 34 years old, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report inconvenient hours. Respondents who were female or with a high school education or less were more likely to report not enough time. Respondents 18 to 34 years old, respondents of color, with some post high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured. Respondents 35 to 44 years old were more likely to report specialty physician was not in the area.

Unmet Dental Care
In 2026, 17% of respondents reported in the past year they did not receive the dental care needed; respondents who were female, 18 to 34 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported not receiving dental care needed, 52% reported they cannot afford the care as the reason for the unmet need while 37% reported insurance did not cover it. Twenty-seven percent of respondents reported co-payments too high followed by 20% reporting uninsured while 18% reported not enough time. Sixteen percent of respondents reported they were unable to get an appointment while 15% reported inconvenient hours. Fourteen percent of respondents reported poor dental care available followed by 9% reporting they don't know where to go. Respondents who were female, with some post high school education, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they cannot afford it. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured. Respondents 18 to 34 years old, with a college education or without children in the household were more likely to report not enough time. Respondents with no difficulty paying monthly bills were more likely to report they were unable to get an appointment. Respondents who were female, 18 to 34 years old, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report inconvenient hours. Respondents of color, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report poor dental care available.

Unmet Mental Health Care
In 2026, 13% of respondents reported in the past year they did not receive the mental health care needed; respondents who were female, 18 to 54 years old, respondents of color, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who

reported not receiving mental health care needed, 43% reported they cannot afford the care as the reason for the unmet need while 36% reported unable to get an appointment. Thirty-two percent reported insurance did not cover it followed by 30% reporting co-payments too high. Twenty-four percent reported they don't know where to go followed by 23% reporting not enough time while 22% reported poor mental health care available. Eighteen percent reported inconvenient hours followed by 12% reporting specialty physician not in area while 11% reported uninsured. Respondents 18 to 34 years old, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford it. Respondents who were female or white were more likely to report they were unable to get an appointment. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents who were female, with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less were more likely to report not enough time. Respondents with some post high school education, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured. *From 2023 to 2026, there was a statistical decrease in the overall percent of respondents who reported in the past year they did not receive the mental health care they needed*.

Unmet Alcohol or Drug Abuse Treatment

In 2026, less than one percent of respondents reported in the past year they did not receive the alcohol or drug abuse treatment needed.

Economic Hardships

In 2026, 83% of respondents reported they can afford the food they want and can access it easily. Three percent of respondents reported they can afford the food they want but have difficulty accessing it while 12% reported they cannot afford the food they want, regardless of accessibility. Respondents of color or with children in the household were more likely to report they can afford the food they want, but have difficulty accessing it. Respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford the food they want. Eight percent of respondents reported they had a very/extremely difficult time meeting monthly payments on their bills; respondents who were female, 18 to 44 years old, respondents of color or with a high school education or less were more likely to report this. Nine percent of respondents reported they never/rarely had enough money to pay for their basic needs like food, clothing, and housing; respondents 18 to 34 years old, 45 to 54 years old, 65 and older, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Twenty-one percent of respondents were not confident at all that they could cover all their household expenses if they were suddenly without income for three months; respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Sixteen percent of respondents strongly disagreed or disagreed that "I would use an assistance program or other support program to get help if needed"; respondents who were male or with a high school education or less were more likely to report this. Eighty-eight percent of respondents reported they have a steady place to live. Eleven percent reported they have an unsteady place to live (worried about losing current place or not living in a reliable place); respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report this. Of the respondents who reported they were currently employed or temporarily out of work, 9% reported they have difficulty getting or keeping a job that allows them to pay their monthly bills; respondents who were female, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this.

Social Connection

In 2026, 12% of respondents reported they always or often felt lonely or isolated from those around them; respondents 35 to 54 years old or with a very/extremely difficult time paying monthly bills were more likely to report this. Ninety-two percent of respondents reported they have close friends, family, or other supports they can depend on; respondents with a high school education or less or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Forty-two percent of respondents reported they were involved in a faith-based, community, or service organization; respondents 65 and older, with a college education

or with no difficulty paying monthly bills were more likely to report this. Nineteen percent of respondents reported there were faith-based, community, or service organizations they wished were available in their community/neighborhood; respondents 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this.

County Services

In 2026, 53% of respondents reported there were affordable health care services in the county; respondents who were male, with a college education or with no difficulty paying monthly bills were more likely to report this. Eighty-seven percent of respondents reported there were quality health care services; respondents who were male, 65 and older, white, with a college education or with no difficulty paying monthly bills were more likely to report this. Thirty-one percent of respondents reported childcare, daycare or pre-school resources were available for those who need them; respondents with no difficulty paying monthly bills or with children in the household were more likely to report this. Thirty-six percent of respondents reported there were affordable places to live; respondents who were male, white or with no difficulty paying monthly bills were more likely to report this. Ninety-two percent of respondents reported there were safe places to live; respondents who were male, 18 to 54 years old, white or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Eighty-four percent of respondents reported the county has a variety of accessible places to walk; respondents who were male, 65 and older, with some post high school education or less or with no difficulty paying monthly bills were more likely to report this. Eighty-five percent of respondents reported they feel safe walking; respondents who were male or with no difficulty paying monthly bills were more likely to report this. Twenty-eight percent of respondents reported there were affordable public transportation options; respondents 35 to 44 years old or respondents of color were more likely to report this. Sixteen percent of respondents reported the public transportation is easy to use; respondents of color or with a high school education or less were more likely to report this. Thirty percent of respondents strongly agreed or agreed that “Decisions in Waukesha County are made with resident participation”; respondents of color, with a college education or with no difficulty paying monthly bills were more likely to report this.

Unfair Treatment in County

In 2026, 12% of respondents reported in the past year they or someone in their household experienced unfair treatment in the county; respondents with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported they or someone in their household experienced unfair treatment, 12% reported the reason was race/ethnicity, 10% reported disability/health condition while 7% reported sex and 5% reported age. Thirteen percent reported the location of the unfair treatment was a government office while 7% reported their employment and 6% each reported police or school.

Top County Health Conditions or Behaviors

In 2026, respondents were asked to select the top two health conditions or behaviors out of a list of 10 that must be addressed to improve the health of residents. The most often cited were mental health, mental conditions and suicide (56%) or substance misuse (34%). Respondents who were female, 45 to 54 years old, white or with any difficulty paying monthly bills were more likely to report mental health, mental conditions and suicide. White respondents were more likely to report substance misuse as a top health condition or behavior. Thirty percent of respondents reported nutrition, physical activity and obesity; respondents who were male, white or with no difficulty paying monthly bills were more likely to report this. Twenty-six percent of respondents reported chronic diseases as a top health condition or behavior. Nine percent of respondents reported communicable diseases; respondents 35 to 44 years old or 65 and older were more likely to report this. Seven percent of respondents reported intimate partner and domestic violence; respondents 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Seven percent of respondents reported maternal, infant and child health; respondents with children in the household were more likely to report this. Five percent of respondents reported unintentional injury as a top health condition or behavior. Three percent of respondents reported reproductive health, sexual health and sexually transmitted infections; respondents who were male, 18 to 34 years old, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report this.

Top County Social or Economic Issues

In 2026, respondents were asked to select the top two social or economic issues in the county out of 13 listed. The most often cited were accessible, affordable and quality health care (45%) or safe and affordable housing (29%). Respondents 45 and older or with a high school education or less were more likely to report accessible, affordable and quality health care. Respondents who were female, 18 to 44 years old, with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report safe and affordable housing. Seventeen percent of respondents reported economic stability and employment; respondents who were male or respondents of color were more likely to report this. Sixteen percent of respondents reported affordable childcare; respondents 18 to 44 years old, with a college education or with children in the household were more likely to report this. Thirteen percent of respondents reported access to social services as a top issue. Twelve percent of respondents reported community violence and crime; respondents who were male or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Twelve percent of respondents reported environmental health; respondents without children in the household were more likely to report this. Nine percent of respondents reported accessible and affordable transportation; female respondents were more likely to report this. Eight percent of respondents reported social connectedness and belonging; respondents 45 to 54 years old were more likely to report this. Six percent of respondents reported education access and quality; respondents with a high school education or less were more likely to report this. Six percent of respondents reported food insecurity as a top social or economic issue. Five percent of respondents reported family and parenting support; respondents 18 to 44 years old, 55 to 64 years old, with a high school education or less or with children in the household were more likely to report this.

Issues for Children in County

In 2026, respondents were asked to select the top two issues out of a list of 11 that impact children and youth 18 or younger in the county. The most often cited were mental health (42%) or Internet/social media use/abuse (40%). Respondents who were female, 45 to 54 years old, with a college education, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report mental health. Respondents 35 to 44 years old, with a college education or with children in the household were more likely to report Internet/social media use/abuse. Twenty percent of respondents reported bullying; respondents who were female, 65 and older, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report this. Fourteen percent of respondents reported vaping, juuling, and e-cigarette use; respondents 18 to 34 years old, respondents of color or with any difficulty paying monthly bills were more likely to report this. Ten percent of respondents reported physical activity and exercise; respondents who were male, 55 to 64 years old, with some post high school education or less, with no difficulty paying monthly bills or without children in the household were more likely to report this. Ten percent of respondents reported other illegal drugs, except marijuana; respondents who were male, 65 and older, with some post high school education or less or without children in the household were more likely to report this. Nine percent of respondents reported marijuana, weed, gummies, and edibles; respondents 45 to 54 years old or with some post high school education or less were more likely to report this. Nine percent of respondents reported nutrition and eating habits; respondents who were 18 to 34 years old, 65 and older or white were more likely to report this. Five percent of respondents reported alcohol use; respondents who were male, respondents of color or without children in the household were more likely to report this.

Key Findings

Rating Their Own Health (Figures 1 & 2; Table 2)

KEY FINDINGS: In 2026, 54% of respondents reported their health as excellent or very good; 12% reported fair or poor. Respondents who were female, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report fair or poor health.

From 2023 to 2026, there was no statistical change in the overall percent of respondents who reported fair or poor health.

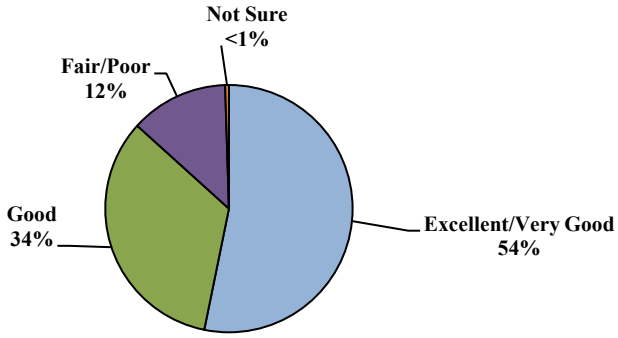
Rating Their Own Health

In 2024, 48% of Wisconsin respondents reported their health as excellent or very good, 33% reported good while 19% reported fair or poor. Forty-seven percent of U.S. respondents reported their health as excellent or very good while 35% reported good and 19% reported fair or poor (2024 Behavioral Risk Factor Surveillance System).

2026 Findings (Table 2)

- Fifty-four percent of respondents said their own health, generally speaking, was either excellent or very good. A total of 12% reported their health was fair or poor.

Figure 1. Rate Own Health for 2026 (Q9)



- Female respondents were more likely to report their health was fair or poor (14%) compared to male respondents (9%).

- Respondents of color were more likely to report their health was fair or poor (18%) compared to white respondents (11%).

- Twenty-six percent of respondents with a high school education or less reported their health was fair or poor compared to 18% of those with some post high school education or 8% of respondents with a college education.

- Thirty-six percent of respondents with a very/extremely difficult time paying monthly bills reported their health was fair or poor compared to 13% of those with a slightly/somewhat difficult time or 7% of respondents with no difficulty paying monthly bills.

- Respondents without children in the household were more likely to report their health was fair or poor (18%) compared to respondents with children (10%).

2023 to 2026 Year Comparisons (Table 2)

- From 2023 to 2026, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2023, gender was not a significant variable. In 2026, female respondents were more likely to report fair or poor health.

- In 2023, race/ethnicity was not a significant variable. In 2026, respondents of color were more likely to report fair or poor health.

- In 2023, education was not a significant variable. In 2026, respondents with a high school education or less were more likely to report fair or poor health.

- In 2023, the presence of children in the household was not a significant variable. In 2026, respondents without children in the household were more likely to report fair or poor health, with a noted increase since 2023.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q9)[①]

	2023	2026
TOTAL	11%	12%
Gender[2]		
Female	12	14
Male	8	9
Age		
18 to 34	10	17
35 to 44	5	9
45 to 54	11	9
55 to 64	18	12
65 and Older	9	12
Race/Ethnicity[2]		
Respondent of Color	15	18
White	11	11
Education[2]		
High School Graduate or Less	15	26
Some Post High School	13	18
College Graduate	10	8
Difficulty Paying Monthly Bills[2]		
Not Difficult	--	7
Slightly/Somewhat Difficult	--	13
Very/Extremely Difficult	--	36
Children in Household[2]		
Yes	12	10
No[a]	11	18

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2023
[2]demographic difference at $p \leq 0.05$ in 2026
[a]year difference at $p < 0.05$ from 2023 to 2026
--not asked in 2023

Rating Their Own Health Overall

Year Comparisons

- From 2023 to 2026, there was no statistical change in the overall percent of respondents who reported fair or poor health.

Figure 2. Fair or Poor Health (Q9)



Trusted Source for Health Information (Table 3)

KEY FINDINGS: In 2026, respondents were asked to select their three most trusted health information sources out of a list of 12 provided. Seventy-nine percent of respondents reported hospitals, clinics, or health care providers, 39% reported the Internet while 29% each reported national health organizations or family/friends/neighbors were their trusted source for health information. Respondents who were female, 45 and older, white or with a college education were more likely to report hospitals, clinics, or health care providers. Respondents 35 to 44 years old or with a college education were more like to report national health organizations. Respondents who were male, with a high school education or less or without children in the household were more likely to report family/friend/neighbors. Nineteen percent reported state health department while 17% reported local health department; respondents 35 to 44 years old, with a college education or with children in the household were more likely to report each. Nine percent reported print materials; respondents 65 and older or without children in the household were more likely to report this. Nine percent reported AI; male respondents were more likely to report this. Eight percent reported social media; respondents who were male or 18 to 34 years old were more likely to report this. Five percent of respondents reported faith-based organizations as a trusted source; respondents who were male, 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Four percent reported community-based organizations; respondents with any difficulty paying monthly bills were more likely to report this. Three percent reported TV as a trusted source; respondents 65 and older or with some post high school education were more likely to report this. Four percent of respondents reported they don't know where to go for a trusted source for health information; respondents 35 to 44 years old, 55 to 64 years old, with a high school education or less or with any difficulty paying monthly bills were more likely to report this.

Trusted Source for Health Information

2026 Findings

- Respondents were asked to select their three most trusted health information sources out of a list of 12 provided. Seventy-nine percent of respondents reported they get information from hospitals, clinics, or health care providers, 39% reported the Internet (Google, websites, etc.), while 29% each reported national health organizations (CDC, FDA, etc.) or family/friends/neighbors. Nineteen percent reported state health department while 17% reported local health department. Nine percent each reported print materials (newspaper, magazines, etc.) or AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.), 8% reported social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.), while 5% reported faith-based organizations. Four percent reported community-based organizations (YMCA, Women's Center, Hope Center, Food Pantry, etc.) followed by 3% reporting TV as a trusted source for health information. Four percent reported they don't know where to find trustworthy health information.

Hospitals, Clinics or Health Care Providers as Trusted Source for Health Information

2026 Findings (Table 3)

- Seventy-nine percent of respondents reported hospitals, clinics or health care providers as a trusted source for health information.

- Female respondents were more likely to report hospitals, clinics or health care providers as a trusted source for health information (83%) compared to male respondents (75%).

- Eighty-three percent of respondents 55 and older and 81% of those 45 to 54 years old reported hospitals, clinics or health care providers as a trusted source for health information compared to 72% of respondents 35 to 44 years old.

- White respondents were more likely to report hospitals, clinics or health care providers as a trusted source for health information (82%) compared to respondents of color (63%).

- Eighty-two percent of respondents with a college education reported hospitals, clinics or health care providers as a trusted source for health information compared to 76% of those with some post high school education or 68% of respondents with a high school education or less.

Internet as Trusted Source for Health Information

2026 Findings (Table 3)

- Thirty-nine percent of respondents reported the Internet (Google, websites, etc.) as a trusted source for health information.

- There were no statistically significant differences between demographic variables and responses of the Internet as a trusted source for health information.

National Health Organizations as Trusted Source for Health Information

2026 Findings (Table 3)

- Twenty-nine percent of respondents reported national health organizations (CDC, FDA, etc.) as a trusted source for health information.

- Thirty-nine percent of respondents 35 to 44 years old reported national health organizations as a trusted source for health information compared to 29% of those 55 to 64 years old or 23% of respondents 65 and older.

- Thirty-five percent of respondents with a college education reported national health organizations as a trusted source for health information compared to 24% of those with some post high school education or 13% of respondents with a high school education or less.

Family/Friends/Neighbors as Trusted Source for Health Information

2026 Findings (Table 3)

- Twenty-nine percent of respondents reported family/friends/neighbors as a trusted source for health information.

- Male respondents were more likely to report family/friends/neighbors as a trusted source for health information (32%) compared to female respondents (25%).

- Forty-six percent of respondents with a high school education or less reported family/friends/neighbors as a trusted source for health information compared to 35% of those with some post high school education or 24% of respondents with a college education.

- Respondents without children in the household were more likely to report family/friends/neighbors as a trusted source for health information (31%) compared to respondents with children (22%).

State Health Department as Trusted Source for Health Information

2026 Findings (Table 3)

- Nineteen percent of respondents reported state health department as a trusted source for health information.
- Thirty percent of respondents 35 to 44 years old reported state health department as a trusted source for health information compared to 16% of those 55 to 64 years old or 12% of respondents 65 and older.
- Twenty-four percent of respondents with a college education reported state health department as a trusted source for health information compared to 12% of respondents with some post high school education or less.
- Respondents with children in the household were more likely to report state health department as a trusted source for health information (28%) compared to respondents without children (18%).

Local Health Department as Trusted Source for Health Information

2026 Findings (Table 3)

- Seventeen percent of respondents reported local health department as a trusted source for health information.
- Twenty-four percent of respondents 35 to 44 years old reported local health department as a trusted source for health information compared to 12% of respondents 55 to 64 years old.
- Nineteen percent of respondents with a college education reported local health department as a trusted source for health information compared to 13% of those with some post high school education or 12% of respondents with a high school education or less.
- Respondents with children in the household were more likely to report local health department as a trusted source for health information (23%) compared to respondents without children (15%).

Print Materials as Trusted Source for Health Information

2026 Findings (Table 3)

- Nine percent of respondents reported print materials (newspaper, magazines, etc.) as a trusted source for health information.
- Nineteen percent of respondents 65 and older reported print materials as a trusted source for health information compared to 6% of those 35 to 54 years old or 5% of respondents 18 to 34 years old.
- Respondents without children in the household were more likely to report print materials as a trusted source for health information (10%) compared to respondents with children (5%).

AI as Trusted Source for Health Information

2026 Findings (Table 3)

- Nine percent of respondents reported AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.) as a trusted source for health information.
- Male respondents were more likely to report AI as a trusted source for health information (10%) compared to female respondents (7%).

Social Media as Trusted Source for Health Information

2026 Findings (Table 3)

- Eight percent of respondents reported social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.) as a trusted source for health information.
- Male respondents were more likely to report social media as a trusted source for health information (10%) compared to female respondents (5%).
- Fourteen percent of respondents 18 to 34 years old reported social media as a trusted source for health information compared to 5% of respondents 35 to 44 years old or 65 and older.

Faith-Based Organizations as Trusted Source for Health Information

2026 Findings (Table 3)

- Five percent of respondents reported faith-based organizations as a trusted source for health information.
- Male respondents were more likely to report faith-based organizations as a trusted source for health information (6%) compared to female respondents (2%).
- Eight percent of respondents 18 to 34 years old reported faith-based organizations as a trusted source for health information compared to 3% of respondents 35 and older.
- Respondents of color were more likely to report faith-based organizations as a trusted source for health information (10%) compared to white respondents (3%).
- Eight percent of respondents with a very/extremely difficult time paying monthly bills reported faith-based organizations as a trusted source for health information compared to 4% of those with no difficulty or 3% of respondents with a slightly/somewhat difficult time paying monthly bills.

Community-Based Organizations as Trusted Source for Health Information

2026 Findings (Table 3)

- Four percent of respondents reported community-based organizations *(*YMCA, Women's Center, Hope Center, Food Pantry, etc.) as a trusted source for health information.

- Six percent of respondents with a slightly/somewhat difficult time paying monthly bills and 5% of those with a very/extremely difficult time reported community-based organizations as a trusted source for health information compared to 2% of respondents with no difficulty paying monthly bills.

TV as Trusted Source for Health Information

2026 Findings (Table 3)

- Three percent of respondents reported TV as a trusted source for health information.
- Respondents 65 and older were more likely to report TV as a trusted source for health information (6%) compared to those 35 to 64 years old (2%) or respondents 18 to 34 years old (less than one percent).
- Respondents with some post high school education reported TV as a trusted source for health information (6%) compared to those with a college education (2%) or respondents with a high school education or less (less than one percent).

Don't Know Where to Find a Trusted Source for Health Information

2026 Findings (Table 3)

- Four percent of respondents reported they don't know where to find a trusted source for health information.
- Eight percent of respondents 55 to 64 years old and 6% of those 35 to 44 years old reported they don't know where to find a trusted source for health information compared to 2% of respondents 18 to 34 years old or 65 and older.
- Thirteen percent of respondents with a high school education or less reported they don't know where to find a trusted source for health information compared to 6% of those with some post high school education or 3% of respondents with a college education.
- Eight percent of respondents with a very/extremely difficult time paying monthly bills and 6% of those with a slightly/somewhat difficult time reported they don't know where to find a trusted source for health information compared to 2% of respondents with no difficulty paying monthly bills.

Table 3. Trusted Source for Health Information by Demographic Variables for 2026 (Up to Three Accepted) (Q10) [Part 1][Φ]

	Hospitals, Clinics or Health Care Providers	Internet	National Health Organizations	Family/ Friends/ Neighbors
TOTAL	79%	39%	29%	29%
Gender				
Female	83[1]	40	31	25[1]
Male	75[1]	39	28	32[1]
Age				
18 to 34	75[1]	42	33[1]	31
35 to 44	72[1]	36	39[1]	21
45 to 54	81[1]	34	30[1]	30
55 to 64	83[1]	42	29[1]	32
65 and Older	83[1]	40	23[1]	29
Race/Ethnicity				
Respondent of Color	63[1]	34	33	30
White	82[1]	39	30	29
Education				
High School Graduate or Less	68[1]	46	13[1]	46[1]
Some Post High School	76[1]	40	24[1]	35[1]
College Graduate	82[1]	37	35[1]	24[1]
Difficulty Paying Monthly Bills				
Not Difficult	81	39	29	29
Slightly/Somewhat Difficult	79	38	32	30
Very/Extremely Difficult	74	34	29	22
Children in Household				
Yes	78	37	31	22[1]
No	82	41	30	31[1]

[Φ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Table 3. Trusted Source for Health Information by Demographic Variables for 2026 (Up to Three Accepted) (Q10) [Part 2][Φ]

	State Health Dept.	Local Health Dept.	Print Materials	AI	Social Media
TOTAL	19%	17%	9%	9%	8%
Gender					
Female	21	18	9	7[1]	5[1]
Male	18	16	10	10[1]	10[1]
Age					
18 to 34	21[1]	15[1]	5[1]	11	14[1]
35 to 44	30[1]	24[1]	6[1]	8	5[1]
45 to 54	24[1]	21[1]	6[1]	9	8[1]
55 to 64	16[1]	12[1]	7[1]	9	7[1]
65 and Older	12[1]	15[1]	19[1]	7	5[1]
Race/Ethnicity					
Respondent of Color	22	22	10	12	10
White	20	17	9	8	8
Education					
High School Graduate or Less	12[1]	12[1]	10	5	10
Some Post High School	12[1]	13[1]	11	10	6
College Graduate	24[1]	19[1]	9	8	8
Difficulty Paying Monthly Bills					
Not Difficult	19	16	11	9	8
Slightly/Somewhat Difficult	20	16	8	7	7
Very/Extremely Difficult	22	21	9	9	7
Children in Household					
Yes	28[1]	23[1]	5[1]	8	7
No	18[1]	15[1]	10[1]	8	7

[Φ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Table 3. Trusted Source for Health Information by Demographic Variables for 2026 (Up to Three Accepted) (Q10) [Part 3][①]

	Faith-Based Organizations	Community-Based Organizations	TV	Don't Know Where to Find
TOTAL	5%	4%	3%	4%
Gender				
Female	2[1]	4	2	3
Male	6[1]	4	3	5
Age				
18 to 34	8[1]	6	<1[1]	2[1]
35 to 44	3[1]	1	2[1]	6[1]
45 to 54	3[1]	4	2[1]	4[1]
55 to 64	3[1]	5	2[1]	8[1]
65 and Older	3[1]	4	6[1]	2[1]
Race/Ethnicity				
Respondent of Color	10[1]	6	<1	3
White	3[1]	4	3	4
Education				
High School Graduate or Less	<1	3	<1[1]	13[1]
Some Post High School	5	4	6[1]	6[1]
College Graduate	4	4	2[1]	3[1]
Difficulty Paying Monthly Bills				
Not Difficult	4[1]	2[1]	3	2[1]
Slightly/Somewhat Difficult	3[1]	6[1]	3	6[1]
Very/Extremely Difficult	8[1]	5[1]	2	8[1]
Children in Household				
Yes	3	3	3	4
No	3	4	2	5

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Health Information Source Most Often Used (Table 4)

KEY FINDINGS: In 2026, respondents were asked to select their three most often used health information sources in the past year out of 12 provided. Seventy-two percent of respondents reported they found health information they most often used from hospitals, clinics, or health care providers, 47% reported the Internet, while 29% reported family/friends/neighbors. Respondents who were female, 65 and older, white or with at least some high school education were more likely to report hospitals, clinics or health care providers. White respondents were more likely to report the Internet. Respondents 18 to 34 years old, 65 and older, respondents of color or with a high school education or less were more likely to report family/friend/neighbors. Twenty-one percent reported national health organizations; respondents who were female, 35 to 44 years old, respondents of color or with a college education were more like to report this. Fourteen percent reported social media; respondents who were male, 18 to 34 years old, respondents of color or with a high school education or less were more likely to report this. Eleven percent reported AI; respondents who were male or with at least some post high school education were more likely to report this. Ten percent reported state health department as a health information source most often used; respondents 35 to 44 years old, with a high school education or less, with a college education or with children in the household were more likely to report this. Nine percent reported print materials; respondents 65 and older, with no difficulty or a slightly/somewhat difficult time paying monthly bills or without children in the household were more likely to report this. Eight percent reported local health department; respondents 35 to 44 years old, respondents of color or with children in the household were more likely to report this. Three percent of respondents reported faith-based organizations; respondents who were male, 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Three percent reported community-based organizations as a health information source most often used.

Health Information Source Most Often Used

2026 Findings

- Respondents were asked to select their three most often used health information sources in the past year out of 12 provided. Seventy-two percent of respondents reported they found health information they most often used from hospitals, clinics, or health care providers, 47% reported the Internet (Google, websites, etc.), while 29% reported family/friends/neighbors. Twenty-one percent reported national health organizations (CDC, FDA, etc.), 14% reported social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.), 11% reported AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.) followed by 10% reporting state health department. Nine percent reported print materials (newspaper, magazines, etc.), while 8% reported local health department. Three percent each reported faith-based organizations or community-based organizations (YMCA, Women's Center, Hope Center, Food Pantry, etc.).

Hospitals, Clinics, or Health Care Providers as Health Information Source Most Often Used

2026 Findings (Table 4)

- Seventy-two percent of respondents reported hospitals, clinics or health care providers as a health information source most often used in the past year.
- Female respondents were more likely to report hospitals, clinics or health care providers as a health information source most often used (76%) compared to male respondents (67%).
- Eighty-two percent of respondents 65 and older reported hospitals, clinics or health care providers as a health information source most often used compared to 66% of those 35 to 44 years old or 61% of respondents 18 to 34 years old.
- White respondents were more likely to report hospitals, clinics or health care providers as a health information source most often used (73%) compared to respondents of color (58%).
- Seventy-four percent of respondents with a college education and 71% of those with some post high school education reported hospitals, clinics or health care providers as a health information source most often used compared to 57% of respondents with a high school education or less.

Internet as Health Information Source Most Often Used

2026 Findings (Table 4)

- Forty-seven percent of respondents reported the Internet (Google, websites, etc.) as a health information source most often used in the past year.
- White respondents were more likely to report the Internet as a health information source most often used (49%) compared to respondents of color (38%).

Family/Friends/Neighbors as Health Information Source Most Often Used

2026 Findings (Table 4)

- Twenty-nine percent of respondents reported family/friends/neighbors as a health information source most often used in the past year.
- Thirty-four percent of respondents 18 to 34 years old or 65 and older reported family/friends/neighbors as a health information source most often used compared to 22% of respondents 35 to 44 years old.
- Respondents of color were more likely to report family/friends/neighbors as a health information source most often used (38%) compared to white respondents (28%).
- Forty-five percent of respondents with a high school education or less reported family/friends/neighbors as a health information source most often used compared to 35% of those with some post high school education or 26% of respondents with a college education.

National Health Organizations as Health Information Source Most Often Used

2026 Findings (Table 4)

- Twenty-one percent of respondents reported national health organizations (CDC, FDA, etc.) as a health information source most often used in the past year.
- Female respondents were more likely to report national health organizations as a health information source most often used (25%) compared to male respondents (19%).
- Twenty-nine percent of respondents 35 to 44 years old reported national health organizations as a health information source most often used compared to 20% of those 55 to 64 years old or 17% of respondents 65 and older.
- Respondents of color were more likely to report national health organizations as a health information source most often used (29%) compared to white respondents (22%).
- Twenty-six percent of respondents with a college education reported national health organizations as a health information source most often used compared to 17% of those with some post high school education or 5% of respondents with a high school education or less.

Social Media as Health Information Source Most Often Used

2026 Findings (Table 4)

- Fourteen percent of respondents reported social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.) as a health information source most often used in the past year.
- Male respondents were more likely to report social media as a health information source most often used (16%) compared to female respondents (11%).
- Thirty percent of respondents 18 to 34 years old reported social media as a health information source most often used compared to 8% of those 45 to 54 years old or 7% of respondents 65 and older.
- Respondents of color were more likely to report social media as a health information source most often used (27%) compared to white respondents (13%).
- Twenty-six percent of respondents with a high school education or less reported social media as a health information source most often used compared to 13% of respondents with at least some post high school education.

AI as Health Information Source Most Often Used

2026 Findings (Table 4)

- Eleven percent of respondents reported AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.) as a health information source most often used in the past year.
- Male respondents were more likely to report AI as a health information source most often used (13%) compared to female respondents (8%).

- Thirteen percent of respondents with some post high school education and 11% of those with a college education reported AI as a health information source most often used compared to less than one percent of respondents with a high school education or less.

State Health Department as Health Information Source Most Often Used

2026 Findings (Table 4)

- Ten percent of respondents reported state health department as a health information source most often used in the past year.

- Twenty percent of respondents 35 to 44 years old reported state health department as a health information source most often used compared to 6% of those 55 to 64 years old or 5% of respondents 65 and older.

- Twelve percent of respondents with a college education and 10% of those with a high school education or less reported state health department as a health information source most often used compared to 7% of respondents with some post high school education.

- Respondents with children in the household were more likely to report state health department as a health information source most often used (17%) compared to respondents without children (8%).

Print Materials as Health Information Source Most Often Used

2026 Findings (Table 4)

- Nine percent of respondents reported print materials (newspaper, magazines, etc.) as a health information source most often used in the past year.

- Nineteen percent of respondents 65 and older reported print materials as a health information source most often used compared to 1% of respondents 18 to 34 years old.

- Ten percent of respondents with no difficulty paying monthly bills and 9% of those with a slightly/somewhat difficult time reported print materials as a health information source most often used compared to 2% of respondents with a very/extremely difficult time paying monthly bills.

- Respondents without children in the household were more likely to report print materials as a health information source most often used (9%) compared to respondents with children (5%).

Local Health Department as Health Information Source Most Often Used

2026 Findings (Table 4)

- Eight percent of respondents reported local health department as a health information source most often used in the past year.

- Thirteen percent of respondents 35 to 44 years old reported local health department as a health information source most often used compared to 6% of those 65 and older or 5% of respondents 55 to 64 years old.

- Respondents of color were more likely to report local health department as a health information source most often used (14%) compared to white respondents (8%).

- Respondents with children in the household were more likely to report local health department as a health information source most often used (13%) compared to respondents without children (8%).

Faith-Based Organizations as Health Information Source Most Often Used

2026 Findings (Table 4)

- Three percent of respondents reported faith-based organizations as a health information source most often used in the past year.

- Male respondents were more likely to report faith-based organizations as a health information source most often used (4%) compared to female respondents (2%).

- Six percent of respondents 18 to 34 years old reported faith-based organizations as a health information source most often used compared to 2% of those 65 and older or less than one percent of respondents 35 to 44 years old.

- Respondents of color were more likely to report faith-based organizations as a health information source most often used (5%) compared to white respondents (3%).

- Eight percent of respondents with a very/extremely difficult time paying monthly bills reported faith-based organizations as a health information source most often used compared to 3% of those with a slightly/somewhat difficult time or 2% of respondents with no difficulty paying monthly bills.

Community-Based Organizations as Health Information Source Most Often Used

2026 Findings (Table 4)

- Three percent of respondents reported community-based organizations (YMCA, Women's Center, Hope Center, Food Pantry, etc.) as a health information source most often used in the past year.

- There were no statistically significant differences between demographic variables and responses of community-based organizations as a health information source most often used.

Table 4. Health Information Source Most Often Used in Past Year by Demographic Variables for 2026 (Up to Three Accepted) (Q11) [Part 1][①]

	Hospitals, Clinics or Health Care Providers	Internet	Family/ Friends/ Neighbors	National Health Organizations	Social Media
TOTAL	72%	47%	29%	21%	14%
Gender					
Female	76[1]	49	27	25[1]	11[1]
Male	67[1]	47	32	19[1]	16[1]
Age					
18 to 34	61[1]	48	34[1]	24[1]	30[1]
35 to 44	66[1]	47	22[1]	29[1]	13[1]
45 to 54	75[1]	45	25[1]	24[1]	8[1]
55 to 64	73[1]	53	28[1]	20[1]	11[1]
65 and Older	82[1]	46	34[1]	17[1]	7[1]
Race/Ethnicity					
Respondent of Color	58[1]	38[1]	38[1]	29[1]	27[1]
White	73[1]	49[1]	28[1]	22[1]	13[1]
Education					
High School Graduate or Less	57[1]	42	45[1]	5[1]	26[1]
Some Post High School	71[1]	44	35[1]	17[1]	13[1]
College Graduate	74[1]	49	26[1]	26[1]	13[1]
Difficulty Paying Monthly Bills					
Not Difficult	75	47	29	22	14
Slightly/Somewhat Difficult	71	48	29	22	11
Very/Extremely Difficult	70	45	31	24	14
Children in Household					
Yes	69	49	28	23	15
No	72	47	28	24	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at $p \leq 0.05$ in 2026

Table 4. Health Information Source Most Often Used in Past Year by Demographic Variables for 2026 (Up to Three Accepted) (Q11) [Part 2][①]

	AI	State Health Dept.	Print Materials	Local Health Dept.	Faith-Based Organizations	Community-Based Organizations
TOTAL	11%	10%	9%	8%	3%	3%
Gender						
Female	8[1]	10	8	9	2[1]	3
Male	13[1]	11	9	7	4[1]	3
Age						
18 to 34	12	9[1]	1[1]	8[1]	6[1]	3
35 to 44	9	20[1]	6[1]	13[1]	<1[1]	3
45 to 54	10	15[1]	7[1]	10[1]	3[1]	3
55 to 64	14	6[1]	6[1]	5[1]	3[1]	1
65 and Older	7	5[1]	19[1]	6[1]	2[1]	4
Race/Ethnicity						
Respondent of Color	10	11	8	14[1]	5[1]	1
White	10	10	9	8[1]	3[1]	3
Education						
High School Graduate or Less	<1[1]	10[1]	5	9	3	3
Some Post High School	13[1]	7[1]	11	6	4	2
College Graduate	11[1]	12[1]	8	9	3	3
Difficulty Paying Monthly Bills						
Not Difficult	11	9	10[1]	7	2[1]	3
Slightly/Somewhat Difficult	10	11	9[1]	9	3[1]	3
Very/Extremely Difficult	8	14	2[1]	9	8[1]	2
Children in Household						
Yes	12	17[1]	5[1]	13[1]	2	2
No	9	8[1]	9[1]	8[1]	3	3

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Health Care Services and Providers (Tables 5 - 9)

KEY FINDINGS: In 2026, 91% of respondents reported they have a health care provider where they regularly go for check-ups; respondents who were female, 65 and older, white, with a college education, with no difficulty or a slightly/somewhat difficult time paying monthly bills or with children in the household were more likely to report this. Seventy-three percent of respondents reported they can get an appointment for their health needs quickly; respondents who were male or with no difficulty paying monthly bills were more likely to report this. Eighty-four percent of respondents reported their family are seen and listened to when they receive health care; respondents who were 35 and older, with a college education, with no difficulty paying monthly bills or with children in the household were more likely to report this. Eighty-eight percent of respondents reported they are seen and listened to when their child/children are receiving health care; respondents with a college education or with no difficulty paying monthly bills were more likely to report this. Eighty-three percent of respondents reported in the past year they went to a doctor's or nurse practitioner's office when they were sick. Fifty-seven percent reported urgent care center. Twenty-two percent reported hospital emergency room while 19% reported virtual health/tele-medicine/telehealth/electronic visit. Twelve percent reported worksite clinic, 9% reported alternative medicine locations followed by 5% reporting Quickcare clinic/Fastcare clinic. Respondents 65 and older or with no difficulty paying monthly bills were more likely to report a doctor's or nurse practitioner's office as their primary health care when they were sick. Respondents 35 to 44 years old, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report an urgent care center. Respondents 65 and older were more likely to report a hospital emergency room. Respondents who were female, 35 to 44 years old, with a very/extremely difficult time paying monthly bills or with children in the household were more likely report a virtual health/tele-medicine/telehealth/electronic visit. Respondents 45 to 54 years old, with a college education, with a slightly/somewhat difficult time paying monthly bills or with children in the household were more likely to report a worksite clinic. Respondents who were female or 45 to 64 years old were more likely to report alternative medicine locations. Respondents 35 to 44 years old or with children in the household were more likely to report a Quickcare/clinic/Fastcare clinic as their primary health care.

Respondents who reported "Not Applicable" were removed from statistical analysis.

Health Care Provider for Regular Check-Ups

2026 Findings (Table 5)

- Ninety-one percent of respondents reported they have a health care provider where they regularly go for check-ups.
- Female respondents were more likely to report they have a health care provider where they regularly go for check-ups (95%) compared to male respondents (87%).
- Ninety-eight percent of respondents 65 and older reported they have a health care provider where they regularly go for check-ups compared to 90% of those 45 to 54 years old or 79% of respondents 18 to 34 years old.
- White respondents were more likely to report they have a health care provider where they regularly go for check-ups (92%) compared to respondents of color (86%).
- Ninety-three percent of respondents with a college education reported they have a health care provider where they regularly go for check-ups compared to 90% of those with a high school education or less or 87% of respondents with some post high school education.

- Ninety-three percent of respondents with no difficulty paying monthly bills and 91% of those with a slightly/somewhat difficult time reported they have a health care provider where they regularly go for check-ups compared to 80% of respondents with a very/extremely difficult time paying monthly bills.

- Respondents with children in the household were more likely to report they have a health care provider where they regularly go for check-ups (93%) compared to respondents without children (88%).

Table 5. Health Care Provider for Regular Check-Ups by Demographic Variables for 2026 (Q12)[①]

	2026
TOTAL	91%
Gender[1]	
Female	95
Male	87
Age[1]	
18 to 34	79
35 to 44	91
45 to 54	90
55 to 64	95
65 and Older	98
Race/Ethnicity[1]	
Respondent of Color	86
White	92
Education[1]	
High School Graduate or Less	90
Some Post High School	87
College Graduate	93
Difficulty Paying Monthly Bills[1]	
Not Difficult	93
Slightly/Somewhat Difficult	91
Very/Extremely Difficult	80
Children in Household[1]	
Yes	93
No	88

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Get Appointment for Health Needs Quickly

2026 Findings (Table 6)

- Seventy-three percent of respondents reported they can get an appointment for their health needs quickly.

- Male respondents were more likely to report they can get an appointment for their health needs quickly (80%) compared to female respondents (68%).

- Seventy-nine percent of respondents with no difficulty paying monthly bills reported they can get an appointment for their health needs quickly compared to 71% of those with a slightly/somewhat difficult time or 47% of respondents with a very/extremely difficult time paying monthly bills.

Table 6. Get Appointment for Health Needs Quickly by Demographic Variables for 2026 (Q13)[D]

	2026
TOTAL	73%
Gender[1]	
Female	68
Male	80
Age	
18 to 34	75
35 to 44	79
45 to 54	68
55 to 64	75
65 and Older	72
Race/Ethnicity	
Respondent of Color	75
White	74
Education	
High School Graduate or Less	75
Some Post High School	72
College Graduate	74
Difficulty Paying Monthly Bills[1]	
Not Difficult	79
Slightly/Somewhat Difficult	71
Very/Extremely Difficult	47
Children in Household	
Yes	76
No	71

[D]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Family are Seen and Listened to When Respondent Receives Health Care

2026 Findings (Table 7)

- Eighty-four percent of respondents reported their family are seen and listened to when the respondent receives health care.

- Eighty-seven percent of respondents 35 to 44 years old or 55 and older and 85% of those 45 to 54 years old reported their family are seen and listened to when they receive health care compared to 77% of respondents 18 to 34 years old.

- Eighty-eight percent of respondents with a college education reported their family are seen and listened to when they receive health care compared to 77% of those with some post high school education or 76% of respondents with a high school education or less.

- Ninety percent of respondents with no difficulty paying monthly bills reported their family are seen and listened to when they receive health care compared to 81% of those with a slightly/somewhat difficult time or 60% of respondents with a very/extremely difficult time paying monthly bills.

- Respondents with children in the household were more likely to report their family are seen and listened to when they receive health care (89%) compared to respondents without children (83%).

Table 7. Family are Seen and Listened to When Respondent Receives Health Care by Demographic Variables for 2026 (Q14)[①]

	2026
TOTAL	84%
Gender	
Female	83
Male	86
Age[1]	
18 to 34	77
35 to 44	87
45 to 54	85
55 to 64	87
65 and Older	87
Race/Ethnicity	
Respondent of Color	79
White	86
Education[1]	
High School Graduate or Less	76
Some Post High School	77
College Graduate	88
Difficulty Paying Monthly Bills[1]	
Not Difficult	90
Slightly/Somewhat Difficult	81
Very/Extremely Difficult	60
Children in Household[1]	
Yes	89
No	83

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Seen and Listened to When Child/Children Receive Health Care

2026 Findings (Table 8)

- Eighty-eight percent of respondents reported they are seen and listened to when their child/children receive health care.

- Ninety-one percent of respondents with a college education reported they are seen and listened to when their child/children receive health care compared to 82% of those with some post high school education or 81% of respondents with a high school education or less.

- Ninety-one percent of respondents with no difficulty paying monthly bills reported they are seen and listened to when their child/children receive health care compared to 87% of those with a slightly/somewhat difficult time or 79% of respondents with a very/extremely difficult time paying monthly bills.

Table 8. Seen and Listened to When Child/Children Receive Health Care by Demographic Variables for 2026 (Q15)[①]

	2026
TOTAL	88%
Gender	
Female	91
Male	87
Age	
18 to 34	90
35 to 44	88
45 to 54	91
55 to 64	88
65 and Older	85
Race/Ethnicity	
Respondent of Color	87
White	89
Education[1]	
High School Graduate or Less	81
Some Post High School	82
College Graduate	91
Difficulty Paying Monthly Bills[1]	
Not Difficult	91
Slightly/Somewhat Difficult	87
Very/Extremely Difficult	79
Children in Household	
Yes	92
No	87

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Primary Health Care Services

2026 Findings

- Eighty-three percent of respondents reported in the past year they went to a doctor's or nurse practitioner's office when they were sick. Fifty-seven percent reported urgent care center. Twenty-two percent reported hospital emergency room while 19% reported virtual health/tele-medicine/telehealth/electronic visit. Twelve percent reported worksite clinic, 9% reported alternative medicine locations, such as acupuncture, homeopathy, chiropractor, etc., followed by 5% reporting Quickcare clinic/Fastcare clinic. Less than one percent reported no usual place.

Doctor's or Nurse Practitioner's Office as Primary Health Care Service

2026 Findings (Table 9)

- Eighty-three percent of respondents reported they went to a doctor's or nurse practitioner's office when they were sick in the past year.

- Ninety percent of respondents 65 and older reported a doctor's or nurse practitioner's office in the past year compared to 79% of those 35 to 44 years old or 77% of respondents 18 to 34 years old.

- Eighty-six percent of respondents with no difficulty paying monthly bills reported a doctor's or nurse practitioner's office compared to 83% of those with a slightly/somewhat difficult time or 73% of respondents with a very/extremely difficult time paying monthly bills.

Urgent Care Center as Primary Health Care Service

2026 Findings (Table 9)

- Fifty-seven percent of respondents reported they went to an urgent care center when they were sick in the past year.

- Sixty-eight percent of respondents 35 to 44 years old reported an urgent care center in the past year compared to 55% of those 65 and older or 50% of respondents 55 to 64 years old.

- Seventy-eight percent of respondents with a very/extremely difficult time paying monthly bills reported an urgent care center compared to 60% of those with a slightly/somewhat difficult time or 53% of respondents with no difficulty paying monthly bills.

- Respondents with children in the household were more likely to report an urgent care center (68%) compared to respondents without children (57%).

Hospital Emergency Room as Primary Health Care Service

2026 Findings (Table 9)

- Twenty-two percent of respondents reported they went to a hospital emergency room when they were sick in the past year.

- Twenty-nine percent of respondents 65 and older reported a hospital emergency room in the past year compared to 17% of those 45 to 54 years old or 16% of respondents 55 to 64 years old.

Virtual Health/Tele-Medicine/Telehealth/Electronic Visit as Primary Health Care Service

2026 Findings (Table 9)

- Nineteen percent of respondents reported they used a virtual health/tele-medicine/telehealth/electronic visit when they were sick in the past year.
- Female respondents were more likely to report a virtual health/tele-medicine/telehealth/electronic visit in the past year (23%) compared to male respondents (16%).
- Thirty-two percent of respondents 35 to 44 years old reported a virtual health/tele-medicine/telehealth/ electronic visit compared to 16% of those 55 to 64 years old or 6% of respondents 65 and older.
- Thirty percent of respondents with a very/extremely difficult time paying monthly bills reported a virtual health/tele-medicine/telehealth/electronic visit compared to 21% of those with a slightly/somewhat difficult time or 17% of respondents with no difficulty paying monthly bills.
- Respondents with children in the household were more likely to report a virtual health/tele-medicine/ telehealth/electronic visit (30%) compared to respondents without children (18%).

Worksite Clinic as Primary Health Care Service

2026 Findings (Table 9)

- Twelve percent of respondents reported they went to a worksite clinic when they were sick in the past year.
- Twenty-one percent of respondents 45 to 54 years old reported a worksite clinic in the past year compared to 2% of respondents 65 and older.
- Fourteen percent of respondents with a college education reported a worksite clinic compared to 8% of those with a high school education or less or 7% of respondents with some post high school education.
- Seventeen percent of respondents with a slightly/somewhat difficult time paying monthly bills reported a worksite clinic compared to 9% of those with no difficulty or 6% of respondents with a very/extremely difficult time paying monthly bills.
- Respondents with children in the household were more likely to report a worksite clinic (19%) compared to respondents without children (6%).

Alternative Medicine Locations as Primary Health Care Service

2026 Findings (Table 9)

- Nine percent of respondents reported they went to alternative medicine locations, such as acupuncture, homeopathy, chiropractor, etc. when they were sick in the past year.
- Female respondents were more likely to report alternative medicine locations in the past year (11%) compared to male respondents (6%).
- Fifteen percent of respondents 55 to 64 years old and 13% of those 45 to 54 years old reported alternative medicine locations compared to 4% of respondents 18 to 34 years old.

Quickcare Clinic/Fastcare Clinic as Primary Health Care Service

2026 Findings (Table 9)

- Five percent of respondents reported they went to a Quickcare clinic/Fastcare clinic when they were sick in the past year.
- Nine percent of respondents 35 to 44 years old reported a Quickcare clinic/Fastcare clinic in the past year compared to 5% of those 55 to 64 years old or 3% of respondents 65 and older.
- Respondents with children in the household were more likely to report a Quickcare clinic/Fastcare clinic (9%) compared to respondents without children (4%).

Table 9. Primary Health Care Service in Past Year by Demographic Variables for 2026 (Multiple Responses Accepted) (Q16) [Part 1]①

	Doctor's or Nurse Practitioner's Office	Urgent Care Center	Hospital Emergency Room	Virtual Health/ Tele-Medicine/ Telehealth/ Electronic Visit
TOTAL	83%	57%	22%	19%
Gender				
Female	85	59	22	23[1]
Male	82	56	20	16[1]
Age				
18 to 34	77[1]	57[1]	23[1]	27[1]
35 to 44	79[1]	68[1]	21[1]	32[1]
45 to 54	82[1]	62[1]	17[1]	25[1]
55 to 64	87[1]	50[1]	16[1]	16[1]
65 and Older	90[1]	55[1]	29[1]	6[1]
Race/Ethnicity				
Respondent of Color	86	53	15	22
White	83	59	22	20
Education				
High School Graduate or Less	78	59	20	17
Some Post High School	82	58	24	19
College Graduate	84	58	21	21
Difficulty Paying Monthly Bills				
Not Difficult	86[1]	53[1]	20	17[1]
Slightly/Somewhat Difficult	83[1]	60[1]	22	21[1]
Very/Extremely Difficult	73[1]	78[1]	29	30[1]
Children in Household				
Yes	85	68[1]	21	30[1]
No	83	57[1]	23	18[1]

①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Table 9. Primary Health Care Service in Past Year by Demographic Variables for 2026 (Multiple Responses Accepted) (Q16) [Part 2][①]

	Worksite Clinic	Alternative Medicine Locations	Quickcare Clinic/Fastcare Clinic
TOTAL	12%	9%	5%
Gender			
Female	12	11[1]	6
Male	11	6[1]	5
Age			
18 to 34	15[1]	4[1]	6[1]
35 to 44	13[1]	5[1]	9[1]
45 to 54	21[1]	13[1]	6[1]
55 to 64	13[1]	15[1]	5[1]
65 and Older	2[1]	8[1]	3[1]
Race/Ethnicity			
Respondent of Color	10	12	6
White	12	8	6
Education			
High School Graduate or Less	8[1]	12	3
Some Post High School	7[1]	7	4
College Graduate	14[1]	9	7
Difficulty Paying Monthly Bills			
Not Difficult	9[1]	9	7
Slightly/Somewhat Difficult	17[1]	7	4
Very/Extremely Difficult	6[1]	10	6
Children in Household			
Yes	19[1]	7	9[1]
No	6[1]	8	4[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Prescription Medication Not Taken (Table 10)

KEY FINDINGS: In 2026, 14% of respondents reported they had not taken their prescribed medication in the past year due to prescription costs; respondents who were female, 45 to 54 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this.

Prescription Medication Not Taken

The Healthy People 2030 goal for people unable to obtain or having to delay needed prescription medicines in the past 12 months is 6%. (Objective AHS-06)

In 2024, 6% of U.S. respondents reported they were unable to obtain or had to delay prescription medicines in the past year (2024 National Health Interview Survey).

2026 Findings (Table 10)

- Fourteen percent of respondents reported in the past year they had not taken their prescribed medication.
- Female respondents were more likely to report they had not taken their prescribed medication in the past year (17%) compared to male respondents (10%).
- Twenty-one percent of respondents 45 to 54 years old reported they had not taken their prescribed medication in the past year compared to 12% of those 55 to 64 years old or 8% of respondents 65 and older.
- Respondents of color were more likely to report they had not taken their prescribed medication in the past year (26%) compared to white respondents (13%).
- Nineteen percent of respondents with a high school education or less and 17% of those with some post high school education reported they had not taken their prescribed medication in the past year compared to 13% of respondents with a college education.
- Fifty-six percent of respondents with a very/extremely difficult time paying monthly bills reported they had not taken their prescribed medication in the past year compared to 17% of those with a slightly/somewhat difficult time or 4% of respondents with no difficulty paying monthly bills.

Table 10. Prescription Medication Not Taken in Past Year by Demographic Variables for 2026 (Q17)[①]

	2026
TOTAL	14%
Gender[1]	
Female	17
Male	10
Age[1]	
18 to 34	18
35 to 44	17
45 to 54	21
55 to 64	12
65 and Older	8
Race/Ethnicity[1]	
Respondent of Color	26
White	13
Education[1]	
High School Graduate or Less	19
Some Post High School	17
College Graduate	13
Difficulty Paying Monthly Bills[1]	
Not Difficult	4
Slightly/Somewhat Difficult	17
Very/Extremely Difficult	56
Children in Household	
Yes	16
No	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Unmet Medical Care (Tables 11 & 12)

KEY FINDINGS: In 2026, 15% of respondents reported in the past year they did not receive the medical care needed; respondents who were female, 18 to 34 years old, 45 to 54 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported not receiving medical care needed, 50% reported they cannot afford the care as the reason for the unmet need while 41% reported insurance did not cover it. Thirty-nine percent of respondents reported co-payments too high followed by 33% reporting they were unable to get an appointment. Twenty percent of respondents reported inconvenient hours, 14% reported not enough time while 13% each reported they were uninsured or specialty physician not in area. Respondents who were female, white, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford it. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less or with no difficulty paying monthly bills were more likely to report they were unable to get an appointment. Respondents who were female, 18 to 34 years old, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report inconvenient hours. Respondents who were female or with a high school education or less were more likely to report not enough time. Respondents 18 to 34 years old, respondents of color, with some post high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured. Respondents 35 to 44 years old were more likely to report specialty physician was not in the area.

Unmet Medical Care

The Healthy People 2030 goal for people unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 6%. (Objective AHS-04)

In 2024, 10% of Wisconsin respondents and 12% of U.S. respondents reported they wanted to see a doctor but could not because they could not afford it in the past year (2024 Behavioral Risk Factor Surveillance System).

2026 Findings (Table 11)

- Fifteen percent of respondents reported in the past year they did not receive the medical care needed.
- Female respondents were more likely to report they did not receive the medical care needed in the past year (18%) compared to male respondents (10%).
- Twenty-one percent of respondents 45 to 54 years old and 20% of those 18 to 34 years old reported they did not receive the medical care needed compared to 8% of respondents 65 and older.
- Respondents of color were more likely to report they did not receive the medical care needed (22%) compared to white respondents (14%).
- Twenty-one percent of respondents with a high school education or less and 19% of those with some post high school education reported they did not receive the medical care needed compared to 12% of respondents with a college education.

- Fifty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported they did not receive the medical care needed compared to 19% of those with a slightly/somewhat difficult time or 4% of respondents with no difficulty paying monthly bills.

Table 11. Unmet Medical Care in Past Year by Demographic Variables for 2026 (Q18)[D]

	2026
TOTAL	15%
Gender[1]	
Female	18
Male	10
Age[1]	
18 to 34	20
35 to 44	16
45 to 54	21
55 to 64	14
65 and Older	8
Race/Ethnicity[1]	
Respondent of Color	22
White	14
Education[1]	
High School Graduate or Less	21
Some Post High School	19
College Graduate	12
Difficulty Paying Monthly Bills[1]	
Not Difficult	4
Slightly/Somewhat Difficult	19
Very/Extremely Difficult	57
Children in Household	
Yes	14
No	18

[D]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Reasons for Unmet Medical Care

2026 Findings (Table 12)

Of the 209 respondents who reported unmet medical care…

- Fifty percent of the 209 respondents who reported not receiving medical care needed reported they cannot afford the care as the reason for the unmet need while 41% reported insurance did not cover it. Thirty-nine percent of respondents reported co-payments too high followed by 33% reporting unable to get an appointment. Twenty percent of respondents reported inconvenient hours, 14% reported not enough time while 13% each reported they were uninsured or specialty physician not in area.

- Female respondents were more likely to report they cannot afford the care as the reason for the unmet medical care (57%) compared to male respondents (42%). Female respondents were more likely to report inconvenient hours as the reason (25%) compared to male respondents (12%). Female respondents were more likely to report not enough time as the reason (18%) compared to male respondents (6%).

- Thirty-eight percent of respondents 18 to 34 years old reported inconvenient hours as the reason for the unmet medical care compared to 6% of those 55 to 64 years old or 4% of respondents 65 and older. Twenty-two percent of respondents 18 to 34 years old reported they were uninsured as the reason compared to 6% of those 35 to 44 years old or 0% of respondents 65 and older. Twenty-six percent of respondents 35 to 44 years old reported specialty physician not in area compared to 9% of those 45 to 64 years old or 0% of respondents 65 and older.

- White respondents were more likely to report they cannot afford the care as the reason for the unmet medical care (57%) compared to respondents of color (23%). Respondents of color were more likely to report they were uninsured (32%) compared to white respondents (10%).

- Sixty-two percent of respondents with some post high school education reported they cannot afford the care as the reason for the unmet medical care compared to 51% of those with a college education or 13% of respondents with a high school education or less. Forty-four percent of respondents with some post high school education and 40% of those with a college education reported co-payments too high as the reason compared to 9% of respondents with a high school education or less. Fifty-four percent of respondents with a high school education or less reported unable to get an appointment as the reason compared to 37% of those with a college education or 19% of respondents with some post high school education. Forty-eight percent of respondents with a high school education or less reported inconvenient hours as the reason compared to 23% of those with some post high school education or 13% of respondents with a college education. Twenty-six percent of respondents with a high school education or less reported not enough time as the reason compared to 19% of those with a college education or 5% of respondents with some post high school education. Twenty-three percent of respondents with some post high school education and 22% of those with a high school education or less reported they were uninsured as the reason compared to 6% of respondents with a college education.

- Seventy-six percent of respondents with a very/extremely difficult time paying monthly bills reported they cannot afford the care as the reason for the unmet medical care compared to 47% of those with a slightly/somewhat difficult time or 11% of respondents with no difficulty paying monthly bills. Fifty-four percent of respondents with a very/extremely difficult time paying monthly bills reported insurance did not cover it as the reason compared to 37% of those with no difficulty or 35% of respondents with a slightly/somewhat difficult time. Fifty percent of respondents with a very/extremely difficult time paying monthly bills reported co-payments too high as the reason compared to 40% of those with a slightly/somewhat difficult time or 18% of respondents with no difficulty. Fifty-six percent of respondents with no difficulty paying monthly bills reported unable to get an appointment as the reason compared to 29% of those with a slightly/somewhat difficult time or 28% of respondents with a very/extremely difficult time. Thirty-two percent of respondents with a very/extremely difficult time paying monthly bills reported inconvenient hours as the reason compared to 13% of those with a slightly/somewhat difficult time or 7% of respondents with no difficulty. Twenty-five percent of respondents with a very/extremely difficult time paying monthly bills reported they were uninsured as the reason compared to 9% of those with a slightly/somewhat difficult time or 4% of respondents with no difficulty.

- Respondents without children in the household were more likely to report inconvenient hours as the reason for the unmet medical care (29%) compared to respondents with children in the household (11%). Respondents without children in the household were more likely to report they were uninsured as the reason (20%) compared to respondents with children in the household (4%).

Table 12. Reasons for Unmet Medical Care (Respondents Who Reported Unmet Medical Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q19) [Part 1][①]

	Cannot Afford	Insurance Did Not Cover It	Co-Payments too High	Unable to Get Appointment
TOTAL	50%	41%	39%	33%
Gender				
Female	57[1]	45	40	32
Male	42[1]	35	35	35
Age				
18 to 34	63	41	41	28
35 to 44	54	31	40	37
45 to 54	51	36	39	33
55 to 64	39	50	42	30
65 and Older	35	58	31	36
Race/Ethnicity				
Respondent of Color	23[1]	27	23	40
White	57[1]	44	39	29
Education				
High School Graduate or Less	13[1]	22	9[1]	54[1]
Some Post High School	62[1]	41	44[1]	19[1]
College Graduate	51[1]	46	40[1]	37[1]
Difficulty Paying Monthly Bills				
Not Difficult	11[1]	37[1]	18[1]	56[1]
Slightly/Somewhat Difficult	47[1]	35[1]	40[1]	29[1]
Very/Extremely Difficult	76[1]	54[1]	50[1]	28[1]
Children in Household				
Yes	52	37	39	30
No	53	39	33	31

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Table 12. Reasons for Unmet Medical Care (Respondents Who Reported Unmet Medical Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q19) [Part 2]①

	Inconvenient Hours	Not Enough Time	Uninsured	Specialty Physician Not in Area
TOTAL	20%	14%	13%	13%
Gender				
Female	25[1]	18[1]	16	12
Male	12[1]	6[1]	8	14
Age				
18 to 34	38[1]	22	22[1]	17[1]
35 to 44	21[1]	17	6[1]	26[1]
45 to 54	19[1]	16	14[1]	9[1]
55 to 64	6[1]	12	12[1]	9[1]
65 and Older	4[1]	0	0[1]	0[1]
Race/Ethnicity				
Respondent of Color	26	26	32[1]	3
White	19	13	10[1]	15
Education				
High School Graduate or Less	48[1]	26[1]	22[1]	25
Some Post High School	23[1]	5[1]	23[1]	17
College Graduate	13[1]	19[1]	6[1]	10
Difficulty Paying Monthly Bills				
Not Difficult	7[1]	7	4[1]	7
Slightly/Somewhat Difficult	13[1]	12	9[1]	8
Very/Extremely Difficult	32[1]	18	25[1]	19
Children in Household				
Yes	11[1]	17	4[1]	17
No	29[1]	16	20[1]	15

①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at $p \leq 0.05$ in 2026

Unmet Dental Care (Tables 13 & 14)

KEY FINDINGS: In 2026, 17% of respondents reported in the past year they did not receive the dental care needed; respondents who were female, 18 to 34 years old, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported not receiving dental care needed, 52% reported they cannot afford the care as the reason for the unmet need while 37% reported insurance did not cover it. Twenty-seven percent of respondents reported co-payments too high followed by 20% reporting uninsured while 18% reported not enough time. Sixteen percent of respondents reported they were unable to get an appointment while 15% reported inconvenient hours. Fourteen percent of respondents reported poor dental care available followed by 9% reporting they don't know where to go. Respondents who were female, with some post high school education, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they cannot afford it. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured. Respondents 18 to 34 years old, with a college education or without children in the household were more likely to report not enough time. Respondents with no difficulty paying monthly bills were more likely to report they were unable to get an appointment. Respondents who were female, 18 to 34 years old, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report inconvenient hours. Respondents of color, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report poor dental care available.

Unmet Dental Care

The Healthy People 2030 goal for people unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 19%. (Objective AHS-05)

In 2023, 18% of U.S. respondents reported they were unable to obtain or had to delay dental care in the past year (2023 National Health Interview Survey).

2026 Findings (Table 13)

- Seventeen percent of respondents reported in the past year they did not receive the dental care they needed.
- Female respondents were more likely to report they did not receive the dental care needed in the past year (20%) compared to male respondents (11%).
- Twenty-seven percent of respondents 18 to 34 years old reported they did not receive the dental care needed compared to 15% of those 55 to 64 years old or 8% of respondents 65 and older.
- Respondents of color were more likely to report they did not receive the dental care needed (26%) compared to white respondents (16%).
- Twenty-one percent of respondents with some post high school education and 20% of those with a high school education or less reported they did not receive the dental care needed compared to 14% of respondents with a college education.

- Fifty-three percent of respondents with a very/extremely difficult time paying monthly bills reported they did not receive the dental care needed compared to 23% of those with a slightly/somewhat difficult time or 5% of respondents with no difficulty paying monthly bills.

Table 13. Unmet Dental Care in Past Year by Demographic Variables for 2026 (Q20)[Φ]

	2026
TOTAL	17%
Gender[1]	
Female	20
Male	11
Age[1]	
18 to 34	27
35 to 44	17
45 to 54	18
55 to 64	15
65 and Older	8
Race/Ethnicity[1]	
Respondent of Color	26
White	16
Education[1]	
High School Graduate or Less	20
Some Post High School	21
College Graduate	14
Difficulty Paying Monthly Bills[1]	
Not Difficult	5
Slightly/Somewhat Difficult	23
Very/Extremely Difficult	53
Children in Household	
Yes	18
No	20

[Φ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Reasons for Unmet Dental Care

2026 Findings (Table 14)

Of the 237 respondents who reported unmet dental care…

- Fifty-two percent of the 237 respondents who reported not receiving dental care needed reported they cannot afford the care as the reason for the unmet need while 37% reported insurance did not cover it. Twenty-seven percent of respondents reported co-payments too high followed by 20% reporting uninsured while 18% reported not enough time. Sixteen percent of respondents reported they were unable to get an appointment while 15% reported inconvenient hours. Fourteen percent of respondents reported poor dental care available followed by 9% reporting they don't know where to go.

- Female respondents were more likely to report they cannot afford the care as the reason for the unmet dental care (58%) compared to male respondents (40%). Female respondents were more likely to report inconvenient hours as the reason (22%) compared to male respondents (5%).

- Thirty-eight percent of respondents 18 to 34 years old reported not enough time as the reason for the unmet dental care compared to 4% of those 65 and older or 3% of respondents 45 to 54 years old. Thirty percent of respondents 18 to 34 years old reported inconvenient hours as the reason compared to 5% of those 35 to 44 years old or 0% of respondents 65 and older.

- Respondents of color were more likely to report poor dental care available as the reason for the unmet dental care (28%) compared to white respondents (11%).

- Sixty-three percent of respondents with some post high school education reported they cannot afford the care as the reason for the unmet dental care compared to 47% of those with a college education or 38% of respondents with a high school education or less. Thirty-nine percent of respondents with some post high school education reported co-payments too high as the reason compared to 25% of those with a college education or 9% of respondents with a high school education or less. Thirty-six percent of respondents with a high school education or less reported they were uninsured as the reason compared to 30% of those with some post high school education or 13% of respondents with a college education. Twenty-four percent of respondents with a college education reported not enough time as the reason compared to 17% of those with some post high school education or 0% of respondents with a high school education or less.

- Eighty percent of respondents with a very/extremely difficult time paying monthly bills reported they cannot afford the care as the reason for the unmet dental care compared to 49% of those with a slightly/somewhat difficult time or 25% of respondents with no difficulty paying monthly bills. Fifty-three percent of respondents with a very/extremely difficult time paying monthly bills reported insurance did not cover it as the reason compared to 33% of those with a slightly/somewhat difficult time or 31% of respondents with no difficulty. Forty-eight percent of respondents with a very/extremely difficult time paying monthly bills reported co-payments too high as the reason compared to 22% of those with a slightly/somewhat difficult time or 11% of respondents with no difficulty. Thirty-four percent of respondents with a very/extremely difficult time paying monthly bills reported they were uninsured as the reason compared to 17% of those with no difficulty or 15% of respondents with a slightly/somewhat difficult time. Thirty-one percent of respondents with no difficulty paying monthly bills reported unable to get an appointment as the reason compared to 22% of those with a very/extremely difficult time or 11% of respondents with a slightly/somewhat difficult time. Twenty-five percent of respondents with a very/extremely difficult time paying monthly bills reported inconvenient hours as the reason compared to 14% of those with a slightly/somewhat difficult time or 6% of respondents with no difficulty. Twenty-two percent of respondents with a very/extremely difficult time paying monthly bills reported poor dental care available as the reason compared to 10% of those with a slightly/somewhat difficult time or 0% of respondents with no difficulty.

- Respondents without children in the household were more likely to report they cannot afford the care as the reason for the unmet dental care (60%) compared to respondents with children in the household (42%). Respondents without children in the household were more likely to report they were uninsured as the reason (30%) compared to respondents with children in the household (8%). Respondents without children in the household were more likely to report not enough time as the reason (27%) compared to respondents with children in the household (12%). Respondents without children in the household were more likely to report inconvenient hours as the reason (21%) compared to respondents with children in the household (7%). Respondents with children in the household were more likely to report poor dental care available as the reason (25%) compared to respondents without children in the household (12%).

Table 14. Reasons for Unmet Dental Care (Respondents Who Reported Unmet Dental Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q21) [Part 1][①]

	Cannot Afford	Insurance Did Not Cover It	Co-Payments too High	Uninsured	Not Enough Time
TOTAL	52%	37%	27%	20%	18%
Gender					
Female	58[1]	38	29	24	21
Male	40[1]	34	25	15	19
Age					
18 to 34	53	39	22	23	38[1]
35 to 44	59	41	41	16	8[1]
45 to 54	49	42	27	19	3[1]
55 to 64	53	29	29	26	14[1]
65 and Older	39	32	22	11	4[1]
Race/Ethnicity					
Respondent of Color	42	33	26	26	13
White	53	38	28	19	21
Education					
High School Graduate or Less	38[1]	27	9[1]	36[1]	0[1]
Some Post High School	63[1]	41	39[1]	30[1]	17[1]
College Graduate	47[1]	37	25[1]	13[1]	24[1]
Difficulty Paying Monthly Bills					
Not Difficult	25[1]	31[1]	11[1]	17[1]	6
Slightly/Somewhat Difficult	49[1]	33[1]	22[1]	15[1]	22
Very/Extremely Difficult	80[1]	53[1]	48[1]	34[1]	16
Children in Household					
Yes	42[1]	32	31	8[1]	12[1]
No	60[1]	39	24	30[1]	27[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Table 14. Reasons for Unmet Dental Care (Respondents Who Reported Unmet Dental Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q21) [Part 2][①]

	Unable to Get Appointment	Inconvenient Hours	Poor Dental Care Available	Don't Know Where to Go
TOTAL	16%	15%	14%	9%
Gender				
Female	19	22[1]	13	10
Male	14	5[1]	18	5
Age				
18 to 34	16	30[1]	20	10
35 to 44	19	5[1]	19	14
45 to 54	19	11[1]	8	3
55 to 64	14	9[1]	3	6
65 and Older	14	0[1]	11	14
Race/Ethnicity				
Respondent of Color	11	5	28[1]	13
White	18	17	11[1]	8
Education				
High School Graduate or Less	14	5	9	0
Some Post High School	15	20	15	13
College Graduate	18	16	14	8
Difficulty Paying Monthly Bills				
Not Difficult	31[1]	6[1]	0[1]	3
Slightly/Somewhat Difficult	11[1]	14[1]	10[1]	10
Very/Extremely Difficult	22[1]	25[1]	22[1]	11
Children in Household				
Yes	22	7[1]	25[1]	8
No	13	21[1]	12[1]	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Unmet Mental Health Care (Figure 3; Tables 15 & 16)

KEY FINDINGS: In 2026, 13% of respondents reported in the past year they did not receive the mental health care needed; respondents who were female, 18 to 54 years old, respondents of color, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported not receiving mental health care needed, 43% reported they cannot afford the care as the reason for the unmet need while 36% reported unable to get an appointment. Thirty-two percent reported insurance did not cover it followed by 30% reporting co-payments too high. Twenty-four percent reported they don't know where to go followed by 23% reporting not enough time while 22% reported poor mental health care available. Eighteen percent reported inconvenient hours followed by 12% reporting specialty physician not in area while 11% reported uninsured. Respondents 18 to 34 years old, with some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford it. Respondents who were female or white were more likely to report they were unable to get an appointment. Respondents with a very/extremely difficult time paying monthly bills were more likely to report insurance did not cover it. Respondents who were female, with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report co-payments too high. Respondents with a high school education or less were more likely to report not enough time. Respondents with some post high school education, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report they were uninsured.

From 2023 to 2026, there was a statistical <u>decrease</u> in the overall percent of respondents who reported in the past year they did not receive the mental health care they needed.

Unmet Mental Health Care

In 2025, 5% of U.S. respondents reported they did not get the needed mental health care due to cost in the past year (2025 National Health Interview Survey).

<u>2026 Findings (Table 15)</u>

- Thirteen percent of respondents reported in the past year they did not receive the mental health care they needed.
- Female respondents were more likely to report they did not receive the mental health care needed in the past year (17%) compared to male respondents (9%).
- Twenty-two percent of respondents 45 to 54 years old and 20% of those 18 to 44 years old reported they did not receive the mental health care needed compared to 3% of respondents 65 and older.
- Respondents of color were more likely to report they did not receive the mental health care needed (21%) compared to white respondents (12%).
- Seventeen percent of respondents with some post high school education reported they did not receive the mental health care needed compared to 13% of those with a high school education or less or 12% of respondents with a college education.
- Forty-two percent of respondents with a very/extremely difficult time paying monthly bills reported they did not receive the mental health care needed compared to 17% of those with a slightly/somewhat difficult time or 5% of respondents with no difficulty paying monthly bills.

2023 to 2026 Year Comparisons (Table 15)

- From 2023 to 2026, there was a statistical decrease in the overall percent of respondents who reported in the past year they did not receive the mental health care they needed.

- In 2023, male respondents were more likely to report in the past year they did not receive the mental health care needed. In 2026, female respondents were more likely to report in the past year they did not receive the mental health care needed. From 2023 to 2026, there was a noted decrease in the percent of male respondents reporting they did not receive the mental health care needed.

- In 2023, respondents 18 to 34 years old were more likely to report in the past year they did not receive the mental health care needed. In 2026, respondents 18 to 54 years old were more likely to report in the past year they did not receive the mental health care needed. From 2023 to 2026, there was a noted decrease in the percent of respondents 18 to 34 years old or 55 to 64 years old reporting they did not receive the mental health care needed.

- In 2023, race/ethnicity was not a significant variable. In 2026, respondents of color were more likely to report in the past year they did not receive the mental health care needed. From 2023 to 2026, there was a noted decrease in the percent of white respondents reporting they did not receive the mental health care needed.

- In 2023, respondents with a high school education or less were more likely to report in the past year they did not receive the mental health care needed. In 2026, respondents with some post high school education were more likely to report in the past year they did not receive the mental health care needed. From 2023 to 2026, there was a noted decrease in the percent of respondents across education reporting they did not receive the mental health care needed.

- In 2023 and 2026, the presence of children in the household was not a significant variable. From 2023 to 2026, there was a noted decrease in the percent of respondents without children in the household reporting they did not receive the mental health care needed.

Table 15. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Q22)①

	2023	2026
TOTAL[a]	25%	13%
Gender[1,2]		
Female	18	17
Male[a]	34	9
Age[1,2]		
18 to 34[a]	63	20
35 to 44	17	20
45 to 54	22	22
55 to 64[a]	16	8
65 and Older	4	3
Race/Ethnicity[2]		
Respondent of Color	9	21
White[a]	22	12
Education[1,2]		
High School Graduate or Less[a]	62	13
Some Post High School[a]	37	17
College Graduate[a]	17	12
Difficulty Paying Monthly Bills[2]		
Not Difficult	--	5
Slightly/Somewhat Difficult	--	17
Very/Extremely Difficult	--	42
Children in Household		
Yes	20	19
No[a]	29	15

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2023
[2]demographic difference at p≤0.05 in 2026
[a]year difference at p<0.05 from 2023 to 2026
--not asked in 2023

Reasons for Unmet Mental Health Care

2026 Findings (Table 16)

Of the 184 respondents who reported unmet mental health care…

- Forty-three percent of the 184 respondents who reported not receiving mental health care needed reported cannot afford the care as the reason for the unmet need while 36% reported unable to get an appointment. Thirty-two percent reported insurance did not cover it followed by 30% reporting co-payments too high. Twenty-four percent reported they don't know where to go followed by 23% reporting not enough time while 22% reported poor mental health care available. Eighteen percent reported inconvenient hours followed by 12% reporting specialty physician not in area while 11% reported uninsured.

- Female respondents were more likely to report unable to get an appointment as the reason for the unmet mental health care (43%) compared to male respondents (27%). Female respondents were more likely to report co-payments too high as the reason (35%) compared to male respondents (19%).

- Fifty-seven percent of respondents 18 to 34 years old reported they cannot afford the care as the reason for the unmet mental health care compared to 28% of those 45 to 54 years old or 22% of respondents 65 and older.

- White respondents were more likely to report unable to get an appointment as the reason for the unmet mental health care (39%) compared to respondents of color (17%).

- Sixty percent of respondents with some post high school education reported they cannot afford the care as the reason for the unmet mental health care compared to 43% of those with a high school education or less or 33% of respondents with a college education. Thirty-six percent of respondents with some post high school education and 30% of those with a college education reported co-payments too high as the reason compared to 0% of respondents with a high school education or less. Fifty-seven percent of respondents with a high school education or less reported not enough time as the reason compared to 29% of those with a college education or 7% of respondents with some post high school education. Twenty-five percent of respondents with some post high school education reported they were uninsured as the reason compared to 5% of those with a college education or 0% of respondents with a high school education or less.

- Sixty-two percent of respondents with a very/extremely difficult time paying monthly bills reported they cannot afford the care as the reason for the unmet mental health care compared to 47% of those with a slightly/somewhat difficult time or 8% of respondents with no difficulty paying monthly bills. Forty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported insurance did not cover it as the reason compared to 30% of those with a slightly/somewhat difficult time or 19% of respondents with no difficulty. Forty-six percent of respondents with a very/extremely difficult time paying monthly bills reported co-payments too high as the reason compared to 27% of those with a slightly/somewhat difficult time or 19% of respondents with no difficulty. Twenty-four percent of respondents with a very/extremely difficult time paying monthly bills reported they were uninsured as the reason compared to 10% of those with a slightly/somewhat difficult time or 0% of respondents with no difficulty.

- Respondents without children in the household were more likely to report they were uninsured as the reason for the unmet mental health care (20%) compared to respondents with children in the household (3%).

Table 16. Reasons for Unmet Mental Health Care (Respondents Who Reported Unmet Mental Health Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q23) [Part 1][①]

	Cannot Afford	Unable to Get Appointment	Insurance Did Not Cover It	Co-Payments too High
TOTAL	43%	36%	32%	30%
Gender				
Female	46	43[1]	31	35[1]
Male	37	27[1]	30	19[1]
Age				
18 to 34	57[1]	39	35	37
35 to 44	43[1]	34	23	27
45 to 54	28[1]	39	37	28
55 to 64	47[1]	26	40	30
65 and Older	22[1]	38	13	22
Race/Ethnicity				
Respondent of Color	37	17[1]	20	21
White	46	39[1]	35	33
Education				
High School Graduate or Less	43[1]	64	23	0[1]
Some Post High School	60[1]	34	36	36[1]
College Graduate	33[1]	35	30	30[1]
Difficulty Paying Monthly Bills				
Not Difficult	8[1]	25	19[1]	19[1]
Slightly/Somewhat Difficult	47[1]	35	30[1]	27[1]
Very/Extremely Difficult	62[1]	48	47[1]	46[1]
Children in Household				
Yes	36	37	33	25
No	50	39	32	30

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Table 16. Reasons for Unmet Mental Health Care (Respondents Who Reported Unmet Mental Health Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q23) [Part 2]①

	Don't Know Where to Go	Not Enough Time	Poor Mental Health Care Available
TOTAL	24%	23%	22%
Gender			
Female	21	20	24
Male	29	32	20
Age			
18 to 34	30	35	22
35 to 44	25	23	25
45 to 54	20	13	26
55 to 64	25	25	20
65 and Older	22	11	25
Race/Ethnicity			
Respondent of Color	30	34	10
White	24	23	23
Education			
High School Graduate or Less	31	57[1]	23
Some Post High School	27	7[1]	16
College Graduate	22	29[1]	25
Difficulty Paying Monthly Bills			
Not Difficult	31	19	14
Slightly/Somewhat Difficult	19	22	24
Very/Extremely Difficult	32	20	27
Children in Household			
Yes	19	25	19
No	30	27	24

①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Table 16. Reasons for Unmet Mental Health Care (Respondents Who Reported Unmet Mental Health Care) by Demographic Variables for 2026 (Multiple Responses Accepted) (Q23) [Part 3][①]

	Inconvenient Hours	Specialty Physician Not in Area	Uninsured
TOTAL	18%	12%	11%
Gender			
Female	19	12	11
Male	15	14	14
Age			
18 to 34	13	12	17
35 to 44	18	20	5
45 to 54	30	9	11
55 to 64	11	5	11
65 and Older	13	25	0
Race/Ethnicity			
Respondent of Color	20	7	14
White	16	13	12
Education			
High School Graduate or Less	21	7	0[1]
Some Post High School	9	20	25[1]
College Graduate	22	9	5[1]
Difficulty Paying Monthly Bills			
Not Difficult	17	6	0[1]
Slightly/Somewhat Difficult	14	12	10[1]
Very/Extremely Difficult	28	18	24[1]
Children in Household			
Yes	22	14	3[1]
No	14	12	20[1]

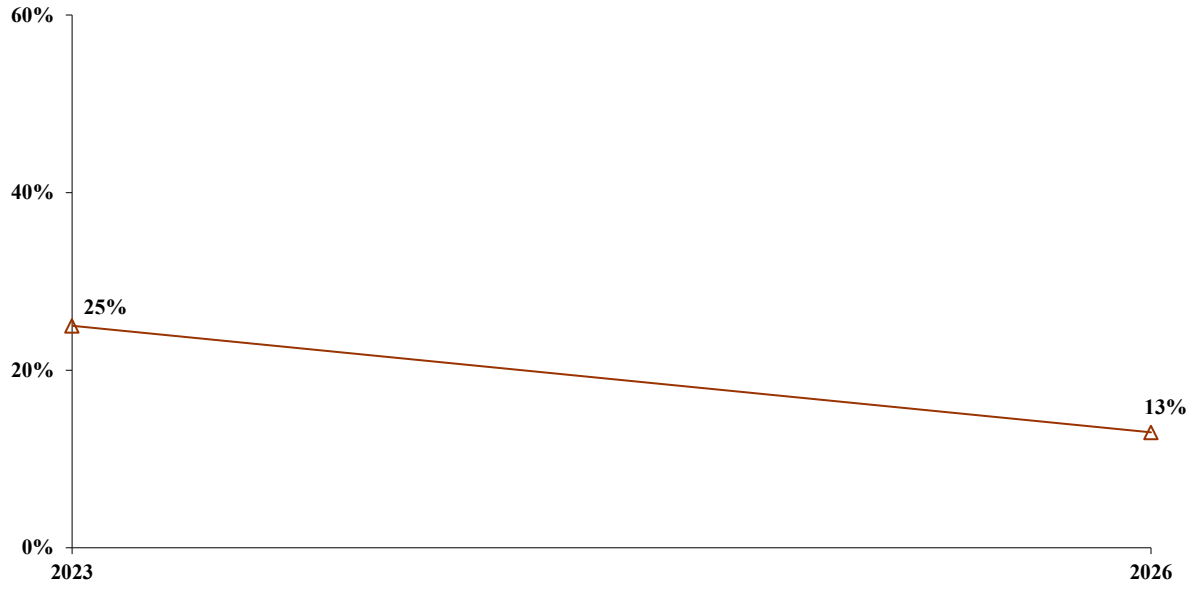
[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Unmet Mental Health Care Overall

Year Comparisons

- From 2023 to 2026, there was a statistical decrease in the overall percent of respondents who reported in the past year they did not receive the mental health care they needed.

Figure 3. Unmet Mental Health Care in Past Year (Q22)



Unmet Alcohol or Drug Abuse Treatment

KEY FINDINGS: In 2026, less than one percent of respondents reported in the past year they did not receive the alcohol or drug abuse treatment needed.

Unmet Alcohol or Drug Abuse Treatment

2026 Findings

- Less than one percent of respondents reported in the past year they did not receive the alcohol or drug abuse treatment they needed.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported in the past year they did not receive the alcohol or drug abuse treatment they needed.

Of the 8 respondents who reported unmet alcohol or drug abuse treatment…

  - Of the 8 respondents who reported not receiving the alcohol or drug abuse treatment needed, 3 respondents each reported they cannot afford the care, poor alcohol or other drug abuse treatment care available, don't know where to go or fear of others finding out as the reason for the unmet need. Two respondents each reported they were uninsured, insurance did not cover it, they were unable to get an appointment, lack of transportation or not enough time.

Economic Hardships (Tables 17 – 23)

KEY FINDINGS: In 2026, 83% of respondents reported they can afford the food they want and can access it easily. Three percent of respondents reported they can afford the food they want but have difficulty accessing it while 12% reported they cannot afford the food they want, regardless of accessibility. Respondents of color or with children in the household were more likely to report they can afford the food they want, but have difficulty accessing it. Respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report they cannot afford the food they want. Eight percent of respondents reported they had a very/ extremely difficult time meeting monthly payments on their bills; respondents who were female, 18 to 44 years old, respondents of color or with a high school education or less were more likely to report this. Nine percent of respondents reported they never/rarely had enough money to pay for their basic needs like food, clothing, and housing; respondents 18 to 34 years old, 45 to 54 years old, 65 and older, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Twenty-one percent of respondents were not confident at all that they could cover all their household expenses if they were suddenly without income for three months; respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this. Sixteen percent of respondents strongly disagreed or disagreed that "I would use an assistance program or other support program to get help if needed"; respondents who were male or with a high school education or less were more likely to report this. Eighty-eight percent of respondents reported they have a steady place to live. Eleven percent reported they have an unsteady place to live (worried about losing current place or not living in a reliable place); respondents who were female, 18 to 34 years old, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report this. Of the respondents who reported they were currently employed or temporarily out of work, 9% reported they have difficulty getting or keeping a job that allows them to pay their monthly bills; respondents who were female, respondents of color, with some post high school education or less or with a very/extremely difficult time paying monthly bills were more likely to report this.

Food Insecurity

2026 Findings (Table 17)

- Eighty-three percent of respondents reported they can afford the food they want and can access it easily. Three percent of respondents reported they can afford the food they want but have difficulty accessing it while 12% reported they cannot afford the food they want, regardless of accessibility.

- Female respondents were more likely to report they cannot afford the food they want (18%) compared to male respondents (6%).

- Twenty percent of respondents 18 to 34 years old reported they cannot afford the food they want compared to 11% of those 55 to 64 years old or 5% of respondents 65 and older.

- Respondents of color were more likely to report they can afford the food they want but have difficulty accessing it (7%) compared to white respondents (2%). Respondents of color were more likely to report they cannot afford the food they want (21%) compared to white respondents (11%).

- Twenty-two percent of respondents with a high school education or less reported they cannot afford the food they want compared to 16% of those with some post high school education or 10% of respondents with a college education.

- Sixty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported they cannot afford the food they want compared to 18% of those with a slightly/somewhat difficult time or less than one percent of respondents with no difficulty paying monthly bills.

- Respondents with children in the household were more likely to report they can afford the food they want but have difficulty accessing it (5%) compared to respondents without children in the household (2%).

Table 17. Ability to Feed Household by Demographic Variables for 2026 (Q26)[①]

	Can Afford, Access Easily	Can Afford, Difficult Access	Cannot Afford, Regardless of Accessibility
TOTAL	83%	3%	12%
Gender			
Female	78	3	18[2]
Male	89	2	6[2]
Age			
18 to 34	75	3	20[2]
35 to 44	80	4	15[2]
45 to 54	79	5	16[2]
55 to 64	87	<1	11[2]
65 and Older	91	3	5[2]
Race/Ethnicity			
Respondent of Color	69	7[1]	21[2]
White	85	2[1]	11[2]
Education			
High School Graduate or Less	69	5	22[2]
Some Post High School	79	4	16[2]
College Graduate	87	2	10[2]
Difficulty Paying Monthly Bills			
Not Difficult	97	2	<1[2]
Slightly/Somewhat Difficult	77	3	18[2]
Very/Extremely Difficult	28	4	67[2]
Children in Household			
Yes	79	5[1]	14
No	82	2[1]	14

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026 for Can Afford, Difficult to Access
[2]demographic difference at p≤0.05 in 2026 for Cannot Afford

Difficulty Meeting Monthly Payments

2026 Findings (Table 18)

- Eight percent of respondents reported they had a very/extremely difficult time meeting monthly payments on their bills (5% very difficult and 3% extremely difficult).

- Female respondents were more likely to report they had a very/extremely difficult time meeting monthly payments on their bills (10%) compared to male respondents (6%).

- Fifteen percent of respondents 18 to 44 years old reported they had a very/extremely difficult time meeting monthly payments on their bills compared to 5% of those 55 to 64 years old or 3% of respondents 65 and older.

- Respondents of color were more likely to report they had a very/extremely difficult time meeting monthly payments on their bills (24%) compared to white respondents (7%).

- Fifteen percent of respondents with a high school education or less reported they had a very/extremely difficult time meeting monthly payments on their bills compared to 11% of those with some post high school education or 7% of respondents with a college education.

Table 18. Difficulty Meeting Monthly Payments by Demographic Variables for 2026 (Q27)[①]

	No Difficulty	Slightly/Somewhat Difficult	Very/Extremely Difficult
TOTAL	51%	38%	8%
Gender[1]			
Female	51	38	10
Male	51	39	6
Age[1]			
18 to 34	30	49	15
35 to 44	43	40	15
45 to 54	45	45	10
55 to 64	55	40	5
65 and Older	73	24	3
Race/Ethnicity[1]			
Respondent of Color	38	32	24
White	52	40	7
Education[1]			
High School Graduate or Less	40	33	15
Some Post High School	42	47	11
College Graduate	56	35	7
Children in Household			
Yes	43	44	11
No	48	39	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at $p \leq 0.05$ for Very/Extreme Difficulty

Enough Money for Basic Needs

2026 Findings (Table 19)

- Nine percent of respondents reported they never/rarely had enough money to pay for their basic needs like food, clothing, and housing (5% never and 4% rarely).

- Eleven percent of respondents 18 to 34 years old or 65 and older and 10% of those 45 to 54 years old reported they never/rarely had enough money to pay for their basic needs compared to 4% of respondents 35 to 44 years old.

- Respondents of color were more likely to report they never/rarely had enough money to pay for their basic needs (17%) compared to white respondents (8%).

- Eighteen percent of respondents with a high school education or less reported they never/rarely had enough money to pay for their basic needs compared to 10% of those with some post high school education or 8% of respondents with a college education.

- Twenty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported they never/rarely had enough money to pay for their basic needs compared to 8% of those with no difficulty or 5% of respondents with a slightly/somewhat difficult time paying monthly bills.

Table 19. Enough Money for Basic Needs by Demographic Variables for 2026 (Q28)[①]

	Never/Rarely	Sometimes	Often/Always
TOTAL	9%	7%	83%
Gender			
Female	9	9	82
Male	9	5	86
Age[1]			
18 to 34	11	13	75
35 to 44	4	7	88
45 to 54	10	8	83
55 to 64	6	6	87
65 and Older	11	4	85
Race/Ethnicity[1]			
Respondent of Color	17	10	73
White	8	7	84
Education[1]			
High School Graduate or Less	18	14	68
Some Post High School	10	13	77
College Graduate	8	5	88
Difficulty Paying Monthly Bills[1]			
Not Difficult	8	<1	91
Slightly/Somewhat Difficult	5	11	84
Very/Extremely Difficult	27	33	39
Children in Household			
Yes	7	8	86
No	10	9	80

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Never/Rarely

Confidence to Cover Household Expenses

2026 Findings (Table 20)

- Twenty-one percent of respondents reported they were not confident at all they could cover all their household expenses if they were suddenly without income for three months. Thirty-seven percent of respondents were not too confident or somewhat confident while 40% were very confident.

- Female respondents were more likely to report they were not confident at all they could cover all their household expenses if they were suddenly without income for three months (23%) compared to male respondents (18%).

- Thirty-one percent of respondents 18 to 34 years old reported they were not confident at all compared to 19% of those 55 to 64 years old or 10% of respondents 65 and older.

- Respondents of color were more likely to report they were not confident at all (36%) compared to white respondents (20%).

- Thirty-six percent of respondents with a high school education or less reported they were not confident at all compared to 31% of those with some post high school education or 16% of respondents with a college education.

- Eighty-two percent of respondents with a very/extremely difficult time paying monthly bills reported they were not confident at all compared to 32% of those with a slightly/somewhat difficult time or 3% of respondents with no difficulty paying monthly bills.

Table 20. Confidence to Cover Household Expenses if Out of Work for Three Months by Demographic Variables for 2026 (Q29)[①]

	Not at All Confident	Not too/Somewhat Confident	Very Confident
TOTAL	21%	37%	40%
Gender[1]			
Female	23	41	35
Male	18	32	47
Age[1]			
18 to 34	31	41	23
35 to 44	26	38	33
45 to 54	24	43	33
55 to 64	19	36	45
65 and Older	10	29	60
Race/Ethnicity[1]			
Respondent of Color	36	36	25
White	20	37	42
Education[1]			
High School Graduate or Less	36	32	23
Some Post High School	31	34	34
College Graduate	16	39	45
Difficulty Paying Monthly Bills[1]			
Not Difficult	3	27	69
Slightly/Somewhat Difficult	32	56	11
Very/Extremely Difficult	82	18	0
Children in Household			
Yes	26	39	34
No	24	36	38

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Not at All Confident

Use Assistance Program or Other Support Program if Needed

2026 Findings (Table 21)

- Sixteen percent of respondents strongly disagreed or disagreed that "I would use an assistance program or other support program to get help if needed". Twenty-two percent strongly agreed, 42% agreed and 15% reported they neither agreed nor disagreed.

- Male respondents were more likely to strongly disagree or disagree that "I would use an assistance program or other support program to get help if needed" (21%) compared to female respondents (11%).

- Twenty-six percent of respondents with a high school education or less disagreed overall that "I would use an assistance program or other support program to get help if needed compared to 17% of those with some post high school education or 15% of respondents with a college education.

Table 21. Use Assistance Program or Other Support Program if Needed by Demographic Variables for 2026 (Q30)[①]

	Strongly Disagree/Disagree	Neither	Strongly Agree/Agree
TOTAL	16%	15%	64%
Gender[1]			
Female	11	15	70
Male	21	14	59
Age			
18 to 34	21	13	57
35 to 44	12	13	69
45 to 54	14	15	69
55 to 64	16	15	64
65 and Older	16	16	65
Race/Ethnicity			
Respondent of Color	14	12	66
White	15	14	66
Education[1]			
High School Graduate or Less	26	12	51
Some Post High School	17	14	65
College Graduate	15	15	66
Difficulty Paying Monthly Bills			
Not Difficult	18	16	62
Slightly/Somewhat Difficult	14	14	67
Very/Extremely Difficult	13	9	77
Children in Household			
Yes	14	16	65
No	16	12	66

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Strongly Disagree/Disagree

Current Living Situation

2026 Findings (Table 22)

- Eighty-eight percent of respondents reported they have a steady place to live. A total of 11% reported an unsteady place to live (they have an affordable place to live today but are worried about losing it (11%) or they are temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park (less than one percent)).

- Thirteen percent of female respondents reported an unsteady place to live compared to 9% of male respondents.
- Twenty-three percent of respondents 18 to 34 years old reported they had an unsteady place to live compared to 8% of those 45 to 64 years old or 7% of respondents 65 and older.
- Respondents of color were more likely to report they had an unsteady place to live (22%) compared to white respondents (10%).
- Twenty-one percent of respondents with a high school education or less reported they had an unsteady place compared to 15% of those with some post high school education or 9% of respondents with a college education.
- Forty-two percent of respondents with a very/extremely difficult time paying monthly bills reported they had an unsteady place to live compared to 16% of those with a slightly/somewhat difficult time or 3% of respondents with no difficulty paying monthly bills.
- Respondents without children in the household were more likely to report they had an issue with their current housing situation (16%) compared to respondents with children in the household (8%).

Table 22. Unsteady Place to Live by Demographic Variables for 2026 (Q57)[①,②]

	2026
TOTAL	11%
Gender[1]	
Female	13
Male	9
Age[1]	
18 to 34	23
35 to 44	10
45 to 54	8
55 to 64	8
65 and Older	7
Race/Ethnicity[1]	
Respondent of Color	22
White	10
Education[1]	
High School Graduate or Less	21
Some Post High School	15
College Graduate	9
Difficulty Paying Monthly Bills[1]	
Not Difficult	3
Slightly/Somewhat Difficult	16
Very/Extremely Difficult	42
Children in Household[1]	
Yes	8
No	16

①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ②Unsteady place--have an affordable place to live today but worried about losing it or they are temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park.
[1]demographic difference at p≤0.05 in 2026

Difficult Getting or Keeping Job that Allows Them to Pay Monthly Bills

2026 Findings (Table 23)

Of the 896 respondents who reported they were currently employed or temporarily out of work…

- Nine percent of the 896 respondents who reported they were currently employed or temporarily out of work reported they have difficulty getting or keeping a job that allows them to pay their monthly bills.
- Female respondents were more likely to report they have difficulty getting or keeping a job that allows them to pay their monthly bills (11%) compared to male respondents (6%).
- Respondents of color were more likely to report they have difficulty getting or keeping a job that allows them to pay their monthly bills (14%) compared to white respondents (8%).
- Fifteen percent of respondents with some post high school education and 13% of those with a high school education or less reported they have difficulty getting or keeping a job that allows them to pay their monthly bills compared to 6% of respondents with a college education.
- Forty-six percent of respondents with a very/extremely difficult time paying monthly bills reported they have difficulty getting or keeping a job that allows them to pay their monthly bills compared to 8% of those with a slightly/somewhat difficult time or less than one percent of respondents with no difficulty paying monthly bills.

Of the 77 respondents who reported they have difficulty getting or keeping a job that allows them to pay their monthly bills …

- Of the 77 respondents who reported they have difficulty getting or keeping a job that allows them to pay their monthly bills, 70% reported they can't find a job that pays enough as the reason for the difficulty while 36% each reported they need education/training to get a job that pays enough or they can't advance in their current job. Twenty-three percent reported work schedule shifts conflict with their other responsibilities while 21% reported they are in poor health/have a disability.

Table 23. Difficult Getting or Keeping Job that Allows to Pay Monthly Bills by Demographic Variables for 2026 (Q55)[①]

	2026
TOTAL	9%
Gender[1]	
Female	11
Male	6
Age	
18 to 34	10
35 to 44	7
45 to 54	13
55 to 64	5
65 and Older	9
Race/Ethnicity[1]	
Respondent of Color	14
White	8
Education[1]	
High School Graduate or Less	13
Some Post High School	15
College Graduate	6
Difficulty Paying Monthly Bills[1]	
Not Difficult	<1
Slightly/Somewhat Difficult	8
Very/Extremely Difficult	46
Children in Household	
Yes	7
No	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Social Connection (Figure 4; Tables 24 - 26)

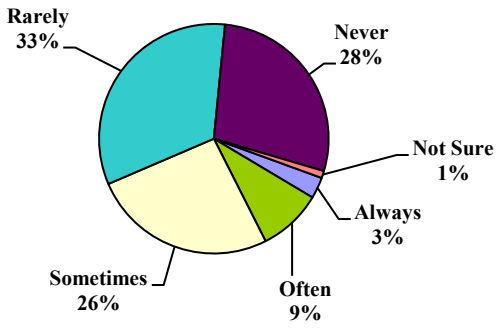
KEY FINDINGS: In 2026, 12% of respondents reported they always or often felt lonely or isolated from those around them; respondents 35 to 54 years old or with a very/extremely difficult time paying monthly bills were more likely to report this. Ninety-two percent of respondents reported they have close friends, family, or other supports they can depend on; respondents with a high school education or less or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Forty-two percent of respondents reported they were involved in a faith-based, community, or service organization; respondents 65 and older, with a college education or with no difficulty paying monthly bills were more likely to report this. Nineteen percent of respondents reported there were faith-based, community, or service organizations they wished were available in their community/neighborhood; respondents 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this.

Felt Lonely or Isolated

2026 Findings (Table 24)

- Twelve percent of respondents reported they always or often felt lonely or isolated from those around them. This represents up to 49,800 residents.

Figure 4. Felt Lonely or Isolated for 2026 (Q31)



- Seventeen percent of respondents 35 to 54 years old reported they always/often felt lonely or isolated from those around them compared to 13% of those 55 to 64 years old or 5% of respondents 65 and older.

- Thirty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported they always/often felt lonely or isolated from those around them compared to 13% of those with a slightly/somewhat difficult time or 6% of respondents with no difficulty paying monthly bills.

Table 24. Always/Often Felt Lonely or Isolated by Demographic Variables for 2026 (Q31)[①]

	2026
TOTAL	12%
Gender	
Female	11
Male	13
Age[1]	
18 to 34	14
35 to 44	17
45 to 54	17
55 to 64	13
65 and Older	5
Race/Ethnicity	
Respondent of Color	12
White	12
Education	
High School Graduate or Less	9
Some Post High School	15
College Graduate	12
Difficulty Paying Monthly Bills[1]	
Not Difficult	6
Slightly/Somewhat Difficult	13
Very/Extremely Difficult	37
Children in Household	
Yes	14
No	17

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Close Friends, Family or Other Supports Can Depend On

2026 Findings (Table 25)

- Ninety-two percent of respondents reported they have close friends, family, or other supports they can depend on.

- Ninety-six percent of respondents with a high school education or less reported they have close friends, family, or other supports they can depend on compared to 93% of those with a college education or 88% of respondents with some post high school education.

- Ninety-five percent of respondents with no difficulty paying monthly bills and 92% of those with a slightly/somewhat difficult time reported they have close friends, family, or other supports they can depend on compared to 68% of respondents with a very/extremely difficult time paying monthly bills.

Involved in Faith-Based, Community or Service Organization

2026 Findings (Table 25)

- Forty-two percent of respondents reported they were involved in a faith-based, community, or service organization (such as VFW, Lions, Rotary, Rec. League, etc.).

- Forty-nine percent of respondents 65 and older reported they were involved in a faith-based, community, or service organization compared to 37% of those 18 to 34 years old or 31% of respondents 35 to 44 years old.

- Forty-five percent of respondents with a college education reported they were involved in a faith-based, community, or service organization compared to 37% of those with some post high school education or 31% of respondents with a high school education or less.

- Forty-nine percent of respondents with no difficulty paying monthly bills reported they were involved in a faith-based, community, or service organization compared to 36% of those with a slightly/somewhat difficult time or 23% of respondents with a very/extremely difficult time paying monthly bills.

Table 25. Social Connection by Demographic Variables for 2026 (Q32 & Q33)[①]

	Can Depend on Close Friends, Family or Other Support	Involved in Faith-Based, Community or Service Organization
TOTAL	92%	42%
Gender		
Female	91	39
Male	92	44
Age		
18 to 34	95	37[1]
35 to 44	89	31[1]
45 to 54	91	43[1]
55 to 64	90	46[1]
65 and Older	92	49[1]
Race/Ethnicity		
Respondent of Color	90	45
White	93	41
Education		
High School Graduate or Less	96[1]	31[1]
Some Post High School	88[1]	37[1]
College Graduate	93[1]	45[1]
Difficulty Paying Monthly Bills		
Not Difficult	95[1]	49[1]
Slightly/Somewhat Difficult	92[1]	36[1]
Very/Extremely Difficult	68[1]	23[1]
Children in Household		
Yes	90	39
No	90	38

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Faith-Based, Community, or Service Organizations Wished were Available in Community/Neighborhood

2026 Findings (Table 26)

- Nineteen percent of respondents reported there were faith-based, community, or service organizations they wished were available in their community/neighborhood.
- Thirty-four percent of respondents 18 to 34 years old reported there were faith-based, community, or service organizations they wished were available in their community/neighborhood compared to 13% of those 55 to 64 years old or 9% of respondents 65 and older.
- Respondents of color were more likely to report there were faith-based, community, or service organizations they wished were available in their community/neighborhood (34%) compared to white respondents (17%).

- Twenty-eight percent of respondents with a very/extremely difficult time paying monthly bills reported there were faith-based, community, or service organizations they wished were available in their community/ neighborhood compared to 21% of those with a slightly/somewhat difficult time or 14% of respondents with no difficulty paying monthly bills.

Table 26. Faith-Based, Community or Service Organizations Wished were Available in Community/Neighborhood by Demographic Variables for 2026 (Q34)[①]

	2026
TOTAL	19%
Gender	
Female	18
Male	18
Age[1]	
18 to 34	34
35 to 44	17
45 to 54	19
55 to 64	13
65 and Older	9
Race/Ethnicity[1]	
Respondent of Color	34
White	17
Education	
High School Graduate or Less	23
Some Post High School	17
College Graduate	19
Difficulty Paying Monthly Bills[1]	
Not Difficult	14
Slightly/Somewhat Difficult	21
Very/Extremely Difficult	28
Children in Household	
Yes	20
No	16

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at $p \leq 0.05$ in 2026

County Services (Tables 27 - 32)

KEY FINDINGS: In 2026, 53% of respondents reported there were affordable health care services in the county; respondents who were male, with a college education or with no difficulty paying monthly bills were more likely to report this. Eighty-seven percent of respondents reported there were quality health care services; respondents who were male, 65 and older, white, with a college education or with no difficulty paying monthly bills were more likely to report this. Thirty-one percent of respondents reported childcare, daycare or pre-school resources were available for those who need them; respondents with no difficulty paying monthly bills or with children in the household were more likely to report this. Thirty-six percent of respondents reported there were affordable places to live; respondents who were male, white or with no difficulty paying monthly bills were more likely to report this. Ninety-two percent of respondents reported there were safe places to live; respondents who were male, 18 to 54 years old, white or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Eighty-four percent of respondents reported the county has a variety of accessible places to walk; respondents who were male, 65 and older, with some post high school education or less or with no difficulty paying monthly bills were more likely to report this. Eighty-five percent of respondents reported they feel safe walking; respondents who were male or with no difficulty paying monthly bills were more likely to report this. Twenty-eight percent of respondents reported there were affordable public transportation options; respondents 35 to 44 years old or respondents of color were more likely to report this. Sixteen percent of respondents reported the public transportation is easy to use; respondents of color or with a high school education or less were more likely to report this. Thirty percent of respondents strongly agreed or agreed that "Decisions in Waukesha County are made with resident participation"; respondents of color, with a college education or with no difficulty paying monthly bills were more likely to report this.

Respondents who reported "Not Applicable" were removed from statistical analysis.

Health Care Services

2026 Findings (Table 27)

- Fifty-three percent of respondents reported there were affordable health care services in the county while 14% reported no and 33% were not sure. Eighty-seven percent of respondents reported there were quality health care services in the county while 4% reported no and 9% were not sure.

- Male respondents were more likely to report there were affordable health care services (57%) compared to female respondents (51%). Male respondents were more likely to report there were quality health care services (89%) compared to female respondents (86%).

- Ninety-four percent of respondents 65 and older reported there were quality health care services compared to 83% of those 35 to 44 years old or 82% of respondents 18 to 34 years old. Respondents 35 to 44 years old or 55 to 64 years old were more likely to report they were not sure if there were quality health care services compared to respondents 65 and older.

- White respondents were more likely to report there were quality health care services (90%) compared to respondents of color (70%). Respondents of color were more likely to report they were not sure if there were quality health care services compared to white respondents.

- Fifty-seven percent of respondents with a college education reported there were affordable health care services compared to 49% of those with some post high school education or 38% of respondents with a high school education or less. Ninety percent of respondents with a college education reported there were quality health care services compared to 85% of those with some post high school education or 74% of respondents with a high school education or less. Respondents with a high school education or less were more likely to report they were not sure if there were affordable health care services or quality health care services compared to respondents with at least some post high school education.

- Sixty percent of respondents with no difficulty paying monthly bills reported there were affordable health care services compared to 50% of those with a slightly/somewhat difficult time or 29% of respondents with a very/extremely difficult time paying monthly bills. Ninety-one percent of respondents with no difficulty paying monthly bills reported there were quality health care services compared to 87% of those with a slightly/somewhat difficult time or 61% of respondents with a very/extremely difficult time. Respondents with a very/extremely difficult time paying monthly bills were more likely to report they were not sure if there were quality health care services compared to respondents with no difficulty or a slightly/somewhat difficult time.

Table 27. Health Care Services by Demographic Variables for 2026 (Q37 & Q38)[①]

	Affordable			Quality		
	Yes	No	Not Sure	Yes	No	Not Sure
TOTAL	53%	14%	33%	87%	4%	9%
Gender						
Female	51[1]	15	34	86[2]	4	10
Male	57[1]	12	31	89[2]	3	7
Age						
18 to 34	53	19	28	82[2]	9	9[2]
35 to 44	52	16	32	83[2]	4	13[2]
45 to 54	52	20	29	88[2]	4	8[2]
55 to 64	52	13	36	87[2]	2	11[2]
65 and Older	59	5	36	94[2]	1	5[2]
Race/Ethnicity						
Respondent of Color	48	17	36	70[2]	15	16[2]
White	54	14	32	90[2]	3	8[2]
Education						
High School Graduate or Less	38[1]	13	50[1]	74[2]	11	15[2]
Some Post High School	49[1]	14	37[1]	85[2]	3	12[2]
College Graduate	57[1]	14	29[1]	90[2]	4	7[2]
Difficulty Paying Monthly Bills						
Not Difficult	60[1]	9	32	91[2]	2	7[2]
Slightly/Somewhat Difficult	50[1]	16	34	87[2]	4	8[2]
Very/Extremely Difficult	29[1]	41	30	61[2]	16	23[2]
Children in Household						
Yes	52	15	33	87	5	8
No	49	16	36	86	4	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at p≤0.05 for Affordable

[2]demographic difference at p≤0.05 for Quality

Childcare, Daycare or Pre-School Resources

2026 Findings (Table 28)

- Thirty-one percent of respondents reported childcare, daycare or pre-school resources were available for those who need them while 16% reported no and 53% were not sure.

- Sixty percent of respondents 65 and older and 58% of those 55 to 64 years old reported they were not sure if childcare, daycare or pre-school resources were available for those who need them compared to 42% of respondents 35 to 44 years old.

- Thirty-five percent of respondents with no difficulty paying monthly bills reported childcare, daycare or pre-school resources were available for those who need them compared to 25% of those with a slightly/somewhat difficult time or 19% of respondents with a very/extremely difficult time paying monthly bills.

- Respondents with children in the household were more likely to report childcare, daycare or pre-school resources were available for those who need them (34%) compared to respondents without children in the household (25%). Respondents without children in the household were more likely to report they were not sure if resources were available for those who need them compared to respondents with children in the household.

Table 28. Childcare, Daycare or Pre-School Resources by Demographic Variables for 2026 (Q39)[①]

	Available		
	Yes	No	Not Sure
TOTAL	31%	16%	53%
Gender			
Female	29	19	52
Male	32	13	55
Age			
18 to 34	28	18	54[1]
35 to 44	38	20	42[1]
45 to 54	31	19	50[1]
55 to 64	30	12	58[1]
65 and Older	28	12	60[1]
Race/Ethnicity			
Respondent of Color	27	22	52
White	30	16	54
Education			
High School Graduate or Less	35	14	51
Some Post High School	24	16	60
College Graduate	32	17	52
Difficulty Paying Monthly Bills			
Not Difficult	35[1]	12	53
Slightly/Somewhat Difficult	25[1]	18	57
Very/Extremely Difficult	19[1]	34	47
Children in Household			
Yes	34[1]	20	45[1]
No	25[1]	16	58[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Available

Places to Live

2026 Findings (Table 29)

- Thirty-six percent of respondents reported there were affordable places to live in the county while 34% reported no and 29% were not sure. Ninety-two percent of respondents reported there were safe places to live in the county while 2% reported no and 6% were not sure.

- Male respondents were more likely to report there were affordable places to live in the county (44%) compared to female respondents (29%). Male respondents were more likely to report there were safe places to live (94%) compared to female respondents (90%).

- Ninety-five percent of respondents 35 to 44 years old, 94% of those 45 to 54 years old and 93% of respondents 18 to 34 years old reported there were safe places to live in the county compared to 89% of respondents 55 and older. Respondents 65 and older were more likely to report they were not sure if there were affordable places to live in the county compared to respondents 18 to 34 years old. Respondents 65 and older were more likely to report they were not sure if there were safe places to live compared to respondents 18 to 54 years old.

- White respondents were more likely to report there were affordable places to live in the county (37%) compared to respondents of color (24%). White respondents were more likely to report there were safe places to live in the county (93%) compared to respondents of color (84%). Respondents of color were more likely to report they were not sure if there were affordable or safe places to live compared to white respondents.

- Thirty-seven percent of respondents with a high school education or less and 35% of those with some post high school education reported they were not sure if there were affordable places to live compared to 26% of respondents with a college education.

- Forty-two percent of respondents with no difficulty paying monthly bills reported there were affordable places to live in the county compared to 32% of those with a slightly/somewhat difficult time or 15% of respondents with a very/extremely difficult time paying monthly bills. Ninety-three percent of respondents with a slightly/somewhat difficult time paying monthly bills and 91% of those with no difficulty reported there were safe places to live compared to 85% of respondents with a very/extremely difficult time. Respondents with no difficulty paying monthly bills were more likely to report they were not sure if there were affordable places to live compared to respondents with a slightly/somewhat difficult time or with a very/extremely difficult time.

Table 29. Places to Live by Demographic Variables for 2026 (Q40 & Q41)[①]

	Affordable			Safe		
	Yes	No	Not Sure	Yes	No	Not Sure
TOTAL	36%	34%	29%	92%	2%	6%
Gender						
Female	29[1]	42	29	90[2]	3	7
Male	44[1]	27	29	94[2]	<1	6
Age						
18 to 34	35	44	21[1]	93[2]	3	3[2]
35 to 44	35	40	25[1]	95[2]	<1	4[2]
45 to 54	36	42	22[1]	94[2]	2	3[2]
55 to 64	38	33	29[1]	89[2]	3	8[2]
65 and Older	37	20	43[1]	89[2]	<1	11[2]
Race/Ethnicity						
Respondent of Color	24[1]	37	39[1]	84[2]	4	12[2]
White	37[1]	34	28[1]	93[2]	2	6[2]
Education						
High School Graduate or Less	37	27	37[1]	92	5	4
Some Post High School	31	34	35[1]	91	2	7
College Graduate	38	36	26[1]	92	1	7
Difficulty Paying Monthly Bills						
Not Difficult	42[1]	25	33[1]	91[2]	2	7
Slightly/Somewhat Difficult	32[1]	41	27[1]	93[2]	1	6
Very/Extremely Difficult	15[1]	66	19[1]	85[2]	7	8
Children in Household						
Yes	35	39	26	93	2	5
No	37	33	30	91	1	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Affordable
[2]demographic difference at p≤0.05 for Safe

Places to Walk

2026 Findings (Table 30)

- Eighty-four percent of respondents reported the county has a variety of accessible places to walk while 10% reported no and 7% were not sure. Eighty-five percent of respondents reported they feel safe walking in the county while 7% reported no and 8% were not sure.

- Male respondents were more likely to report there were a variety of accessible places to walk (86%) compared to female respondents (82%). Male respondents were more likely to report they feel safe walking (92%) compared to female respondents (80%). Female respondents were more likely to report they were not sure if they feel safe walking compared to male respondents.

- Ninety percent of respondents 65 and older reported there were a variety of accessible places to walk compared to 81% of those 35 to 44 years old or 78% of respondents 18 to 34 years old.

- Eighty-eight percent of respondents with some post high school education and 87% of those with a high school education or less reported there were a variety of accessible places to walk compared to 82% of respondents with a college education.

- Eighty-seven percent of respondents with no difficulty paying monthly bills reported there were a variety of accessible places to walk compared to 81% of those with a slightly/somewhat difficult time or 74% of respondents with a very/extremely difficult time paying monthly bills. Eighty-nine percent of respondents with no difficulty paying monthly bills reported they feel safe walking compared to 84% of those with a slightly/somewhat difficult time or 71% of respondents with a very/extremely difficult time.

Table 30. Places to Walk by Demographic Variables for 2026 (Q42 & Q43)[①]

	Variety of Accessible Places			Feel Safe		
	Yes	No	Not Sure	Yes	No	Not Sure
TOTAL	84%	10%	7%	85%	7%	8%
Gender						
Female	82[1]	11	7	80[2]	9	11[2]
Male	86[1]	9	5	92[2]	4	4[2]
Age						
18 to 34	78[1]	18	4	84	11	5
35 to 44	81[1]	12	7	84	7	9
45 to 54	82[1]	12	6	87	8	5
55 to 64	86[1]	6	8	86	6	8
65 and Older	90[1]	3	7	86	4	11
Race/Ethnicity						
Respondent of Color	79	14	7	83	8	9
White	84	10	6	86	7	7
Education						
High School Graduate or Less	87[1]	8	5	84	11	5
Some Post High School	88[1]	6	7	84	8	8
College Graduate	82[1]	12	6	86	5	8
Difficulty Paying Monthly Bills						
Not Difficult	87[1]	7	6	89[2]	4	7
Slightly/Somewhat Difficult	81[1]	12	7	84[2]	8	9
Very/Extremely Difficult	74[1]	18	8	71[2]	17	12
Children in Household						
Yes	82	12	6	86	6	8
No	84	9	7	86	7	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Variety of Accessible Places
[2]demographic difference at p≤0.05 for Feel Safe

Public Transportation Options

2026 Findings (Table 31)

- Twenty-eight percent of respondents reported there were affordable public transportation options in the county while 26% reported no and 46% were not sure. Sixteen percent of respondents reported the public transportation was easy to use while 33% reported no and 50% were not sure.

- Thirty-four percent of respondents 35 to 44 years old reported there were affordable public transportation options compared to 29% of those 18 to 34 years old or 20% of respondents 65 and older. Respondents 65 and older were more likely to report they were not sure if there were affordable public transportation options compared to respondents 35 to 54 years old.

- Respondents of color were more likely to report there were affordable public transportation options (37%) compared to white respondents (27%). Respondents of color were more likely to report the public transportation was easy to use (31%) compared to white respondents (14%). White respondents were more likely to report they were not sure if the public transportation was easy to use compared to respondents of color.

- Twenty-nine percent of respondents with a high school education or less reported the public transportation was easy to use compared to 17% of those with some post high school education or 14% of respondents with a college education. Respondents with some post high school education were more likely to report they were not sure if there were affordable public transportation options compared to respondents with a high school education or less or with a college education.

- Respondents with no difficulty paying monthly bills and with a slightly/somewhat difficult time were more likely to report they were not sure if there were affordable public transportation options compared to respondents with a very/extremely difficult time paying monthly bills. Respondents with no difficulty paying monthly bills were more likely to report they were not sure if the public transportation was easy to use compared to those with a slightly/somewhat difficult time or of respondents with a very/extremely difficult time.

Table 31. Public Transportation Options by Demographic Variables for 2026 (Q44 & Q45)[①]

	Affordable			Easy to Use		
	Yes	No	Not Sure	Yes	No	Not Sure
TOTAL	28%	26%	46%	16%	33%	50%
Gender						
Female	28	29	43	16	37	48
Male	28	22	49	16	30	54
Age						
18 to 34	29[1]	23	48[1]	19	33	48
35 to 44	34[1]	26	40[1]	21	33	46
45 to 54	31[1]	28	40[1]	17	33	50
55 to 64	31[1]	25	44[1]	14	33	53
65 and Older	20[1]	28	52[1]	12	34	54
Race/Ethnicity						
Respondent of Color	37[1]	18	44	31[2]	27	42[2]
White	27[1]	27	47	14[2]	34	52[2]
Education						
High School Graduate or Less	34	19	47[1]	29[2]	15	56
Some Post High School	27	20	53[1]	17[2]	29	55
College Graduate	28	29	43[1]	14[2]	37	48
Difficulty Paying Monthly Bills						
Not Difficult	28	24	48[1]	14	30	56[2]
Slightly/Somewhat Difficult	26	28	46[1]	17	36	47[2]
Very/Extremely Difficult	33	33	35[1]	23	37	41[2]
Children in Household						
Yes	29	31	40	16	38	47
No	26	28	46	14	36	51

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 for Affordable
[2]demographic difference at p≤0.05 for Easy to Use

Decisions Made with Resident Participation

2026 Findings (Table 32)

- Thirty percent of respondents strongly agreed or agreed that "Decisions in Waukesha County are made with resident participation. For example, I am given an opportunity to express my concerns." Thirty-three percent reported neither while 24% reported strongly disagreed or disagreed.

- Respondents of color were more likely to strongly agree or agree that "Decisions in Waukesha County are made with resident participation" (42%) compared to white respondents (30%).

- Thirty-two percent of respondents with a college education agreed overall that "Decisions in Waukesha County are made with resident participation" compared to 27% of those with some post high school education or 22% of respondents with a high school education or less.

- Thirty-seven percent of respondents with no difficulty paying monthly bills agreed overall that "Decisions in Waukesha County are made with resident participation" compared to 24% of those with a slightly/somewhat difficult time or 20% of respondents with a very/extremely difficult time paying monthly bills.

Table 32. Strongly Agree/Agree Decisions Made in County with Resident Participation by Demographic Variables for 2026 (Q46)[①]

	2026
TOTAL	30%
Gender	
Female	29
Male	34
Age	
18 to 34	29
35 to 44	33
45 to 54	28
55 to 64	31
65 and Older	31
Race/Ethnicity[1]	
Respondent of Color	42
White	30
Education[1]	
High School Graduate or Less	22
Some Post High School	27
College Graduate	32
Difficulty Paying Monthly Bills[1]	
Not Difficult	37
Slightly/Somewhat Difficult	24
Very/Extremely Difficult	20
Children in Household	
Yes	31
No	28

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Unfair Treatment in County (Table 33)

KEY FINDINGS: In 2026, 12% of respondents reported in the past year they or someone in their household experienced unfair treatment in the county; respondents with a very/extremely difficult time paying monthly bills were more likely to report this. Of respondents who reported they or someone in their household experienced unfair treatment, 12% reported the reason was race/ethnicity, 10% reported disability/health condition while 7% reported sex and 5% reported age. Thirteen percent reported the location of the unfair treatment was a government office while 7% reported their employment and 6% each reported police or school.

Experienced Unfair Treatment in County

2026 Findings (Table 33)

- Twelve percent of respondents reported in the past year they or someone in their household experienced unfair treatment in the county.

- Thirty-seven percent of respondents with a very/extremely difficult time paying monthly bills reported they or someone in their household experienced unfair treatment in the county compared to 13% of those with a slightly/somewhat difficult time or 6% of respondents with no difficulty paying monthly bills.

Table 33. Household Member Experienced Unfair Treatment in County in Past Year by Demographic Variables for 2026 (Q35)[Φ]

	2026
TOTAL	12%
Difficulty Paying Monthly Bills[1]	
Not Difficult	6
Slightly/Somewhat Difficult	13
Very/Extremely Difficult	37
Children in Household	
Yes	17
No	13

[Φ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Of the 173 respondents who reported in the past year they or someone in their household experienced unfair treatment in the county …

- Of the 173 respondents who reported they or someone in their household experienced unfair treatment in the county, 12% reported the reason was race/ethnicity, 10% reported disability/health condition while 7% reported sex and 5% reported age. Thirteen percent reported the location was a government office while 7% reported their employment and 6% each reported police or school.

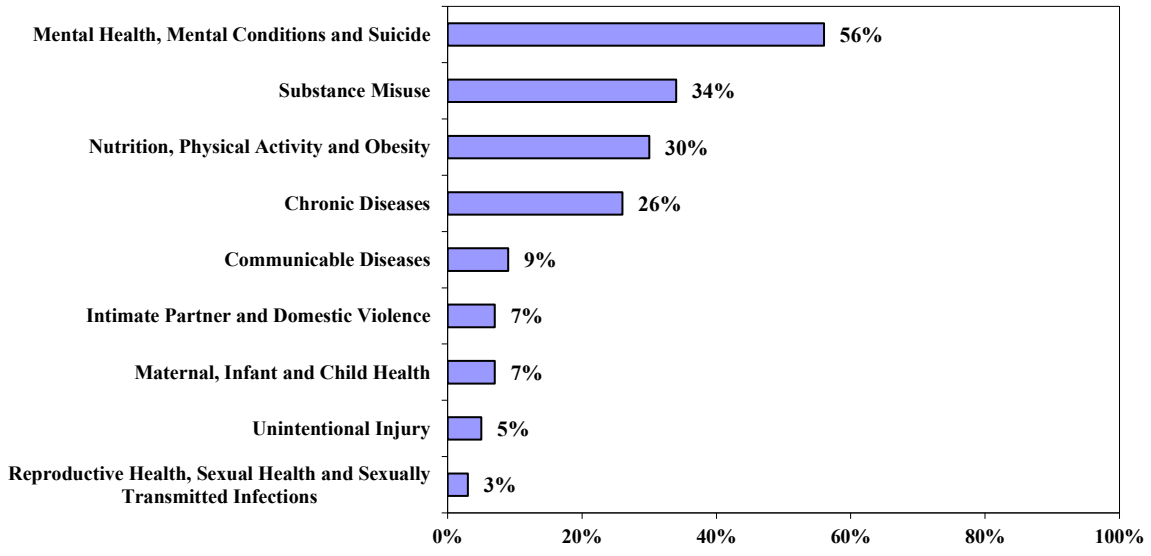
Top County Health Conditions or Behaviors (Figure 5; Table 34)

KEY FINDINGS: In 2026, respondents were asked to select the top two health conditions or behaviors out of a list of 10 that must be addressed to improve the health of residents. The most often cited were mental health, mental conditions and suicide (56%) or substance misuse (34%). Respondents who were female, 45 to 54 years old, white or with any difficulty paying monthly bills were more likely to report mental health, mental conditions and suicide. White respondents were more likely to report substance misuse as a top health condition or behavior. Thirty percent of respondents reported nutrition, physical activity and obesity; respondents who were male, white or with no difficulty paying monthly bills were more likely to report this. Twenty-six percent of respondents reported chronic diseases as a top health condition or behavior. Nine percent of respondents reported communicable diseases; respondents 35 to 44 years old or 65 and older were more likely to report this. Seven percent of respondents reported intimate partner and domestic violence; respondents 18 to 34 years old, respondents of color or with a very/extremely difficult time paying monthly bills were more likely to report this. Seven percent of respondents reported maternal, infant and child health; respondents with children in the household were more likely to report this. Five percent of respondents reported unintentional injury as a top health condition or behavior. Three percent of respondents reported reproductive health, sexual health and sexually transmitted infections; respondents who were male, 18 to 34 years old, respondents of color, with a high school education or less, with a very/extremely difficult time paying monthly bills or without children in the household were more likely to report this.

2026 Findings

- Respondents were asked to select the two largest health conditions or behaviors out of a list of 10 that must be addressed to improve the health of county residents. Respondents were more likely to report mental health, mental conditions and suicide (56%) or substance misuse (34%). Five percent of respondents were not sure.

Figure 5. Top County Health Conditions or Behaviors for 2026 (Q3)



Mental Health, Mental Conditions and Suicide as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Fifty-six percent of respondents reported mental health, mental conditions and suicide as one of the top two county health conditions or behaviors.
- Female respondents were more likely to report mental health, mental conditions and suicide as one of the top health conditions or behaviors (61%) compared to male respondents (50%).
- Sixty-four percent of respondents 45 to 54 years old reported mental health, mental conditions and suicide as a top issue compared to 52% of those 18 to 34 years old or 47% of respondents 65 and older.
- White respondents were more likely to report mental health, mental conditions and suicide as a top health condition or behavior (57%) compared to respondents of color (48%).
- Sixty-two percent of respondents with a very/extremely difficult time paying monthly bills and 61% of those with a slightly/somewhat difficult time reported mental health, mental conditions and suicide as a top issue compared to 51% of respondents with no difficulty paying monthly bills.

Substance Misuse as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Thirty-four percent of respondents reported substance misuse including alcohol, drugs or tobacco as one of the top two county health conditions or behaviors.
- White respondents were more likely to report substance misuse as one of the top health conditions or behaviors (35%) compared to respondents of color (26%).

Nutrition, Physical Activity and Obesity as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Thirty percent of respondents reported nutrition, physical activity and obesity as one of the top two county health conditions or behaviors.
- Male respondents were more likely to report nutrition, physical activity and obesity as one of the top health conditions or behaviors (33%) compared to female respondents (28%).
- White respondents were more likely to report nutrition, physical activity and obesity as a top issue (32%) compared to respondents of color (20%).
- Thirty-five percent of respondents with no difficulty paying monthly bills reported nutrition, physical activity and obesity as a top health condition or behavior compared to 26% of those with a slightly/somewhat difficult time or 22% of respondents with a very/extremely difficult time paying monthly bills.

Chronic Diseases as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Twenty-six percent of respondents reported chronic diseases including diabetes and heart disease as one of the top two county health conditions or behaviors.

- There were no statistically significant differences between demographic variables and responses of chronic diseases as one of the top two county health conditions or behaviors.

Communicable Diseases as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Nine percent of respondents reported communicable diseases, such as flu and measles as one of the top two county health conditions or behaviors.

- Fourteen percent of respondents 65 and older and 13% of those 35 to 44 years old reported communicable diseases as one of the top health conditions or behaviors compared to 5% of respondents 55 to 64 years old.

Intimate Partner and Domestic Violence as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Seven percent of respondents reported intimate partner and domestic violence as one of the top two county health conditions or behaviors.

- Eleven percent of respondents 18 to 34 years old reported intimate partner and domestic violence as one of the top health conditions or behaviors compared to 8% of those 65 and older or 5% of respondents 35 to 64 years old.

- Respondents of color were more likely to report intimate partner and domestic violence as a top issue (11%) compared to white respondents (7%).

- Fourteen percent of respondents with a very/extremely difficult time paying monthly bills reported intimate partner and domestic violence as a top health condition or behavior compared to 7% of those with a slightly/somewhat difficult time or 6% of respondents with no difficulty paying monthly bills.

Maternal, Infant and Child Health as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Seven percent of respondents reported maternal, infant and child health as one of the top two county health conditions or behaviors.

- Respondents with children in the household were more likely to report maternal, infant and child health as one of the top health conditions or behaviors (10%) compared to respondents without children in the household (5%).

Unintentional Injury as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Five percent of respondents reported unintentional injury, including falls and vehicle accidents as one of the top two county health conditions or behaviors.

- There were no statistically significant differences between demographic variables and responses of unintentional injury as one of the top two county health conditions or behaviors.

Reproductive Health, Sexual Health and Sexually Transmitted Infections as a Top County Health Condition or Behavior

2026 Findings (Table 34)

- Three percent of respondents reported reproductive health, sexual health and sexually transmitted infections as one of the top two county health conditions or behaviors.

- Male respondents were more likely to report reproductive health, sexual health and sexually transmitted infections as one of the top health conditions or behaviors (5%) compared to female respondents (2%).

- Nine percent of respondents 18 to 34 years old reported reproductive health, sexual health and sexually transmitted infections as a top issue compared to 2% of respondents 35 to 44 years old or 55 to 64 years old.

- Respondents of color were more likely to report reproductive health, sexual health and sexually transmitted infections as a top health condition or behavior (8%) compared to white respondents (3%).

- Eleven percent of respondents with a high school education or less reported reproductive health, sexual health and sexually transmitted infections as a top issue compared to 3% of those with a college education or 2% of respondents with some post high school education.

- Eight percent of respondents with a very/extremely difficult time paying monthly bills reported reproductive health, sexual health and sexually transmitted infections as a top health condition or behavior compared to 5% of those with a slightly/somewhat difficult time or 2% of respondents with no difficulty paying monthly bills.

- Respondents without children in the household were more likely to report reproductive health, sexual health and sexually transmitted infections as one of the top health conditions or behaviors (5%) compared to respondents with children in the household (1%).

Table 34. Top County Health Conditions or Behaviors by Demographic Variables for 2026 (Q3) [Part 1][①]

	Mental Health, Mental Conditions and Suicide	Substance Misuse	Nutrition, Physical Activity and Obesity	Chronic Diseases
TOTAL	56%	34%	30%	26%
Gender				
Female	61[1]	33	28[1]	25
Male	50[1]	36	33[1]	28
Age				
18 to 34	52[1]	29	30	22
35 to 44	61[1]	36	25	26
45 to 54	64[1]	39	31	26
55 to 64	61[1]	37	36	28
65 and Older	47[1]	33	30	30
Race/Ethnicity				
Respondent of Color	48[1]	26[1]	20[1]	29
White	57[1]	35[1]	32[1]	27
Education				
High School Graduate or Less	47	30	29	29
Some Post High School	57	35	26	23
College Graduate	56	35	33	27
Difficulty Paying Monthly Bills				
Not Difficult	51[1]	34	35[1]	29
Slightly/Somewhat Difficult	61[1]	35	26[1]	25
Very/Extremely Difficult	62[1]	29	22[1]	22
Children in Household				
Yes	60	33	27	23
No	57	34	28	25

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at $p \leq 0.05$ in 2026

Table 34. Top County Health Conditions or Behaviors by Demographic Variables for 2026 (Q3) [Part 2][①]

	Communicable Diseases	Intimate Partner & Domestic Violence	Maternal, Infant & Child Health	Unintentional Injury	Reproductive Health, Sexual Health & STIs
TOTAL	9%	7%	7%	5%	3%
Gender					
Female	10	8	7	6	2[1]
Male	9	6	5	4	5[1]
Age					
18 to 34	9[1]	11[1]	7	6	9[1]
35 to 44	13[1]	5[1]	7	5	2[1]
45 to 54	6[1]	5[1]	5	3	3[1]
55 to 64	5[1]	5[1]	5	6	2[1]
65 and Older	14[1]	8[1]	7	4	3[1]
Race/Ethnicity					
Respondent of Color	11	11[1]	8	3	8[1]
White	10	7[1]	6	5	3[1]
Education					
High School Graduate or Less	14	10	5	5	11[1]
Some Post High School	7	6	8	4	2[1]
College Graduate	10	7	6	6	3[1]
Difficulty Paying Monthly Bills					
Not Difficult	10	6[1]	7	5	2[1]
Slightly/Somewhat Difficult	10	7[1]	6	5	5[1]
Very/Extremely Difficult	4	14[1]	7	10	8[1]
Children in Household					
Yes	12	8	10[1]	5	1[1]
No	9	9	5[1]	6	5[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

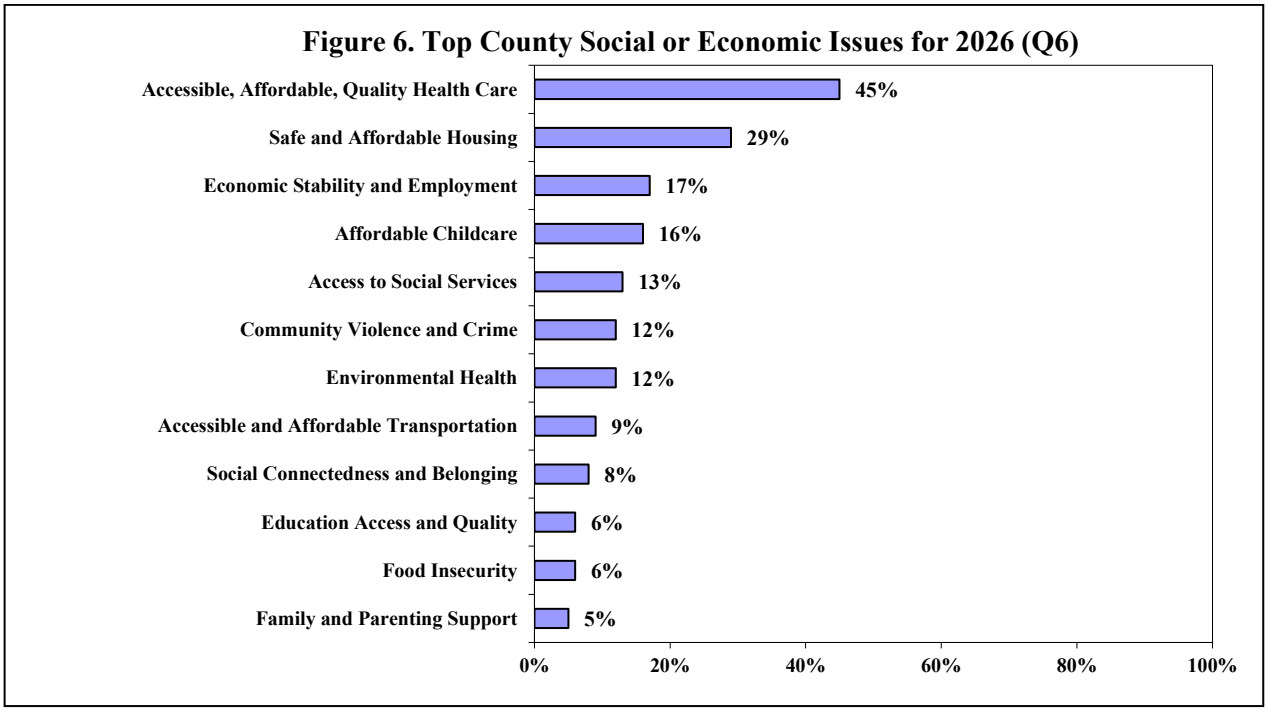
[1]demographic difference at p≤0.05 in 2026

Top County Social or Economic Issues (Figure 6; Table 35)

KEY FINDINGS: In 2026, respondents were asked to select the top two social or economic issues in the county out of 13 listed. The most often cited were accessible, affordable and quality health care (45%) or safe and affordable housing (29%). Respondents 45 and older or with a high school education or less were more likely to report accessible, affordable and quality health care. Respondents who were female, 18 to 44 years old, with at least some post high school education or with a very/extremely difficult time paying monthly bills were more likely to report safe and affordable housing. Seventeen percent of respondents reported economic stability and employment; respondents who were male or respondents of color were more likely to report this. Sixteen percent of respondents reported affordable childcare; respondents 18 to 44 years old, with a college education or with children in the household were more likely to report this. Thirteen percent of respondents reported access to social services as a top issue. Twelve percent of respondents reported community violence and crime; respondents who were male or with no difficulty or a slightly/somewhat difficult time paying monthly bills were more likely to report this. Twelve percent of respondents reported environmental health; respondents without children in the household were more likely to report this. Nine percent of respondents reported accessible and affordable transportation; female respondents were more likely to report this. Eight percent of respondents reported social connectedness and belonging; respondents 45 to 54 years old were more likely to report this. Six percent of respondents reported education access and quality; respondents with a high school education or less were more likely to report this. Six percent of respondents reported food insecurity as a top social or economic issue. Five percent of respondents reported family and parenting support; respondents 18 to 44 years old, 55 to 64 years old, with a high school education or less or with children in the household were more likely to report this.

<u>2026 Findings</u>

- Respondents were asked to select the two largest social or economic issues in Waukesha County that must be addressed in order to improve the quality of life of residents from a list of thirteen. Forty-five percent of respondents reported accessible, affordable and quality health care including medical, dental, mental and alcohol/drug treatment while 29% reported safe and affordable housing. Six percent were not sure.



Accessible, Affordable, Quality Health Care as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Forty-five percent of respondents reported accessible, affordable and quality health care, including medical, dental, mental and alcohol/drug treatment as one of the top two county social or economic issues.

- Fifty-three percent of respondents 55 to 64 years old, 51% of those 65 and older and 50% of respondents 45 to 54 years old reported accessible, affordable and quality health care as one of the top social or economic issues compared to 34% of respondents 18 to 34 years old.

- Fifty-six percent of respondents with a high school education or less reported accessible, affordable and quality health care as a top issue compared to 48% of those with some post high school education or 43% of respondents with a college education.

Safe and Affordable Housing as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Twenty-nine percent of respondents reported safe and affordable housing as one of the top two county social or economic issues.

- Female respondents were more likely to report safe and affordable housing as one of the top social or economic issues (33%) compared to male respondents (27%).

- Thirty-six percent of respondents 18 to 34 years old and 34% of those 35 to 44 years old reported safe and affordable housing as a top issue compared to 25% of respondents 55 and older.

- Thirty-two percent of respondents with some post high school education and 31% of those with a college education reported safe and affordable housing as a top social or economic issue compared to 13% of respondents with a high school education or less.

- Forty-one percent of respondents with a very/extremely difficult time paying monthly bills reported safe and affordable housing as a top issue compared to 31% of those with a slightly/somewhat difficult time or 26% of respondents with no difficulty paying monthly bills.

Economic Stability and Employment as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Seventeen percent of respondents reported economic stability and employment as one of the top two county social or economic issues.

- Male respondents were more likely to report economic stability and employment as one of the top social or economic issues (21%) compared to female respondents (13%).

- Respondents of color were more likely to report economic stability and employment as a top issue (23%) compared to white respondents (15%).

Affordable Childcare as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Sixteen percent of respondents reported affordable childcare as one of the top two county social or economic issues.

- Twenty-four percent of respondents 18 to 34 years old and 22% of those 35 to 44 years old reported affordable childcare as one of the top social or economic issues compared to 10% of respondents 45 to 54 years old.

- Twenty percent of respondents with a college education reported affordable childcare as a top issue compared to 12% of those with a high school education or less or 10% of respondents with some post high school education.

- Respondents with children in the household were more likely to report affordable childcare as a top social or economic issue (27%) compared to respondents without children in the household (13%).

Access to Social Services as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Thirteen percent of respondents reported access to social services, including welfare programs, housing assistance, etc., as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of reporting access to social services as one of the top two county social or economic issues.

Community Violence and Crime as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Twelve percent of respondents reported community violence and crime as one of the top two county social or economic issues.

- Male respondents were more likely to report community violence and crime as one of the top social or economic issues (17%) compared to female respondents (8%).

- Fourteen percent of respondents with no difficulty paying monthly bills and 12% of those with a slightly/somewhat difficult time reported community violence and crime as a top issue compared to 3% of respondents with a very/extremely difficult time paying monthly bills.

Environmental Health as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Twelve percent of respondents reported environmental health, including clean air, safe water, etc., as one of the top two county social or economic issues.

- Respondents without children in the household were more likely to report environmental health as one of the top social or economic issues (13%) compared to respondents with children in the household (9%).

Accessible and Affordable Transportation as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Nine percent of respondents reported accessible and affordable transportation as one of the top two county social or economic issues.

- Female respondents were more likely to report accessible and affordable transportation as one of the top social or economic issues (12%) compared to male respondents (6%).

Social Connectedness and Belonging as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Eight percent of respondents reported social connectedness and belonging as one of the top two county social or economic issues.

- Thirteen percent of respondents 45 to 54 years old reported social connectedness and belonging as one of the top social or economic issues compared to 7% of those 35 to 44 years old or 65 and older or 6% of respondents 18 to 34 years old.

Education Access and Quality as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Six percent of respondents reported education access and quality as one of the top two county social or economic issues.

- Fourteen percent of respondents with a high school education or less reported education access and quality as one of the top social or economic issues compared to 6% of those with a college education or 4% of respondents with some post high school education.

Food Insecurity as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Six percent of respondents reported food insecurity as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of reporting food insecurity as one of the top two county social or economic issues.

Family and Parenting Support as a Top County Social or Economic Issue

2026 Findings (Table 35)

- Five percent of respondents reported family and parenting support as one of the top two county social or economic issues.

- Seven percent of respondents 55 to 64 years old and 6% of those 18 to 44 years old reported family and parenting support as one of the top social or economic issues compared to 3% of respondents 45 to 54 years old or 65 and older.

- Nine percent of respondents with a high school education or less reported family and parenting support as a top issue compared to 5% of those with a college education or 3% of respondents with some post high school education.

- Respondents with children in the household were more likely to report family and parenting support as a top social or economic issue (7%) compared to respondents without children in the household (4%).

Table 35. Top County Social or Economic Issues by Demographic Variables for 2026 [Part 1] (Q6)[Φ]

	Accessible, Affordable, Quality Health Care	Safe & Affordable Housing	Economic Stability & Employment	Affordable Childcare
TOTAL	45%	29%	17%	16%
Gender				
Female	46	33[1]	13[1]	19
Male	43	27[1]	21[1]	15
Age				
18 to 34	34[1]	36[1]	19	24[1]
35 to 44	36[1]	34[1]	17	22[1]
45 to 54	50[1]	28[1]	17	10[1]
55 to 64	53[1]	25[1]	20	13[1]
65 and Older	51[1]	25[1]	13	14[1]
Race/Ethnicity				
Respondent of Color	43	32	23[1]	15
White	46	30	15[1]	17
Education				
High School Graduate or Less	56[1]	13[1]	23	12[1]
Some Post High School	48[1]	32[1]	15	10[1]
College Graduate	43[1]	31[1]	17	20[1]
Difficulty Paying Monthly Bills				
Not Difficult	46	26[1]	17	17
Slightly/Somewhat Difficult	45	31[1]	17	16
Very/Extremely Difficult	43	41[1]	18	17
Children in Household				
Yes	38	29	14	27[1]
No	45	29	17	13[1]

[Φ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

Table 35. Top County Social or Economic Issues by Demographic Variables for 2026 [Part 2] (Q6)[①]

	Access to Social Services	Community Violence & Crime	Environmental Health	Accessible & Affordable Transportation
TOTAL	13%	12%	12%	9%
Gender				
Female	14	8[1]	13	12[1]
Male	12	17[1]	10	6[1]
Age				
18 to 34	14	11	10	8
35 to 44	15	12	8	10
45 to 54	11	12	11	7
55 to 64	12	11	12	8
65 and Older	15	13	15	11
Race/Ethnicity				
Respondent of Color	17	13	7	8
White	14	11	13	9
Education				
High School Graduate or Less	16	14	9	6
Some Post High School	14	15	12	7
College Graduate	13	11	12	10
Difficulty Paying Monthly Bills				
Not Difficult	12	14[1]	11	9
Slightly/Somewhat Difficult	14	12[1]	12	10
Very/Extremely Difficult	19	3[1]	8	6
Children in Household				
Yes	12	13	9[1]	8
No	14	12	13[1]	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Table 35. Top County Social or Economic Issues by Demographic Variables for 2026 [Part 3] (Q6)[①]

	Social Connectedness & Belonging	Education Access & Quality	Food Insecurity	Family & Parenting Support
TOTAL	8%	6%	6%	5%
Gender				
Female	7	5	6	4
Male	9	7	6	5
Age				
18 to 34	6[1]	9	6	6[1]
35 to 44	7[1]	5	6	6[1]
45 to 54	13[1]	6	8	3[1]
55 to 64	8[1]	4	4	7[1]
65 and Older	7[1]	6	5	3[1]
Race/Ethnicity				
Respondent of Color	10	6	4	7
White	7	6	6	5
Education				
High School Graduate or Less	10	14[1]	2	9[1]
Some Post High School	6	4[1]	5	3[1]
College Graduate	8	6[1]	7	5[1]
Difficulty Paying Monthly Bills				
Not Difficult	7	5	6	4
Slightly/Somewhat Difficult	8	6	5	5
Very/Extremely Difficult	11	5	9	6
Children in Household				
Yes	9	7	5	7[1]
No	9	6	7	4[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Issues for Children in County (Figure 7; Table 36)

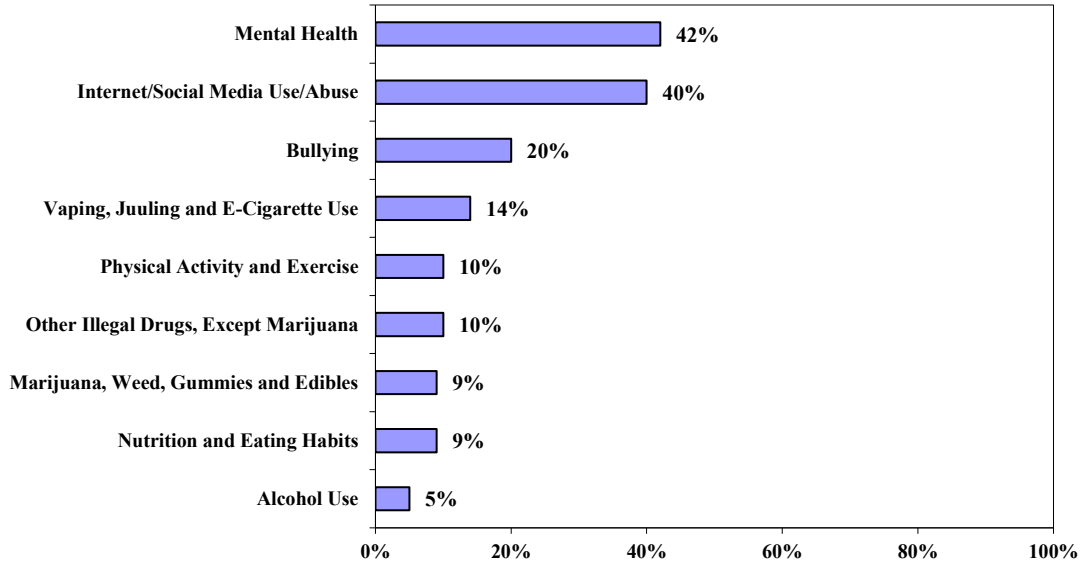
KEY FINDINGS: In 2026, respondents were asked to select the top two issues out of a list of 11 that impact children and youth 18 or younger in the county. The most often cited were mental health (42%) or Internet/social media use/abuse (40%). Respondents who were female, 45 to 54 years old, with a college education, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report mental health. Respondents 35 to 44 years old, with a college education or with children in the household were more likely to report Internet/social media use/abuse. Twenty percent of respondents reported bullying; respondents who were female, 65 and older, with a very/extremely difficult time paying monthly bills or with children in the household were more likely to report this. Fourteen percent of respondents reported vaping, juuling, and e-cigarette use; respondents 18 to 34 years old, respondents of color or with any difficulty paying monthly bills were more likely to report this. Ten percent of respondents reported physical activity and exercise; respondents who were male, 55 to 64 years old, with some post high school education or less, with no difficulty paying monthly bills or without children in the household were more likely to report this. Ten percent of respondents reported other illegal drugs, except marijuana; respondents who were male, 65 and older, with some post high school education or less or without children in the household were more likely to report this. Nine percent of respondents reported marijuana, weed, gummies, and edibles; respondents 45 to 54 years old or with some post high school education or less were more likely to report this. Nine percent of respondents reported nutrition and eating habits; respondents who were 18 to 34 years old, 65 and older or white were more likely to report this. Five percent of respondents reported alcohol use; respondents who were male, respondents of color or without children in the household were more likely to report this.

Issues that Impact Children and Youth 18 or Younger

2026 Findings (Table 36)

- Respondents were asked to select the two largest issues out of a list of 11 that impact children and youth 18 or younger in the county. Respondents were more likely to report mental health (42%) or Internet/social media use/abuse (40%). Fifteen percent of respondents were not sure.

Figure 7. Top Issues that Impact Children and Youth 18 or Younger in County for 2026 (Q47)



Mental Health

2026 Findings (Table 36)

- Forty-two percent of respondents reported mental health as one of the top two issues that impacts children and youth 18 or younger in the county.

- Female respondents were more likely to report mental health as one of the top issues that impacts children and youth 18 or younger (45%) compared to male respondents (38%).

- Fifty-four percent of respondents 45 to 54 years old reported mental health as a top issue that impacts children and youth 18 or younger compared to 39% of those 55 to 64 years old or 25% of respondents 65 and older.

- Forty-five percent of respondents with a college education reported mental health as a top issue that impacts children and youth 18 or younger compared to 37% of those with some post high school education or 31% of respondents with a high school education or less.

- Fifty-four percent of respondents with a very/extremely difficult time paying monthly bills reported mental health as a top issue that impacts children and youth 18 or younger compared to 45% of those with a slightly/somewhat difficult time or 37% of respondents with no difficulty paying monthly bills.

- Respondents with children in the household were more likely to report mental health as one of the top issues that impacts children and youth 18 or younger (56%) compared to respondents without children in the household (40%).

Internet/Social Media Use/Abuse

2026 Findings (Table 36)

- Forty percent of respondents reported internet/social media use/abuse as one of the top two issues that impacts children and youth 18 or younger in the county.

- Forty-nine percent of respondents 35 to 44 years old reported internet/social media use/abuse as one of the top issues that impacts children and youth 18 or younger compared to 39% of those 55 to 64 years old or 32% of respondents 65 and older.

- Forty-five percent of respondents with a college education reported internet/social media use/abuse as a top issue that impacts children and youth 18 or younger compared to 33% of those with some post high school education or 29% of respondents with a high school education or less.

- Respondents with children in the household were more likely to report internet/social media use/abuse as a top issue that impacts children and youth 18 or younger (52%) compared to respondents without children in the household (36%).

Bullying

2026 Findings (Table 36)

- Twenty percent of respondents reported bullying as one of the top two issues that impacts children and youth 18 or younger in the county.

- Female respondents were more likely to report bullying as one of the top issues that impacts children and youth 18 or younger (25%) compared to male respondents (15%).

- Twenty-seven percent of respondents 65 and older reported bullying as a top issue that impacts children and youth 18 or younger compared to 19% of those 55 to 64 years old or 11% of respondents 18 to 34 years old.

- Twenty-nine percent of respondents with a very/extremely difficult time paying monthly bills reported bullying as a top issue that impacts children and youth 18 or younger compared to 20% of those with a slightly/somewhat difficult time or 19% of respondents with no difficulty paying monthly bills.

- Respondents with children in the household were more likely to report bullying as one of the top issues that impacts children and youth 18 or younger (23%) compared to respondents without children in the household (16%).

Vaping, Juuling, and E-Cigarette Use

2026 Findings (Table 36)

- Fourteen percent of respondents reported vaping, juuling, and e-cigarette use as one of the top two issues that impacts children and youth 18 or younger in the county.

- Twenty-three percent of respondents 18 to 34 years old reported vaping, juuling, and e-cigarette use as one of the top issues that impacts children and youth 18 or younger compared to 11% of those 55 to 64 years old or 6% of respondents 65 and older.

- Respondents of color were more likely to report vaping, juuling, and e-cigarette use as a top issue that impacts children and youth 18 or younger (21%) compared to white respondents (12%).

- Seventeen percent of respondents with any difficulty paying monthly bills reported vaping, juuling, and e-cigarette use as a top issue that impacts children and youth 18 or younger compared to 12% of respondents with no difficulty paying monthly bills.

Physical Activity and Exercise

2026 Findings (Table 36)

- Ten percent of respondents reported physical activity and exercise as one of the top two issues that impacts children and youth 18 or younger in the county.

- Male respondents were more likely to report physical activity and exercise as one of the top issues that impacts children and youth 18 or younger (13%) compared to female respondents (8%).

- Seventeen percent of respondents 55 to 64 years old reported physical activity and exercise as a top issue that impacts children and youth 18 or younger compared to 9% of those 18 to 34 years old or 7% of respondents 35 to 54 years old.

- Fourteen percent of respondents with some post high school education or less reported physical activity and exercise as a top issue that impacts children and youth 18 or younger compared to 9% of respondents with a college education.

- Thirteen percent of respondents with no difficulty paying monthly bills reported physical activity and exercise as a top issue that impacts children and youth 18 or younger compared to 9% of those with a slightly/somewhat difficult time or 4% of respondents with a very/extremely difficult time paying monthly bills.

- Respondents without children in the household were more likely to report physical activity and exercise as one of the top issues that impacts children and youth 18 or younger (11%) compared to respondents with children in the household (5%).

Other Illegal Drugs, Except Marijuana

2026 Findings (Table 36)

- Ten percent of respondents reported other illegal drugs, except marijuana, for example, methamphetamines, heroin, cocaine or crack, ecstasy, or hallucinogens as one of the top two issues that impacts children and youth 18 or younger in the county.

- Male respondents were more likely to report other illegal drugs, except marijuana, as one of the top issues that impacts children and youth 18 or younger (13%) compared to female respondents (6%).

- Sixteen percent of respondents 65 and older reported other illegal drugs, except marijuana, as a top issue that impacts children and youth 18 or younger compared to 8% of those 45 to 54 years old or 4% of respondents 35 to 44 years old.

- Fourteen percent of respondents with a high school education or less and 13% of those with some post high school education reported other illegal drugs, except marijuana, as a top issue that impacts children and youth 18 or younger compared to 8% of respondents with a college education.

- Respondents without children in the household were more likely to report other illegal drugs, except marijuana, as one of the top issues that impacts children and youth 18 or younger (12%) compared to respondents with children in the household (6%).

Marijuana, Weed, Gummies, and Edibles

2026 Findings (Table 36)

- Nine percent of respondents reported marijuana, weed, gummies and edibles as one of the top two issues that impacts children and youth 18 or younger in the county.

- Fourteen percent of respondents 45 to 54 years old reported marijuana, weed, gummies and edibles as one of the top issues that impacts children and youth 18 or younger compared to 8% of those 55 to 64 years old or 7% of respondents 65 and older.

- Fifteen percent of respondents with some post high school education and 14% of those with a high school education or less reported marijuana, weed, gummies and edibles as a top issue that impacts children and youth 18 or younger compared to 7% of respondents with a college education.

Nutrition and Eating Habits

2026 Findings (Table 36)

- Nine percent of respondents reported nutrition and eating habits as one of the top two issues that impacts children and youth 18 or younger in the county.

- Twelve percent of respondents 18 to 34 years old and 11% of those 65 and older reported nutrition and eating habits as one of the top issues that impacts children and youth 18 or younger compared to 5% of respondents 55 to 64 years old.

- White respondents were more likely to report nutrition and eating habits as a top issue that impacts children and youth 18 or younger (9%) compared to respondents of color (3%).

Alcohol Use

2026 Findings (Table 36)

- Five percent of respondents reported alcohol use as one of the top two issues that impacts children and youth 18 or younger in the county.

- Male respondents were more likely to report alcohol use as one of the top issues that impacts children and youth 18 or younger (7%) compared to female respondents (3%).

- Respondents of color were more likely to report alcohol use as a top issue that impacts children and youth 18 or younger (10%) compared to white respondents (5%).

- Respondents without children in the household were more likely to report alcohol use as a top issue that impacts children and youth 18 or younger (6%) compared to respondents with children in the household (3%).

Table 36. Top Issues that Impact Children and Youth 18 or Younger in County by Demographic Variables for 2026 (Q47) [Part 1][①]

	Mental Health	Internet/Social Media Use/Abuse	Bullying	Vaping, Juuling & E-Cigarette Use
TOTAL	42%	40%	20%	14%
Gender				
Female	45[1]	41	25[1]	15
Male	38[1]	40	15[1]	12
Age				
18 to 34	49[1]	41[1]	11[1]	23[1]
35 to 44	51[1]	49[1]	21[1]	14[1]
45 to 54	54[1]	45[1]	20[1]	16[1]
55 to 64	39[1]	39[1]	19[1]	11[1]
65 and Older	25[1]	32[1]	27[1]	6[1]
Race/Ethnicity				
Respondent of Color	40	38	16	21[1]
White	42	41	20	12[1]
Education				
High School Graduate or Less	31[1]	29[1]	26	14
Some Post High School	37[1]	33[1]	22	11
College Graduate	45[1]	45[1]	19	15
Difficulty Paying Monthly Bills				
Not Difficult	37[1]	41	19[1]	12[1]
Slightly/Somewhat Difficult	45[1]	41	20[1]	17[1]
Very/Extremely Difficult	54[1]	37	29[1]	17[1]
Children in Household				
Yes	56[1]	52[1]	23[1]	16
No	40[1]	36[1]	16[1]	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2026

Table 36. Top Issues that Impact Children and Youth 18 or Younger in County by Demographic Variables for 2026 (Q47) [Part 2][①]

	Physical Activity & Exercise	Other Illegal Drugs, Except Marijuana	Marijuana, Weed, Gummies & Edibles	Nutrition & Eating Habits	Alcohol Use
TOTAL	10%	10%	9%	9%	5%
Gender					
Female	8[1]	6[1]	8	9	3[1]
Male	13[1]	13[1]	11	9	7[1]
Age					
18 to 34	9[1]	9[1]	11[1]	12[1]	6
35 to 44	7[1]	4[1]	9[1]	6[1]	4
45 to 54	7[1]	8[1]	14[1]	9[1]	4
55 to 64	17[1]	9[1]	8[1]	5[1]	7
65 and Older	11[1]	16[1]	7[1]	11[1]	6
Race/Ethnicity					
Respondent of Color	12	9	11	3[1]	10[1]
White	10	10	9	9[1]	5[1]
Education					
High School Graduate or Less	14[1]	14[1]	14[1]	12	7
Some Post High School	14[1]	13[1]	15[1]	9	6
College Graduate	9[1]	8[1]	7[1]	9	5
Difficulty Paying Monthly Bills					
Not Difficult	13[1]	10	8	10	4
Slightly/Somewhat Difficult	9[1]	9	12	9	7
Very/Extremely Difficult	4[1]	7	7	6	5
Children in Household					
Yes	5[1]	6[1]	9	8	3[1]
No	11[1]	12[1]	10	10	6[1]

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2026

APPENDIX A: QUESTIONNAIRE FREQUENCIES

WAUKESHA COUNTY
2026 COMMUNITY HEALTH SURVEY
April 22, 2026 to June 30, 2026

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. In what zip code do you live?

53188	15%
53186	13
53189	9
53066	7
53051	6
53151	6
53072	6
53045	5
53029	5
53089	4
53005	4
53150	3
53149	3
All others (2% or less)	13
Not sure	0
Prefer not to answer/No answer	2

2. What do you like best about living, visiting, or working in Waukesha County?
   Responses listed in separate document.

   The next two questions are about improving the health of county residents. **First**, we will look at health conditions and behaviors that can impact residents. **Second**, we will look at social and economic issues that need to be addressed to improve the health of residents.

3. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of Waukesha County residents?

Mental health, mental conditions and suicide	56%
Substance misuse including alcohol, drugs, tobacco	34
Nutrition, physical activity, and obesity	30
Chronic diseases including diabetes and heart disease	26
Communicable diseases, such as flu and measles	9
Intimate partner and domestic violence	7
Maternal, infant, and child health	7
Unintentional injury, including falls and vehicle accidents	5
Reproductive health, sexual health and sexually transmitted infections	3
Oral health	2
Not sure	5
Other, please specify	6

4./5. Please explain the reasons for your first/second selection as one of the largest health conditions or behaviors.
   Responses listed in separate document.

6. What are the **two** largest social or economic issues that must be addressed in order to improve the quality of life of Waukesha County residents?

Accessible, affordable, quality health care including medical, dental, mental and alcohol/drug treatment	45%
Safe and affordable housing	29
Economic stability and employment	17
Affordable childcare	16
Access to social services, including welfare programs, housing assistance, etc	13
Community violence and crime	12
Environmental health, including clean air, safe water, etc	12
Accessible and affordable transportation	9
Social connectedness and belonging	8
Education access and quality	6
Food insecurity	6
Family and parenting support	5
Unfair treatment	<1
Not sure	6
Other, please specify	5

7./8. Please explain the reasons for your first/second selection as one of the largest social or economic issues. Responses listed in separate document.

9. Generally speaking, how would you say that your own health is?

Poor	<1%
Fair	11
Good	34
Very good	40
Excellent	13
Not sure	<1

10. What are your top **three** most trusted sources for health information?

Hospitals, clinics, or healthcare providers	79%
Internet (Google, websites, etc.)	39
National health organizations (CDC, FDA, etc.)	29
Family/friends/neighbors	29
State health department	19
Local health department	17
Print materials (newspaper, magazines, etc.)	9
AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.)	9
Social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.)	8
Faith-based organizations	5
Community-based organizations (YMCA, Women's Center, Hope Center, Food Pantry, etc.)	4
TV	3
I don't know where to find trustworthy health information	4
Not sure	2
Other, please specify	8

11. In the past 12 months, where have you found health information that you most often used? (Check up to three.)

Hospitals, clinics, or healthcare providers	72%
Internet (Google, websites, etc.)	47
Family/friends/neighbors	29
National health organizations (CDC, FDA, etc.)	21
Social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.)	14
AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.)	11
State health department	10
Print materials (newspaper, magazines, etc.)	9
Local health department.	8
Faith-based organizations	3
Community-based organizations (YMCA, Women's Center, Hope Center, Food Pantry, etc.)	3
TV	2
I don't know where to find trustworthy health information	2
Not sure	2
Other, please specify	5

Below are some statements about health care services and providers, including, doctors, nurse practitioners, physician assistants, or primary care clinics in Waukesha County.

		Yes	No	Not Sure
12.	I have a health care provider where I regularly go for check-ups	91%	9%	<1%
13.	I can get an appointment for my health needs quickly	73	21	5
14.	My family are seen and listened to when I receive care	84	7	8
15.	I am seen and listened to when my child/children are receiving health care	88	6	6

16. In the past 12 months, where did you go when you were sick?

Not sick in the past 12 months 14%

Of the 1,220 Respondents who were sick in the past year:… [Multiple responses accepted]

Doctor's or nurse practitioners' office	83%
Urgent care center	57
Hospital emergency room	22
Virtual health/tele-medicine/telehealth/electronic visit	19
Worksite clinic	12
Alternative medicine locations, such as acupuncture, homeopathy, chiropractor, etc.	9
Quickcare Clinic/Fastcare Clinic	5
Free clinic (Waukesha Free Clinic, Lake Area Free Clinic, Community Dental Smiles and Pamela Parker Community Outreach Health Clinic, etc.)	1
Federally Qualified Health Center (Sixteenth Street, Milwaukee Health Services, etc.)	<1
No usual place	<1
Not sure	<1
Some other kind of place, please specify	2

17. In the past 12 months, have you <u>not</u> taken prescribed medication due to prescription costs?

Yes	14%
No	86
Not sure	<1

18. Was there a time during the last 12 months that you did not get the **medical care** needed?

Yes	15%	→ CONTINUE WITH Q19
No	83	→ GO TO Q20
Not sure	3	→ GO TO Q20

19. What were the reasons you did not receive the **medical care** needed?
[209 Respondents; Multiple responses accepted]

Cannot afford to pay	50%
Insurance did not cover it	41
Co-payments are too high	39
Unable to get an appointment	33
Inconvenient hours	20
Not enough time	14
Uninsured	13
Specialty physician not in area	13
Poor medical care available	9
Don't know where to go	9
Physical barriers	5
Lack of transportation	4
Technology issues/no internet/no computer	1
Lack of child day care	<1
Language barriers	0
Not sure	<1
Other, please specify	15

20. Was there a time during the last 12 months that you did not get the **dental care** needed?

Yes	17%	→ CONTINUE WITH Q21
No	82	→ GO TO Q22
Not sure	<1	→ GO TO Q22

21. What were the reasons you did not receive the **dental care** needed?
[237 Respondents: Multiple responses accepted]

Cannot afford to pay	52%
Insurance did not cover it	37
Co-payments are too high	27
Uninsured	20
Not enough time	18
Unable to get an appointment	16
Inconvenient hours	15
Poor dental care available	14
Don't know where to go	9
Unable to find a dentist to take Medicaid or other insurance	8
Lack of transportation	8
Physical barriers	3
Lack of child day care	2
Specialty physician not in area	2
Technology issues/no internet/no computer	<1
Language barriers	0
Not sure	<1
Other, please specify	12

22. In the past 12 months, was there a time that you did not get the **mental health care** needed?

Yes	13%	→ CONTINUE WITH Q23
No	83	→ GO TO Q24
Not sure	4	→ GO TO Q24

23. What were the reasons you did not receive the **mental health care** needed?
[184 Respondents; Multiple responses accepted]

Cannot afford to pay	43%
Unable to get an appointment	36
Insurance did not cover it	32
Co-payments are too high	30
Don't know where to go	24
Not enough time	23
Poor mental health care available	22
Inconvenient hours	18
Specialty physician not in area	12
Uninsured	11
Fear of others finding out	10
Lack of transportation	4
Someone did not want me to go	4
Physical barriers	2
Lack of child day care	2
Technology issues/no internet/no computer	1
Language barriers	0
Not sure	<1
Other, please specify	15

24. In the past 12 months, was there a time that you needed [or considered seeking] **alcohol or drug abuse treatment** but did not get it?

Yes	<1%	→ CONTINUE WITH Q25
No, I got the services needed	22	→ GO TO Q26
Does not apply, I did not need services in the past 12 months	77	→ GO TO Q26
Not sure	<1	→ GO TO Q26

25. What were the reasons you did not receive the **alcohol or drug abuse treatment** needed? [8 Respondents: Multiple responses accepted]

Cannot afford to pay	3 respondents
Poor alcohol or other drug abuse treatment care available	3 respondents
Don't know where to go	3 respondents
Fear of others finding out	3 respondents
Uninsured	2 respondents
Insurance did not cover it	2 respondents
Unable to get an appointment	2 respondents
Lack of transportation	2 respondents
Not enough time	2 respondents
Co-payments are too high	1 respondent
Specialty treatment physician not in the area	1 respondent
Physical barriers	1 respondent
Lack of child day care	1 respondent
Inconvenient hours	1 respondent
Language barriers	1 respondent
Technology issues/no internet/no computer	1 respondent
Someone did not want me to go	1 respondent
Not sure	0 respondents
Other, please specify	2 respondents

26. There are two things that could prevent you from being able to feed you and your household. 1) affordability (cost of the food) and 2) accessibility (being able to get the food). Which statement best describes your situation?

I can afford the food I want, and I can access it easily	83%
I can afford the food I want, but have difficulty accessing it	3
I cannot afford the food I want, but I could access it easily	11
I cannot afford the food I want, and I have difficulty accessing it	2
Not sure	2

27. How difficult is it for you to meet the monthly payments on your bills?

Not difficult at all	51%
Slightly difficult	26
Somewhat difficult	12
Very difficult	5
Extremely difficult	3
Not sure	2

28. How often does your household have enough money to pay for your basic needs like food, clothing, and housing?

Never	5%
Rarely	4
Sometimes	7
Often	18
Always	65
Not sure	<1

29. If you were suddenly without income for 3 months, how confident are you that you could cover all your household expenses?

Not at all confident	21%
Not too confident	14
Somewhat confident	23
Very confident	40
Not sure	2

30. To what extent do you agree or disagree with the following statement? "I would use an assistance program or other support program to get help if needed."

Strongly disagree	10%
Disagree	6
Neither agree nor disagree	15
Agree	42
Strongly agree	22
Not sure	5

31. How often do you feel lonely or isolated from those around you?

Never	28%
Rarely	33
Sometimes	26
Often	9
Always	3
Not sure	1

For the following statements, please choose the answer that best reflects you.

		Yes	No	Not Sure
32.	I have close friends, family, or other supports that I can depend on ..	92%	5%	3%
33.	I am involved in a faith-based, community, or service organization (such as VFW, Lions, Rotary, Rec. League, etc.)	42	56	2

34. Are there any faith-based, community, or service organizations you wish were available in your community/neighborhood?

Yes	19%
No	53
Not sure	28

35. Some people experience unfair treatment for varying reasons. In the past year, did you or someone in your household experience unfair treatment in the county?

Yes	12%	→ CONTINUE WITH Q36
No	80	→ GO TO Q37
Not sure	8	→ GO TO Q37

36. Please explain the reason and where in the county the unfair treatment occurred. [173 Respondents]

Reason		Location	
Race/ethnicity	12%	Government office	13%
Disability/health condition	10	Employment	7
Sex	7	Police	6
Age	5	School	6
Political	3	Healthcare system	5
Overweight	2	Businesses	3
LGBTQ	2	Social settings	2
Reverse discrimination	2	Communities	2
Working poor	2	Mental health system	2
Veteran	<1	Restaurant	1
No job	<1	Services/groups	<1
Appearance	<1	Neighborhood	<1
No technology	<1		
No family	<1		

Below are some statements about Waukesha County.

		Yes	No	Not Sure
37.	There are affordable health care services in the county	53%	14%	33%
38.	There are quality health care services in the county	87	4	9
39.	Childcare daycare/pre-school resources are available for those who need them	31	16	53
40.	There are affordable places to live in the county	36	34	29
41.	There are safe places to live in the county	92	2	6
42.	The county has a variety of accessible places to walk	84	10	7
43.	I feel safe walking in the county	85	7	8
44.	There are affordable public transportation options in the county	28	26	46
45.	The public transportation is easy to use in the county	16	33	50

46. To what extent do you agree or disagree with the following statement? “Decisions in Waukesha County are made with resident participation. For example, I am given an opportunity to express my concerns.”

Strongly disagree	8%
Disagree	15
Neither agree nor disagree	33
Agree	25
Strongly agree	5
Not sure	13

47. What are the **two** largest issues that impact children and youth 18 or younger in Waukesha County?

Mental health	42%
Internet/social media use/abuse	40
Bullying	20
Vaping, juuling, and e-cigarette use	14
Physical activity and exercise	10
Other illegal drugs, except marijuana, for example, methamphetamines, heroin, cocaine or crack, ecstasy, or hallucinogens	10
Marijuana, weed, gummies, and edibles	9
Nutrition and eating habits	9
Alcohol use	5
Prescription drug misuse	1
Cigarette smoking and other tobacco use, not including vaping	1
Not sure	15
Other, please specify	5

Lastly, a few questions about you to make sure we have a good representation of people in Waukesha County.

48. What is your age?

18 to 24 years old	9%
25 to 29 years old	6
30 to 34 years old	6
35 to 39 years old	7
40 to 44 years old	9
45 to 49 years old	7
50 to 54 years old	7
55 to 59 years old	7
60 to 64 years old	10
65 to 69 years old	8
70 to 74 years old	7
75 to 79 years old	4
80 or older	6
Prefer not to answer/No answer	7

49. What is your sex?

Female	46%
Male	45
Prefer not to answer/No answer	9

50. Are you Hispanic or Latino?

Yes	4%
No	85
Not sure	<1
Prefer not to answer/No answer	10

51. What is your race?

American Indian or Alaska Native	<1%
Asian or Asian American	1
Black or African American	1
Native Hawaiian or Other Pacific Islander	<1
White or Caucasian	81
Two or more races	2
Another race	2
Not sure	<1
Prefer not to answer/No answer	12

52. Which of the following best describes your highest level of education completed?

8th grade or less	<1%
Some high school	<1
High school graduate or GED	7
Some college	14
Technical school graduate	9
College graduate	39
Master's degree or higher	23
Not sure	0
Prefer not to answer/No answer	6

53. What is your annual household income?

Less than $20,000	2%
$20,000-$34,999	5
$35,000-$49,999	4
$50,000-$74,999	11
$75,000-$99,999	13
$100,000-$149,999	19
$150,000-$199,999	11
$200,000 or more	12
Not sure	3
Prefer not to answer/No answer	20

54. How would you best describe your current employment status?

Full-time employment	54%	→ CONTINUE WITH Q55
Part-time employment	8	→ CONTINUE WITH Q55
Seasonal employment	1	→ CONTINUE WITH Q55
More than one job	2	→ CONTINUE WITH Q55
Retired	26	→ GO TO Q57
Stay at home caregiver	2	→ GO TO Q57
Student	1	→ GO TO Q57
Temporarily out of work	<1	→ CONTINUE WITH Q55
Unable to work	1	→ GO TO Q57
Not sure	<1	→ GO TO Q57
Prefer not to answer	4	→ GO TO Q57

55. Do you have any difficulty getting or keeping a job that allows you to pay your monthly bills? [896 Respondents]

Yes	9%	→ CONTINUE WITH Q56
No	88	→ GO TO Q57
Not sure	3	→ GO TO Q57

56. Which factors make it difficult for you to get or keep a job that allows you to pay your monthly bills? [77 Respondents: Multiple responses accepted]

I can't find a job that pays enough	70%
I need education or training to get a job that pays enough	36
I can't advance in my current job	36
Work schedule shifts conflict with my other responsibilities	23
I am in poor health/have a disability	21
Childcare costs are too much	8
I don't have a reliable car	7
There's no bus system where I live	4
There are no childcare spots near me	3
I have a criminal record	3
English is not my primary language	0
Not sure	1
Other, please specify	13

57. What is your current living situation?

I have a stable place to live	88%
I have an affordable place to live today, but I'm worried about losing it in the future	11
I do not have a reliable place to live (I am temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park)	<1
Not sure	<1

In order to better understand your household needs, please include the number of people, <u>including yourself,</u> who are living in your household. [722 Respondents]

		0	1	2 or more
58.	Adults 18-64 years old	15%	22%	63%
59.	Adults 65 and older	73	17	10
60.	Children 0 to 4 years old	92	6	2
61.	Children 5 to 17 years old	78	11	12

62. Please list any additional thoughts or comments you have about helping us improve the health of county residents.

Responses listed in separate document.

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to https://211wisconsin.communityos.org

APPENDIX B: SURVEY METHODOLOGY

2023 Community Health Survey

The 2023 Waukesha County Community Health online survey was conducted from September 15 through November 25, 2023. The questionnaire was entered into Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the county. A Spanish version of all communication tools and the survey were available. A total of 488 surveys were completed. Post-stratification was conducted at the estimated 5-year-age-group level by sex of the 2021 county characteristics of the American Community Survey. The margin of error is ±4 percent. The margin of error for smaller subgroups will be larger than ±4 percent, since fewer respondents are in that category.