

2022 Portage County LIFE Survey Report

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THE SURVEY RESEARCH CENTER (SRC)

The Survey Research Center (SRC) is a research organization at the University of Wisconsin – River Falls in River Falls, Wisconsin. Since 1990, the SRC has provided statistically sound, low-cost information gathering services for academics, local units of government, non-profit groups, school districts, and other organizations. The SRC conducts surveys on a wide variety of topics including customer satisfaction, resident experience, business climate, equity and inclusion, labor needs, etc. The SRC is directed by Dr. Shaheer Burney and currently employs two staff members and seven student assistants.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

THE SURVEY RESEARCH CENTER.....	2
ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	5
SURVEY METHODOLOGY	8
QUALITY OF LIFE IN PORTAGE COUNTY	10
Family and Community Issues.....	10
Health Issues	12
Public Services and Education.....	16
Crime and Public Safety	17
Overall Quality of Life.....	20
HOUSEHOLD FINANCES	22
Household Food Security.....	22
Access to Housing.....	24
Household Income and Savings.....	25
Employment Issues	27
Medical Debt.....	29
Internet Access.....	30
ACCESS TO HEALTH CARE SERVICES	34
Health Insurance	34
Health Care Providers	36
Prescription Medication	41
Mental Health Concerns	43
PERSONAL HEALTH, WELLNESS, AND ENVIRONMENTAL STEWARDSHIP	47
Responsible Consumption of Alcohol	47
Exercise.....	49
Water Quality at Home	50
Environmental Stewardship.....	52
DISCRIMINATION	55
Likelihood of Experiencing Discrimination	55
Basis for Discrimination	56
Where Discrimination Takes Place.....	58
COMMUNITY ENGAGEMENT	60
Volunteer Work	60
Charitable Donations	62
OPEN-ENDED COMMENTS	64
DEMOGRAPHICS	66
CONCLUSION	69
APPENDIX	71

EXECUTIVE SUMMARY

The goal of this survey was to collect data on multiple facets of quality of life and the general wellbeing of residents of Portage County, WI. Data was collected by distributing a paper survey to a random sample of Portage County residents, and through a targeted survey distribution, directed at residents who are low-income, renters, or people of color, conducted by the United Way of Portage County and the organization's partners. A total of 502 complete or near-complete responses were received, which far exceeded the minimum sample size needed of 379 responses to construct statistically valid estimates (using the standard of +/- 5% margin of error and 95% confidence interval). The key findings of the study are as follows:

Quality of Life

- Regarding **family and community issues**, residents agree that diversity is beneficial and that community services (such as support for child development and elder care) are readily available in the county. However, large proportions of residents indicated that childcare and elder care are not affordable and that living wages are not paid by employers in Portage County.
- Regarding **health issues**, while residents agreed that health care, dental care, and mental health services are available in the county, they also indicated that these services are not very affordable. In addition, residents identified binge drinking, misuse of prescription drugs, and use of e-cigarettes and vaping as concerns for their community.
- Regarding **public services**, residents are largely satisfied with parks and recreation, public libraries, arts and entertainment, public education, information on community services, and public transportation. However, many feel that roads are not well maintained and that public education is not affordable.
- Regarding **public safety**, large proportions of residents agreed that distracted driving, driving under the influence, illegal drug use, and bullying are problems in the county. Somewhat smaller proportions indicated that family violence and property crimes are a problem. Encouragingly, about 94% of residents stated that they feel safe in Portage County, and this proportion has increased consistently since 2012.
- Over half of all respondents stated that the **overall quality of life** in Portage County is “good” or “excellent.” Only 14% indicated that it is “poor” or “very poor.” However, residents in vulnerable populations, such as low-income and female, and those in the targeted sample (low-income, people of color, and renters) are less likely to rate the quality of life as “good” or “excellent” relative to their counterparts.

Household Finances

- About 14% of residents reported that they ran out of **food** at some point during the last year. This proportion has declined consistently since 2012 when 25% of residents reported the same. In addition, 83% of those who ran out of food sought food assistance and 85% of those who sought food assistance used a pantry or community meal site.

- An impressive 95% of residents indicated that they have access to safe **housing**, although low-income and female residents are much less likely to fall into this category relative to higher income and male residents. In addition, about 41% indicated that they spend more than 30% of their income on housing-related costs, a proportion that has not changed much since 2012.
- Regarding difficulty in covering **household expenses**, a total of 10% of residents indicated that it is very difficult. Moreover, 39% of respondents stated that they do not have an **emergency fund** set aside to cover 3-months of expenses. Both measures have improved dramatically over the last decade.
- The major reasons for changing or leaving **employment** during the previous year were that the position did not offer enough hours or that wages were too low. The fact that significant proportions of residents were able to leave these positions is a positive as it signals strong job mobility.
- Only 22% of residents reported having **medical debt**, compared to over one-third (36%) about a decade ago. However, the proportion with more than \$1,000 in medical debt has not improved during that time.
- About 14% of residents indicated that they do not have access to **internet** services at home. The primary reason for not having access was the cost of internet services. Not surprisingly, among the demographic groups considered, low-income residents were most likely to not have access relative to higher income residents.

Access to Health Care Services

- About 8% of residents reported not having **health insurance** at some point during the previous year, with the cost of health insurance being the most common reason identified by those who did not have insurance. The likelihood of not having health insurance has declined but cost has become a larger hurdle since 2012.
- Near one-in-five (19%) of residents stated that they did not see a **medical care** provider when it was needed during the last year. The two most common reasons were unavailability of appointments and inability to pay for the service. Lack of appointments has consistently become a much larger impediment since 2012 and cost has persisted as a major impediment.
- About 23% of residents stated they did not see a **dentist** when needed during the last year. Having no means to pay for service and not having dental insurance were the two most significant reasons. Both, affordability and lack of health insurance, have declined significantly as impediments to accessing care over the last 5 years.
- Only 8% of residents indicated that they did not take needed **prescription medicine** in the last year. Affordability and lack of insurance were the two most common reasons, and both reasons have become bigger impediments over the last decade.
- About 14% of residents indicated that they did not see a **mental health** provider when needed. This proportion has increased over time. Unavailability of appointments was the main reason identified by respondents and it seems to have become a much bigger impediment during the last decade.

Personal Health, Wellness, and Environmental Stewardship

- Regarding **consumption of alcohol**, about 15% of residents indicated that they consumed alcohol excessively at least two times during the last month. There has not been much improvement in this measure over time. Fortunately, only 1% of residents agreed to having operated a vehicle after consuming two or more drinks.
- Well over three-quarters (78%) of respondents indicated that they **exercise** at least once per week for 30 minutes or more. Low-income residents are less likely to exercise this frequently while college graduates are more likely than their counterparts.
- About three-quarters (73%) of residents who have private wells indicated not getting them tested annually for **water quality**. This proportion has increased by about 10 percentage points between 2012 and 2022. About 70% of these residents indicated that they were not aware that well should be tested annually.
- Only about 41% of residents indicated that they dispose of **special wastes** properly. This proportion has also decreased significantly over the last 5 years. About one-third of those who do not properly dispose special wastes indicate that it is due to cost.

Discrimination

- About 11% of residents reported that they or someone in their household experienced discrimination during the last 12 months. This proportion has dropped since 2007. The most common bases for discrimination were age, income, weight, gender, race or ethnicity, and disability. The most common settings in which discrimination occurred were at the store, workplace, school, and medical facilities.

Community Engagement

- About 37% of residents reported **volunteering** in the community during the previous 12 months, and 38% of those residents stated that they volunteered for more than 50 hours. Both proportions have declined since 2017.
- Well over three-quarters (78%) of residents indicated that they donated to **charity** during the last 12 months. This proportion has increased by 9 percentage points since 2017.

Open-Ended Comments

- In their open-ended responses to what change would improve their quality of life in Portage County over the next 5 years, 267 residents provided a variety of changes. The most common changes included improved road conditions (15%), affordable housing (13%), affordable health care and mental health services (12%), more emphasis on sustainability (10%), more and better opportunities for recreation (10%), affordable childcare (7%), and better-paying jobs (7%). Several additional changes were offered by small proportions of residents.

SURVEY METHODOLOGY

The primary method of data collection was a mail-in survey distributed to two groups of Portage County residents: a randomly selected sample from the population of all residents, and a targeted sample drawn from the population of low-income residents, renters, and people of color. The SRC mailed a paper survey to 1,137 households in the random sample. In addition, the SRC sent 1,500 copies of the survey to the United Way of Portage County for distribution to households in the targeted sample. Both sets of households had the option to take the survey online through a URL and QR code included in the survey cover letter.

The survey was launched on February 11, 2022. The SRC mailed the first set of surveys to the random sample on the launch date, followed by a reminder postcard on March 4 and a second mailing on April 1. The SRC needed 379 responses to construct statistically reliable estimates for residents of Portage County and expected to receive a total of 519 responses due to the oversampling of low-income households, renters, and people of color. For statistical reliability, we used the standard of +/- 5% margin of error, that is, if the survey was repeated 20 times, only once would the average response deviate by greater than 5% from the estimates in this report. The actual number of responses received was 502 complete or near-complete responses (all responses totaled 531), well above the 379 minimum sample size needed. The estimates presented in this report, therefore, have a smaller margin of error and a much higher validity than the statistical standard of +/- 5% margin of error and 95% confidence interval.

In the following analysis, where appropriate we present responses sorted by ranking (or popularity). For questions that require respondents to indicate their level of agreement, response categories are ranked based on decreasing level of agreement, that is, from the highest level of agreement (for example, “excellent” or “strongly agree”) to the lowest level of agreement (for example, “very poor” or “strongly disagree”). For the ranking, we calculated a score for each category by assigning a weight based on the level of agreement. That is, for a question that asked residents about their level of agreement with the statement “childcare is affordable,” a “strongly agree” response was assigned a weight of 4 (the highest weight possible) and a “strongly disagree” response was assigned a weight of 1 (the lowest weight possible). The weights were multiplied by the proportion of respondents who selected that response to calculate the overall score.

In addition to means and rankings, we also present results based on their statistical significance. Statistical significance indicates the reliability of an estimate. It allows greater confidence that the result represents the true perception of respondents and was not obtained by “chance.” It does not, however, mean that the difference between the average values is necessarily large, important, or “significant” in the common usage of the word.

We assessed the statistical significance of differences between residents in the following six demographic groups:

- **Targeted Sample:** respondents from the targeted sample that includes a high proportion of low-income residents, renters, and people of color, relative to those in the random sample. Differences between the targeted sample and the random sample determine how vulnerable populations differ from other residents in the county.

- Females: respondents who identify as “female” relative to identifying as “male” or “non-binary.”
- Young adults: respondents that report their age between 18 to 34 years old. These residents are more likely to be students or early-career professionals and represent the incoming workforce and leadership of the county.
- Seniors: respondents that report their age as 65 years or older. About 21% of the Portage County population falls into this category, and these residents are more likely to be involved in their community and face issues that are unique from residents in other age groups.
- Low-Income: respondents who have a household income of less than \$35,000. About 27% of the Portage County population has income below this threshold. For reference, the median income in Portage County is \$60,316 (2020 American Community Survey).
- College Grads: respondents who have a 4-year bachelor’s degree or higher. About 29% of Portage County residents have a bachelor's degree or a graduate or professional degree. These residents are much less likely to be college students.
- Rural: respondents who reside outside of the county’s urban region that include Stevens Point, Plover, Whiting, and Park Ridge. About 38% of the survey respondents indicated that they live in a rural area.

Throughout the report, differences are presented in tables as probabilities and statistically significant estimates are indicated in **bold** font. Estimates shown in these tables can be interpreted as the difference between demographic groups in the proportion of respondents who selected a certain response. Estimates with a positive sign represent a positive difference and those with a negative sign represent a negative difference between demographic groups. In the following analysis, we present the following three sets of estimates for each measure considered in this survey:

- Summary of responses to the survey question in a table or a graph.
- A table of differences between responses of residents in the demographic groups described above, with statistically significant differences shown in **bold** font.
- A table comparing the results of the 2022 survey to the previous LIFE surveys for which data is available and in which the question was similarly asked. For most questions, we compare 2022 estimates to those from 2017 and 2012 surveys. Where possible, a comparison to the 2007 survey is also made.

QUALITY OF LIFE IN PORTAGE COUNTY

In this section, we present responses to a series of questions that gauged the perception of residents towards the quality of life in Portage County across multiple fronts. Residents were asked what they think about family issues, health issues, availability and quality of public services, public safety, and overall quality of life in the county.

Family and Community Issues

Figure 1 summarizes how strongly respondents agreed or disagreed with statements about family and community issues in Portage County. There is widespread agreement regarding the first four statements. About nine in ten residents agree that diversity is beneficial to have in the county (94%), support for child development is readily available (93%), support for victims of family violence is readily available (87%), and that elder care is available (87%). About eight in ten residents agree that Portage County is an inclusive community (80%) and that childcare is available (80%). There is much less agreement regarding the remaining statements, all three of which relate to affordability. Less than half of all residents “agree” or “strongly agree” that living wages are paid (45%), elder care is affordable (47%), and childcare is affordable (40%).

Figure 1. Level of Agreement with Family and Community Issues in Portage County

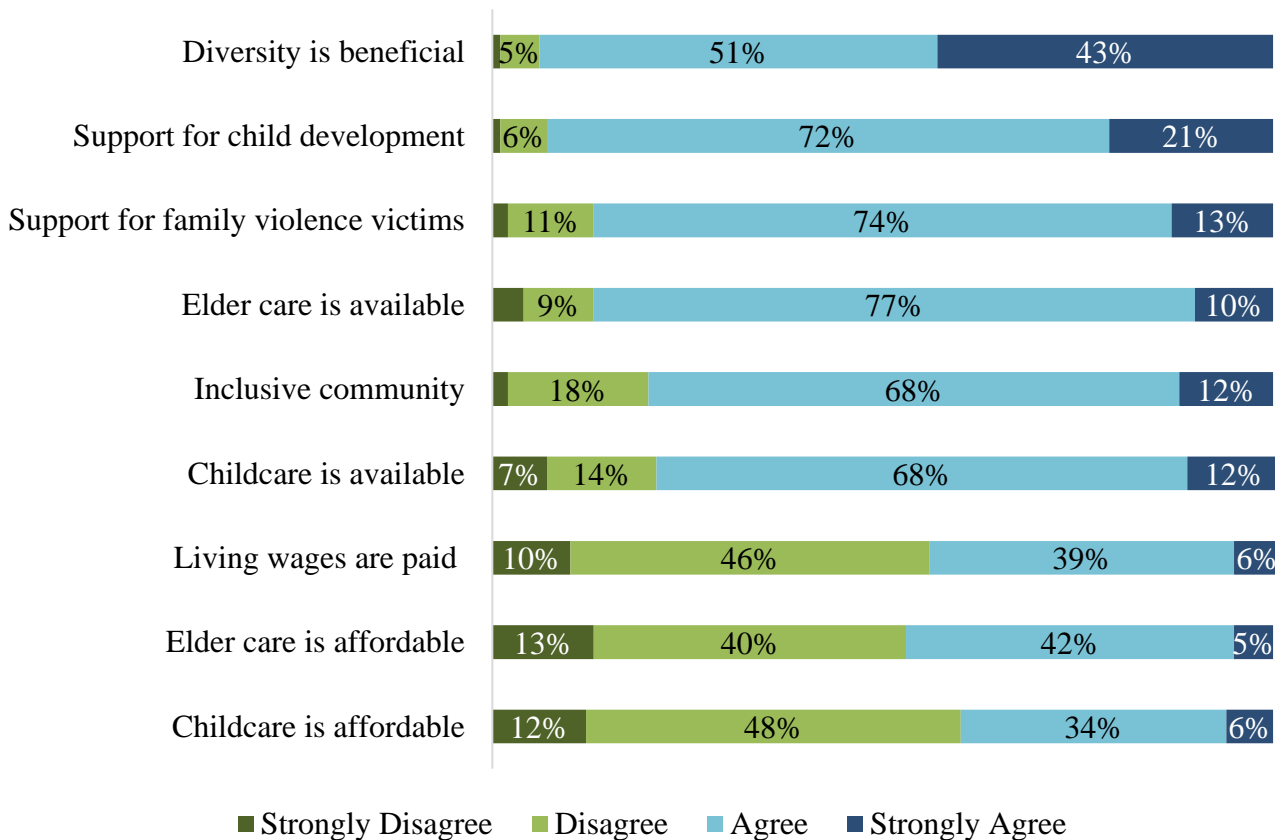


Table 1. Likelihood of Selecting "Strongly Agree" or "Agree" to Family Issues by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Diversity is beneficial	-1%	3%	-2%	0%	-4%	5%	-2%
Support for child development	-4%	-4%	-5%	1%	-2%	4%	-4%
Serv. for victims of family viol.	-3%	-5%	-6%	1%	-4%	9%	-2%
Elder care is available	-1%	-15%	-2%	4%	1%	5%	-1%
Inclusive community	-2%	-3%	5%	-5%	2%	-11%	-2%
Childcare is available	-8%	-14%	-16%	11%	-2%	2%	-1%
Living wages are paid	-5%	-13%	-15%	8%	1%	5%	5%
Elder care is affordable	3%	-7%	-3%	-7%	13%	-2%	-10%
Childcare is affordable	-3%	-13%	-14%	-2%	13%	-7%	-6%

Table 1 shows differences between demographic groups in the likelihood of selecting “strongly agree” or “agree” to the statements regarding family and community issues shown in Figure 1. Differences that are statistically significant at the 5% level (the standard for statistical significance) are shown in bold font. Notably, residents in the targeted sample do not differ statistically significantly from residents in the random sample in their perceptions of any family and community issue. Among statistically significant results,

- Female residents are 15% less likely to agree that elder care is available, 14% less likely to agree that childcare is available, 13% less likely to agree that living wages are paid, and 13% less likely to agree that childcare is affordable relative to male residents.
- Young adults (age 18 to 34) are less likely to agree that childcare is available (-16%), living wages are paid (-15%), and that childcare is affordable (-14%) relative to older residents (age 35+). This is an expected result since residents in this age group are more likely to be in the workforce and to have young children in the household.
- Senior residents (age 65+) are 11% more likely to indicate that childcare is available relative to younger residents (age less than 65).
- Low-income residents (income less than \$35,000) are more likely to agree that elder care (13%) and childcare are affordable (13%) relative to residents with higher incomes. While this may seem like a counterintuitive result, it is notable that a smaller proportion of low-income residents have children in the household (61%) than higher income residents (75%). In addition, only 35% of low-income residents are seniors while 45% of higher income residents are in that age group. Therefore, low-income residents may perceive childcare and elder care to be more affordable than residents who have children in the household or are seniors.

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Table 2. Likelihood of Selecting "Strongly Agree" or "Agree" to Family and Community Issues by Year

	2012	2017	2022
Diversity is beneficial	73%	77%	94%
Support for child development	65%	61%	93%
Services for victims of family violence	60%	55%	87%
Elder care is available	50%	53%	87%
Inclusive community	56%	67%	80%
Childcare is available	53%	46%	80%
Living wages are paid	32%	27%	45%
Elder care is affordable	18%	18%	47%
Childcare is affordable	20%	17%	40%

- College graduates are 9% more likely to agree that services for victims of family violence are available and 11% less likely to agree that Portage County is an inclusive community relative to those with lower education levels.

Table 2 (above) shows changes over the 10-year period between 2012 and 2022 in the likelihood of selecting “strongly agree” or “agree” to statements about family and community issues. While the likelihood of agreement has increased drastically for all statements, these results should be interpreted cautiously. First, in previous surveys residents had the option to select “neither agree or disagree” or “don’t know/not applicable.” These options were not provided in the 2022 survey. As a result, it is possible that some residents who previously selected those two options expressed agreement in the 2022 survey. Nonetheless, it is still informative that the residents who previously either avoided answering the question or took a neutral stance chose “strongly agree” or “agree” rather than “strong disagree” or “disagree” to these statements.

Health Issues

Figure 2 (on the next page) shows the level of agreement with statements regarding health of Portage County residents. While residents overwhelmingly agree that health care is available in the county, there is a widespread disagreement that health care is affordable. About 91% of respondents indicated they “agree” or “strongly agree” that health care is available, while only 33% stated the same regarding affordability. Statements regarding dental care and mental health depict a similar result. About 86% of respondents indicated they “strongly agree” or “agree” that dental care is available, but only 35% agreed that dental care is affordable. About three-quarter (72%) agreed that mental health services are available and only 37% agreed that mental health services are affordable. Well over three-quarters of respondents expressed concern regarding binge drinking (80%), misuse of prescription drugs (81%), and e-cigarettes/vaping (79%). In addition, about 76% of respondents “disagreed” or “strongly disagreed” that people in Portage County maintain a healthy weight. While these issues are prevalent across the state and nationally, results show that large proportions of residents consider these major health concerns for their community.

Figure 2. Level of Agreement Regarding Health Issues in Portage County

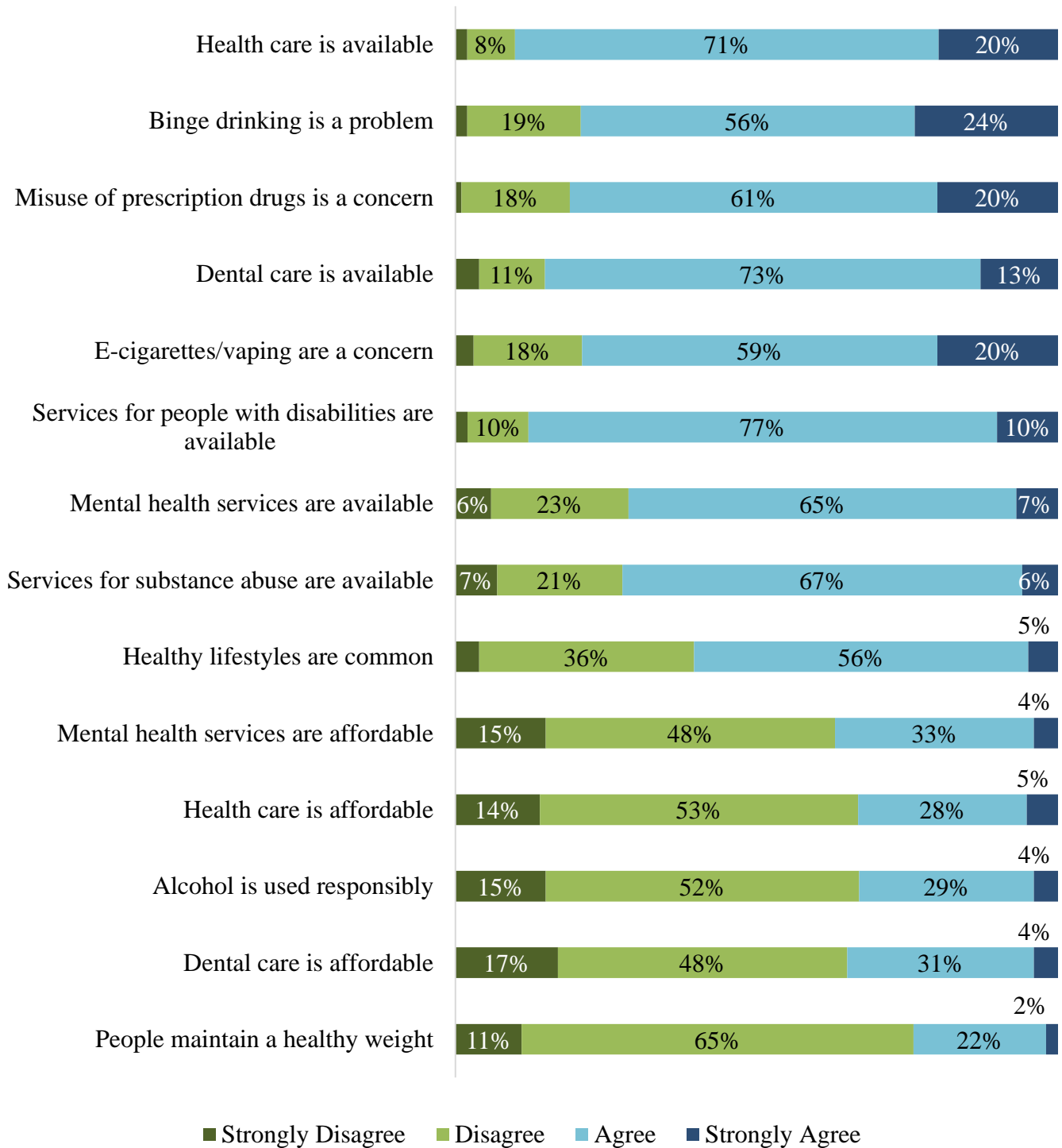


Table 3. Likelihood of Selecting "Strongly Agree" or "Agree" to Health Issues by Demog. Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Health care is available	-8%	-7%	-8%	10%	-11%	3%	5%
Binge drinking is a problem	-4%	0%	-6%	9%	-6%	6%	1%
Misuse of prescription drugs...	-8%	-8%	-17%	22%	-7%	7%	5%
Dental care is available	-14%	-14%	-2%	9%	-19%	13%	4%
E-cigarettes/vaping are a concern	-7%	-3%	-18%	21%	-8%	7%	6%
Serv. for people w/ disabilities...	-4%	-12%	-2%	7%	-4%	1%	0%
Mental health serv. are available	-14%	-18%	-5%	0%	-3%	-5%	4%
Services for substance abuse...	-13%	-13%	0%	16%	-4%	-4%	4%
Healthy lifestyles are common	5%	-3%	-3%	2%	-4%	6%	-13%
Mental health serv. are affordable	-5%	-5%	-8%	-3%	5%	-9%	2%
Health care is affordable	0%	-10%	-7%	7%	10%	-7%	3%
Alcohol is used responsibly	-4%	-17%	0%	-2%	2%	-7%	6%
Dental care is affordable	2%	-3%	0%	-7%	3%	-1%	-8%
People maintain a healthy weight	7%	6%	20%	-20%	8%	-6%	-6%

Table 3 shows differences between demographic groups in the likelihood of selecting “strongly agree” or “agree” to statements about health issues. Among statistically significant results,

- Interestingly, residents in the targeted sample are less likely to agree with the availability of all types of services relative to residents in the random sample. The targeted sample residents are less likely to agree that health care is available (-8%), dental care is available (-14%), mental health services are available (-14%), and services for substance abuse are available (-13%). Given that residents in the targeted sample are more likely to be renters, people of color, and low-income residents, that they are more likely to perceive these services as unavailable relative to their counterparts is concerning.
- Similarly, female residents are less likely to agree with the availability of all types of services (health care, dental care, disability, mental health, and substance abuse) listed in Figure 2 relative to male residents. In addition, female residents are less likely to agree that health care is affordable, and alcohol is used responsibly.
- Young adults are less likely to indicate that health care is available, and that misuse of prescription drugs and e-cigarettes/vaping is a concern relative to those older adults. Moreover, young adults are more likely to agree that people in Portage County maintain a healthy weight.
- Senior residents are more likely to agree that health and dental care are available and that services for people with disabilities and for substance abuse are available relative to younger residents. However, they are also more likely to consider binge drinking, misuse of prescription drugs, e-cigarettes and vaping, and people not maintaining a healthy weight as major concerns.

- Low-income residents are less likely to agree that health care and dental care are available in Portage County relative to higher income residents. In addition, low-income residents are more likely to agree that health care is affordable. This result may seem contradictory as one would expect low-income households to be more concerned about the affordability of health care relative to higher income households. A possible explanation is that all low-income (household income less than \$35,000) residents in a family of four would qualify for Medicaid under Wisconsin’s income limit of \$36,908 and almost all low-income residents in a family of two would meet Wisconsin’s Medicaid income limit of \$24,253 for a household of that size (Medicaid income limits for Wisconsin are available at [Benefits.Gov](https://www.benefits.gov)). As a result, their out-of-pocket costs for health care services may be small.
- College graduates are 13% more likely to agree that dental care is available relative to residents with less than a college degree.
- Rural residents are 13% less likely to agree that healthy lifestyles are common relative to residents who live in urban areas.

Table 4 shows differences in the three surveys conducted between 2012 and 2022 in the proportion of residents who selected “strongly agree” or “agree” to each statement regarding health issues in Portage County. Note that not all statements in the 2022 survey were included in the previous surveys. In addition, as stated in the discussion of Table 2, direct comparisons cannot be made between these proportions since the 2022 survey did not have the “neither agree or disagree” or the “don’t know/not applicable” options. While the proportion of residents who agree has gone up for all statements, the affordability of health care and dental care has increased only slightly while the availability of dental care has had only a modest improvement.

Table 4. Likelihood of Selecting "Strongly Agree" or "Agree" to Health Issues by Year			
	2012	2017	2022
Health care is available	84%	87%	91%
Binge drinking is a problem	-	-	80%
Misuse of prescription drugs is a concern	-	63%	81%
Dental care is available	79%	79%	86%
E-cigarettes/vaping are a concern	-	43%	79%
Services for people with disabilities are available	-	67%	87%
Mental health services are available	64%	58%	72%
Services for substance abuse are available	-	-	73%
Healthy lifestyles are common	41%	49%	61%
Mental health services are affordable	20%	21%	37%
Health care is affordable	31%	31%	33%
Alcohol is used responsibly	31%	25%	33%
Dental care is affordable	33%	33%	35%
People maintain a healthy weight	-	-	24%

Public Services and Education

Figure 3 summarizes how strongly residents agree or disagree with statements regarding public services and education in Portage County. Well over 90% of respondents “strongly agree” or “agree” that they are satisfied with parks and recreation (93%) and that public library services are adequate (95%). Somewhat smaller proportions indicated that they are satisfied with arts and recreation (81%), that public education prepares students well (80%), that information on community services is accessible (81%), and that they are satisfied with public transportation (75%). However, well under half of all residents agreed that roads are well maintained (45%) and only about one-third agreed that higher education is affordable (35%).

Table 5 (on the next page) shows differences between demographic groups in the likelihood of selecting “strongly agree” or “agree” to statements regarding public services. Among statistically significant results,

- Residents in the targeted sample and female residents are less likely to be satisfied with public transportation relative to residents in the random sample and male residents, respectively.
- College graduates are more likely to agree that public education prepares students well and that roads are well maintained relative to residents with less than a college degree.

Figure 3. Level of Agreement Regarding Public Services in Portage County

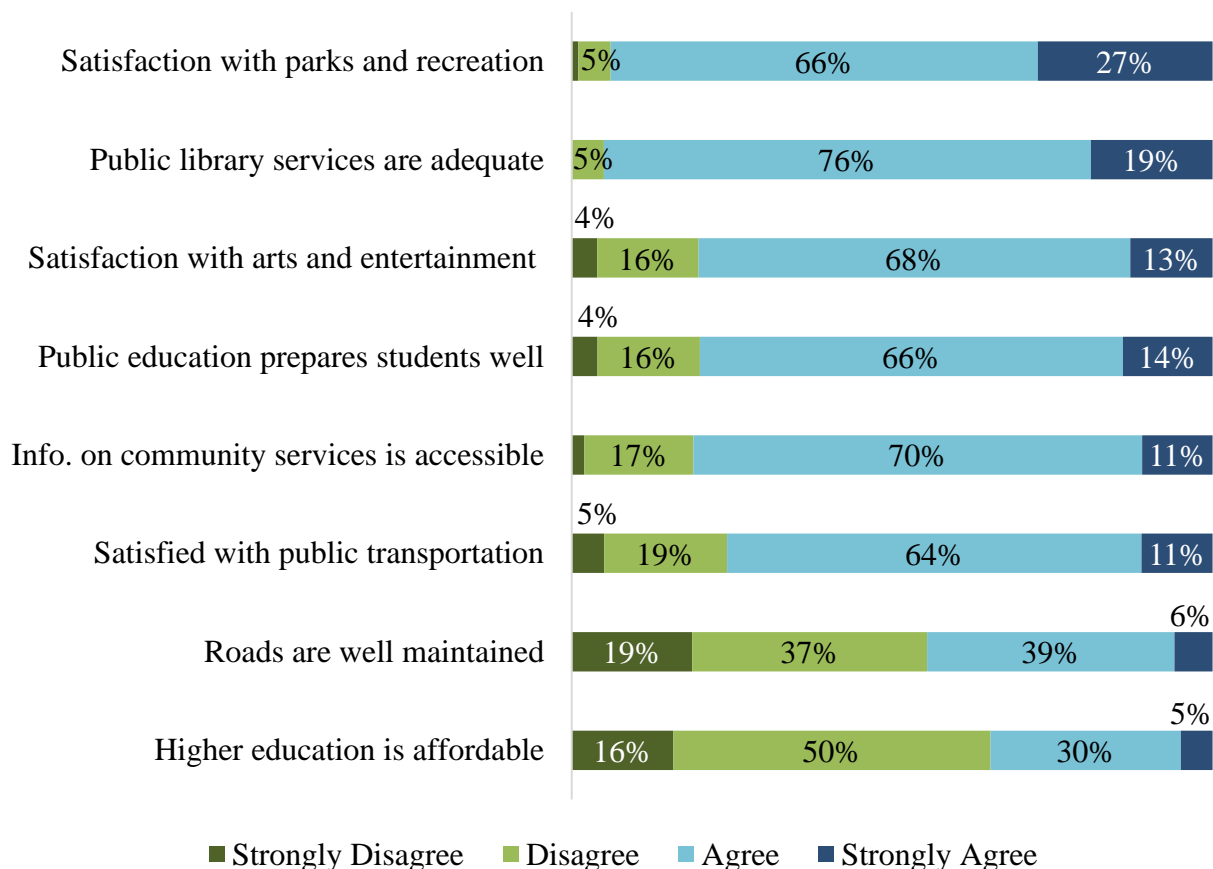


Table 5. Likelihood of Selecting "Strongly Agree" or "Agree" to Public Services by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Satisf. with parks and recreation	-2%	-4%	-4%	3%	-2%	3%	0%
Public library srvcs. are adequate	-2%	2%	1%	0%	0%	1%	1%
Satisf. with arts and entertainment	-5%	-2%	-6%	4%	-5%	3%	4%
Public educ. prepares students...	3%	4%	-3%	0%	5%	10%	-2%
Info. on community services...	4%	0%	-1%	4%	-2%	4%	-6%
Satisf. with public transport.	-11%	-15%	5%	6%	2%	-8%	-1%
Roads are well maintained	-5%	3%	-1%	6%	-5%	13%	7%
Higher education is affordable	2%	-9%	-7%	4%	1%	5%	2%

Table 6 shows the changes over time in the proportion of residents who selected “strongly agree” or “agree” to statements regarding public services. While all other statements have seen a significant increase between 2012 and 2022, the statement regarding affordability of higher education has seen a slight increase only while the proportion of residents who agreed that roads are well maintained has declined by 9 percentage points. Clearly, a large proportion of residents are not satisfied with the conditions of roads in Portage County.

Table 6. Likelihood of Selecting "Strongly Agree" or "Agree" to Public Services by Year

	2012	2017	2022
Satisfaction with parks and recreation	81%	85%	93%
Public library services are adequate	83%	83%	95%
Satisfaction with arts and entertainment	58%	63%	81%
Public education prepares students well	61%	61%	80%
Info. on community services is accessible	66%	72%	81%
Satisfied with public transportation	40%	43%	75%
Roads are well maintained	56%	45%	45%
Higher education is affordable	33%	30%	35%

Crime and Public Safety

Figure 4 shows residents’ level of agreement with statements regarding crime and public safety. While an overwhelming majority (94%) selected “strongly agree” or “agree” to feeling safe in Portage County, they did express major concern with driving, illegal drug use, and bullying. About 86% and 83% of respondents agreed that distracted driving and drinking and driving, respectively, are problems in Portage County. Another 80% stated the same about illegal drug use and about three-quarters (74%) agreed that bullying is a problem. Well under two-thirds of respondents expressed concern about family violence and property crime, while about half or less of all respondents expressed concern with child abuse, sexual assault, shoplifting, and physical assault in Portage County. Notably, only 6% or less of all respondents “strongly agreed” to these issues being concerns in the county.

Figure 4. Level of Agreement Regarding Crime and Public Safety Issues in Portage County

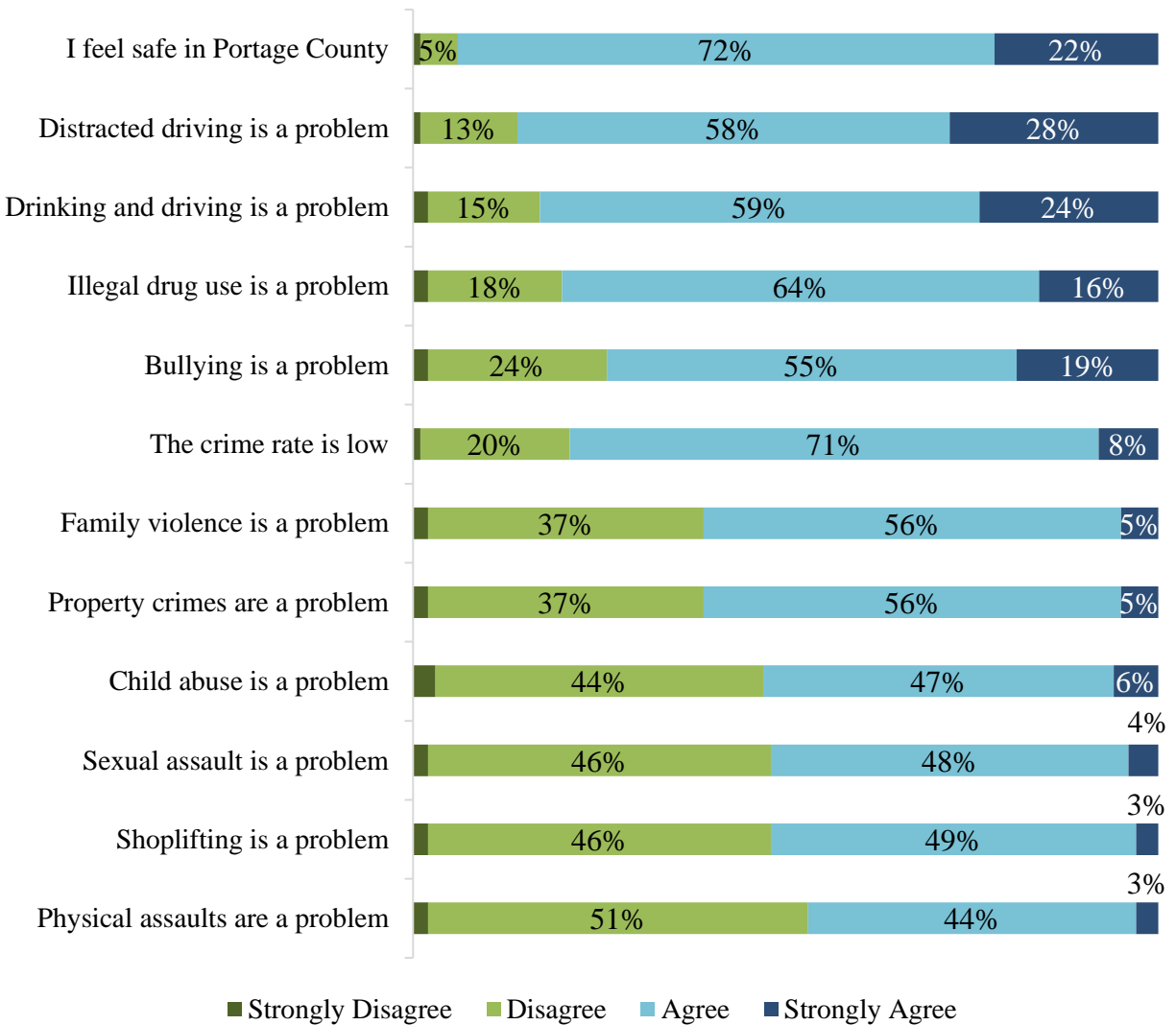


Table 7 (on the next page) shows differences between demographic groups in the likelihood of selecting “strongly agree” or “agree” to each crime and public safety issue listed in Figure 4. Among statistically significant results,

- Residents in the targeted sample are less likely to agree that distracted driving (-7%) and illegal drug use (-10%) are problems relative to residents in the random sample.
- Female residents are 4% less likely to feel safe relative to male residents.
- Young adults are less likely to agree that illegal drug use (-17%), family violence (-15%), property crimes (-19%), and shoplifting (-23%) are problems, and 5% more likely to indicate that the crime rate is low relative residents older than 35 years of age.

Continued on the next page...

Table 7. Likelihood of Selecting "Strongly Agree" or "Agree" to Public Safety Issues by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
I feel safe in Portage County	-6%	-4%	0%	3%	-6%	3%	1%
Distracted driving is a prob...	-7%	-3%	-8%	9%	-1%	8%	1%
Drinking and driving is a...	-5%	4%	-7%	14%	-1%	7%	3%
Illegal drug use is a problem	-10%	-2%	-17%	25%	-5%	3%	8%
Bullying is a problem	-2%	6%	-11%	17%	5%	0%	3%
The crime rate is low	-4%	-10%	5%	-7%	-13%	14%	3%
Family violence is a problem	-4%	6%	-15%	31%	-3%	11%	6%
Property crimes are a prob...	-9%	-5%	-19%	30%	1%	0%	5%
Child abuse is a problem	-4%	2%	-8%	25%	3%	12%	3%
Sexual assault is a problem	0%	7%	-4%	25%	0%	17%	0%
Shoplifting is a problem	-9%	-9%	-23%	32%	7%	-8%	8%
Physical assaults are a prob...	-5%	1%	-7%	25%	5%	0%	4%

- Senior residents (age 65+) are more likely to consider all issues listed as problems relative to younger residents. These include distracted driving (9%), drinking and driving (14%), illegal drug use (25%), bullying (17%), family violence (31%), property crimes (30%), child abuse (25%), sexual assault (25%), shoplifting (32%), and physical assaults (25%).
- Low-income residents are 6% less likely to feel safe in the county and 13% less likely to consider crime rates to be low relative to higher income residents.
- Relative to those with less than a college degree, college graduates are more likely to consider distracted driving (8%), family violence (11%), child abuse (12%), and sexual assault (17%) to be problems in Portage County. However, they are also 14% more likely to indicate that the crime rate is low.
- Rural residents are 8% more likely to indicate that illegal drug use is a problem relative to urban residents.

Table 8 (on the next page) shows changes over the last 10-year period in the proportion of residents who selected “strongly agree” or “agree” to statements regarding public safety in Portage County. All statements have seen an increase in the proportion of residents who agreed with them. However, some increases are quite dramatic, such as for the statement “sexual assault is a problem,” which has more than doubled in proportion since 2012, and “property crimes are a problem” which has increased almost two-fold since a decade ago. As was noted for the discussion of Tables 2 and 4, 2022 estimates are not always directly comparable to those from previous surveys due to changes in question format over the last 10 years.

Table 8. Likelihood of selecting "Strongly Agree" or "Agree" to Public Safety Issues by Year

	2012	2017	2022
I feel safe in Portage County	80%	87%	94%
Distracted driving is a problem	-	79%	86%
Drinking and driving is a problem	-	71%	83%
Illegal drug use is a problem	-	62%	80%
Bullying is a problem	-	53%	74%
The crime rate is low	52%	53%	79%
Family violence is a problem	34%	39%	61%
Property crimes are a problem	31%	28%	61%
Child abuse is a problem	29%	29%	53%
Sexual assault is a problem	22%	29%	52%
Shoplifting is a problem	32%	35%	52%
Physical assaults are a problem	26%	26%	47%

Overall Quality of Life

Figure 5 shows how residents perceive the overall quality of life in Portage County. Well over half (55%) of all respondents indicated that quality of life is “good” or “excellent,” and only 14% indicated that it is “poor” or “very poor.” About one-third of residents consider the quality of life to be “average.”

Table 9 (on the next page) shows differences between demographic groups in the likelihood of selecting “good” or “excellent” to quality of life in Portage County. All differences shown in the table are statistically significant and most differences are quite large. Results show that,

- Residents in the targeted sample, female residents, young adults, and low-income residents are less likely to feel that quality of life is “good” or “excellent” relative to residents in counterpart groups.

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Figure 5. Quality of Life In Portage County

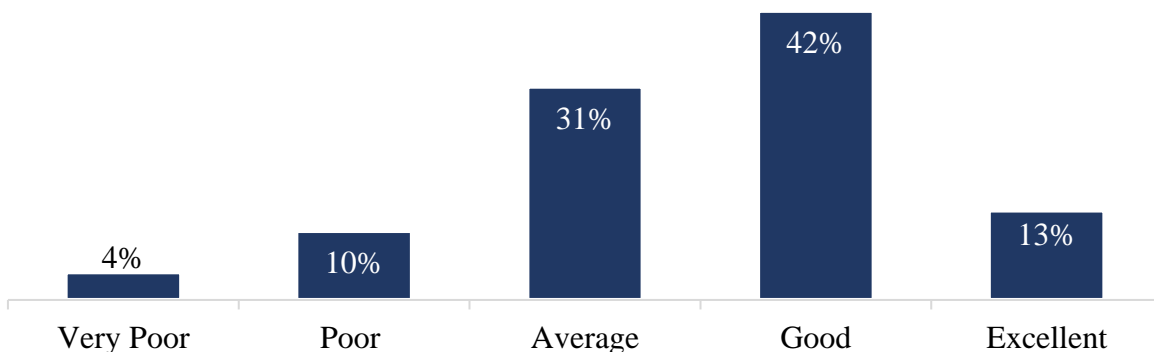


Table 9. Likelihood of Selecting "Good" or "Excellent" to Quality of Life in Portage County by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-20%	-13%	-37%	23%	-21%	17%	11%

- Senior residents, college graduates, and rural residents are more likely to feel that quality of life is “good” or “excellent” relative to younger residents, those with less than a college degree, and urban residents, respectively.
- There seems to be a strong correlation between the likelihood of selecting “good” or “excellent” and household income. Residents in the targeted sample, female residents, and young adults, are all more likely to have a household income less than \$35,000 per year and fall into the low-income group relative to their counterparts.

The question regarding the overall quality of life in Portage County was not included in the previous surveys, therefore, a historical comparison cannot be made.

HOUSEHOLD FINANCES

In this section, we discuss multiple aspects of the financial health of Portage County households. We consider a wide gamut of measures including food security, housing, savings, income and employment, medical debt, and access to internet services.

Household Food Security

Households were asked if there was any time during the last 12 months that they did not have enough food. Results are shown in Figure 6. About 14% of respondents indicated that they had run out of food. While this rate is higher than the nationwide rate of food insecurity of 10.1%¹, it is worth noting that there is substantial variation between households in the random sample and those in the targeted sample. Only 6% of households in the random sample indicated that they ran out of food relative to 20% of households in the targeted sample.

Figure 6. Household Food Security During Last Year

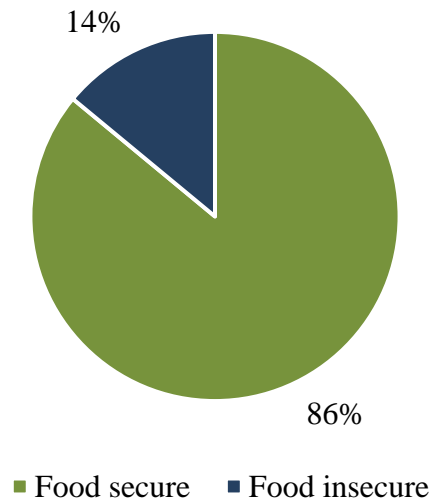


Figure 7 (on the next page) shows how households that indicated that they ran out of food coped with food insecurity. About 83% of these households sought food assistance, and about 85% of those who sought food assistance used a pantry or a community meal site. For comparison, 95% of all eligible households in Wisconsin participate in SNAP (also known as the Food Stamp Program)². While the definition of food insecurity differs between the LIFE survey and USDA measurements, the large gap between Wisconsin's proportion of SNAP participants and Portage County's proportion of residents who sought assistance does indicate that food insecure households in Portage County may not be availing these resources to help alleviate food insecurity.

¹ Data obtained from the [USDA Economic Research Service](#) (2020).

² Estimate obtained from the [USDA Food and Nutrition Service](#) (2017).

Figure 7. How Households Coped with Food Insecurity

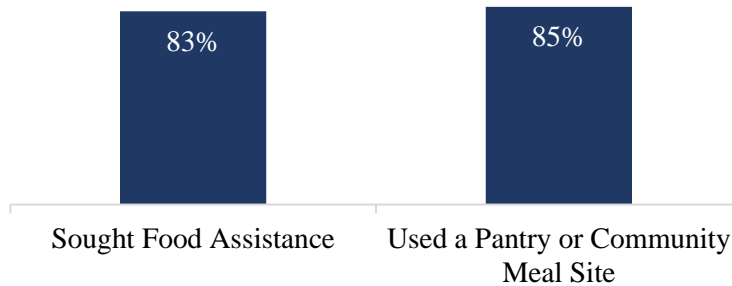


Table 10 shows the differences between demographic groups in the likelihood of running out of food and coping strategies. Not surprisingly, demographic groups that have more low-income residents relative to counterpart groups are more likely to indicate that they ran out of food during the last 12 months. These include residents in the targeted sample, female residents, young adults, and low-income residents. Similarly, groups that have a high proportion of higher income residents, including seniors, college graduates, and urban residents, are less likely to indicate that they were food insecure.

Notably, there are no statistically significant differences between demographic groups in the coping strategies they used. Some differences, while large, are not statistically significant because they are based on only a handful of residents. For example, only 5 residents who are seniors indicated that they sought food assistance. With a small number of responses, the estimates are less precise and less likely to be statistically significant.

Table 10. Household Food Security and Coping Strategies by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Ran out of food	14%	8%	12%	-17%	18%	-15%	-5%
Sought food assistance	8%	3%	5%	-29%	-1%	-17%	17%
Used a pantry... meal site	4%	13%	8%	-14%	12%	-21%	11%

Table 11 (on the next page) shows changes over time in the proportion of households that ran out of food and selected each of the coping strategies listed in the question. Results imply that food security has been steadily declining over the last 10 years. The proportion of households that ran out of food fell by about 11 percentage points in that time. In addition, the proportion of food insecure households that sought assistance has increased as well. The proportion increased by about 4 percentage points between 2012 and 2017 and another 5 percentage points over the previous 5 years. The question regarding the use of pantry or community meal site was not included in the previous two surveys.

Table 11. Household Food Security and Coping Strategies by Year

	2012	2017	2022
Ran out of food	25%	18%	14%
Sought food assistance	74%	78%	83%
Used a pantry/comm. meal site	-	-	85%

Access to Housing

Figure 8 shows the proportion of residents who have access to safe and affordable housing. A positive result is that an overwhelming majority of residents indicated that they have access to safe housing with only 5% selecting “no” to this question. However, about four-in-ten residents also indicated that they spend more than 30% of their total household income on housing, including rent or mortgage, utilities, insurance, and property taxes. Given that an important standard for housing affordability is that cost should be 30% or less of household income, this result implies that housing affordability is a challenge for a significant proportion of residents.

Figure 8. Access to Housing

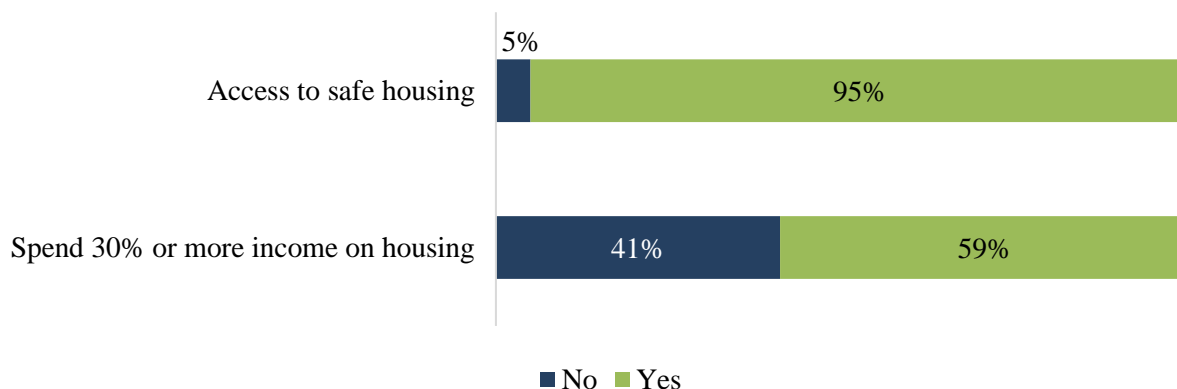


Table 12 (on the next page) shows the differences between demographic groups in the likelihood of having access to safe and affordable housing. Among statistically significant results,

- With respect to safe housing, female and low-income residents are less likely to have access relative to male and higher income residents, respectively. College graduates and rural residents are more likely to have access relative to those with less than a college degree.
- Regarding affordability, there is a strong correlation between household income and the likelihood of spending more than 30% of household income on housing. Residents in the target sample, female residents, young adults, and low-income residents are more likely, and senior residents and college graduates are less likely to spend more than 30% of their income on housing relative to their counterpart groups.

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Access to safe housing	-3%	-5%	-3%	2%	-10%	5%	5%
Spend 30% or more inc..	13%	20%	33%	-26%	34%	-27%	-3%

Table 13 shows changes over time in the proportion of respondents who spend 30% or more of their income on housing. Results show that while the proportion is trending somewhat downwards, there is no meaningful difference in the proportion between 2012 and 2022. The question regarding access to safe housing was not asked in the previous two surveys.

	2012	2017	2022
Access to safe housing	-	-	95%
Spend 30% or more income...	60%	54%	59%

Household Income and Savings

Figure 9 shows how well resident income covers their household expenses. Close to half of all respondents indicated that it is at least somewhat difficult to cover their expenses and about 10% stated that it is “very difficult.”

This troubling result is further corroborated by the results shown in Figure 10. Figure 10 (on the next page) shows the proportion of households who have set aside an emergency or rainy-day fund that would cover up to 3 months of their expenses, in case of sickness, job loss, economic downturn, or other emergencies. Almost four-in-ten residents report not having such a fund set up, indicating that in case of an adverse event, they would likely fall into poverty or debt.

Figure 9. Difficulty in Covering Family or Household Expenses

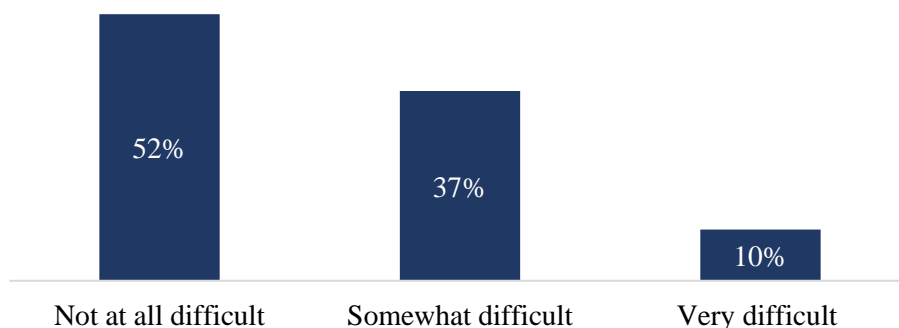


Figure 10. Households That Have an Emergency Fund Set Aside

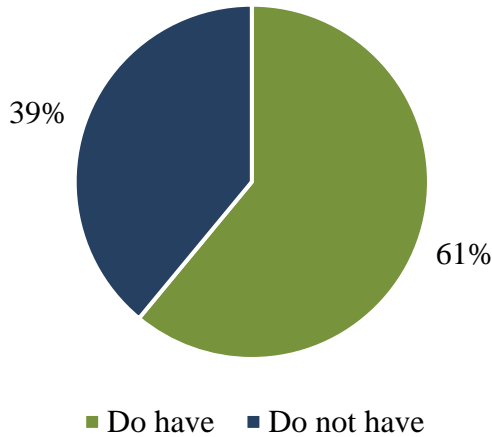


Table 14 shows differences between demographic groups in the likelihood of stating that covering household expenses is “very difficult” and of having an emergency fund. Almost all differences are statistically significant. As expected, residents in the targeted sample, female residents, young adults, and low-income residents are more likely to feel that covering household expenses is “very difficult” and less likely to have an emergency fund relative to residents in the random sample, male residents, older residents, and higher income residents, respectively. As discussed previously in the report, these demographic groups have a high proportion of lower income residents. Similarly, residents who are seniors, have a college degree, or live in rural areas are less likely to feel that covering household expenses is “very difficult” and more likely to have an emergency fund relative to their counterparts.

Table 14. Household Expenses and Savings by Demographic Group

	Target	Female	Young Adult	Senior	Low Income	College Grad	Rural
"Very difficult" to cover...	9%	13%	9%	-11%	20%	-9%	-6%
Have an emergency...	-22%	-22%	-26%	28%	-43%	26%	8%

Table 15 shows changes over time in the proportion of residents who found it “very difficult” to cover their household expenses and those who have an emergency fund set up. A much smaller proportion of residents, relative to 10 years ago, indicated that they face a lot of difficulty in covering their household expenses, although the proportion has not improved much since 2017. In addition, the proportion of residents with an emergency fund has increased consistently between 2012 and 2022.

Table 15. Household Expenses and Savings by Year

	2012	2017	2022
"Very difficult" to cover expenses	21%	9%	10%
Have an emergency fund	34%	40%	61%

Employment Issues

Figure 11 shows reasons why those who left or changed employment during the previous 12 months did so. Respondents were allowed to select multiple reasons. The distribution of employment status of the LIFE survey sample and that of the Portage County population are shown in Table 71. Note that the LIFE survey overrepresents the proportion of unemployed residents in Portage County (due to the responses from the target sample), which may influence the results of Figure 11.

The results of Figure 11 are not surprising given the dynamics of the labor market in the post-COVID-19 economy. About one-in-five respondents indicated that the reason they left or changed employment was because their previous position was part-time and did not offer them enough hours, or that wages were too low. On a national scale, the shortage of unskilled or non-managerial workers has led many workers to pursue full-time and higher-paying positions in the post-COVID-19 economy. Portage County is no different. Lack of remote or flexible work opportunities, lack of advancement, COVID-related layoffs, and poor work environment were also tangible reasons for leaving or changing employment. About 7% or less of respondents selected lack of benefits and that the job did not utilize their skills as reasons for leaving or changing employment.

Table 16 (on the next page) shows differences between demographic groups in the likelihood of selecting each of the listed reasons for leaving or changing employment during the previous year. Among statistically significant results,

- Lack of remote or flexible work and lack of benefits were more important reasons for residents in the targeted sample relative to those in the random sample.

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Figure 11. Reasons for Leaving or Changing Employment During Last Year

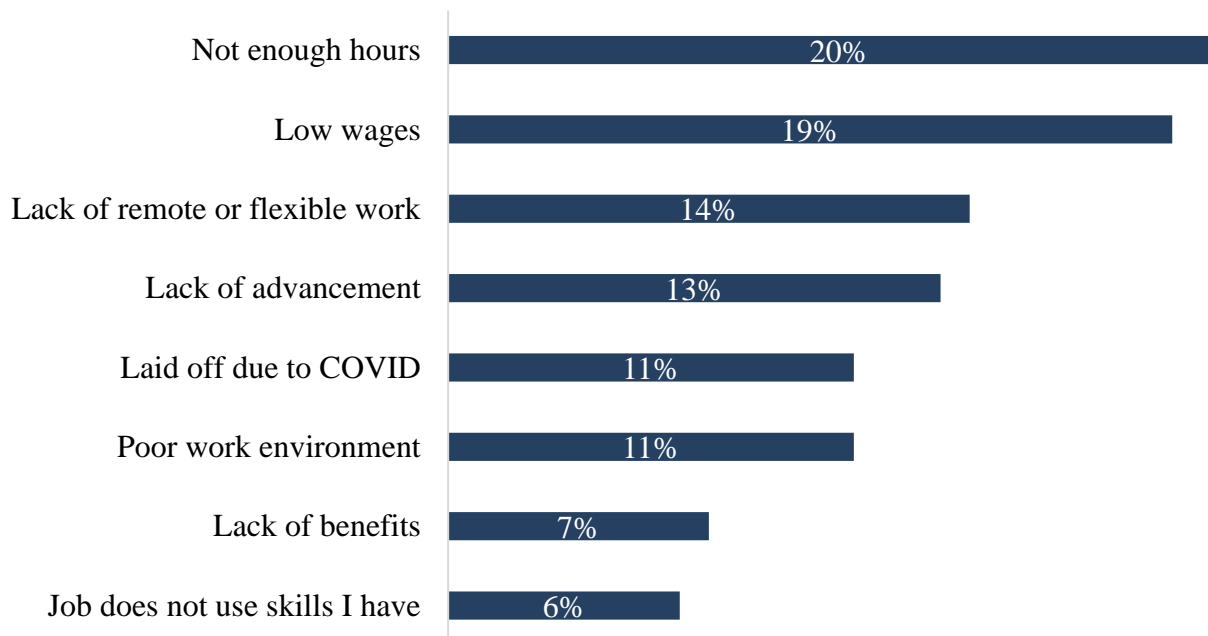


Table 16. Reasons for Leaving or Changing Employment During Last Year by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Not enough hours	4%	7%	18%	-10%	4%	-1%	-1%
Low wages	4%	5%	15%	-10%	5%	-5%	-5%
Lack of remote or flex...	5%	6%	10%	-7%	6%	-3%	-5%
Lack of advancement	1%	5%	10%	-6%	2%	1%	-4%
Laid off due to COVID	0%	2%	6%	-5%	0%	-2%	-2%
Poor work environment	0%	2%	6%	-5%	6%	-4%	-3%
Lack of benefits	3%	3%	3%	-3%	5%	-2%	-2%
Job does not use skills...	0%	2%	1%	-3%	1%	0%	0%

- Female residents were more likely to be driven by lack of hours, low wages, lack of remote/flexible work, lack of advancement, and poor work environment to leave or change employment relative to male residents. Female residents were also more likely to be laid off due to COVID.
- Young adults were more likely to be influenced by all reasons except lack of benefits and lack of utilization of skills to leave or change employment relative to older residents.
- Seniors were less likely to select any of the listed reasons for leaving or changing employment relative to younger residents. Note that not only do seniors generally have less mobility in the labor market, large proportions of workers of age 65 or over chose to retire during the COVID-19-induced turbulence of the labor market on a national scale.
- Low-income residents were more likely to leave or change employment due to low wages, lack of remote/flexible work, poor work environment, and lack of benefits relative to higher income residents. Interestingly, there was no difference in the probability of being laid off due to COVID-19 between low-income and higher income residents.
- College graduates were less likely to leave or change employment due to low wages and poor work environments relative to those with less than a college degree. A probable reason for this is that college graduates are already employed in higher paying jobs relative to their counterparts.
- Rural residents were less likely to select low wages, lack of remove or flexible work, and lack of advancement relative to urban residents.

Table 17 (on the next page) shows changes over time in the proportion of residents who selected each reason for leaving or changing employment. The 2022 survey added two additional options which were not included in previous surveys, lack of remote/flexible work and COVID-19 related layoffs. The only increase over the 10-year period is in the position not offering enough hours. All other proportions have declined since 2012, even if they spiked in 2017.

Table 17. Reasons for Leaving or Changing Employment by Year			
	2012	2017	2022
Not enough hours	13%	33%	20%
Low wages	30%	67%	19%
Lack of remote or flexible work	-	-	14%
Lack of advancement	15%	33%	13%
Laid off due to COVID	-	-	11%
Poor work environment	13%	28%	11%
Lack of benefits	15%	37%	7%
Job does not use skills I have	5%	10%	6%

Medical Debt

Figures 12 and 13 show the medical debt situation of Portage County residents. Figure 12 indicates that about 22% of residents have non-zero medical debt. Figure 13 shows the distribution of medical debt that residents have. An alarming result is that about 76% of residents who have medical debt have debts of more than \$1,000. In addition, over a quarter (28%) of residents with medical debt have more than \$5,000 in debt. These numbers paint a bleak picture for households in Portage County that are in medical debt.

Figure 12. Households with Medical Debt

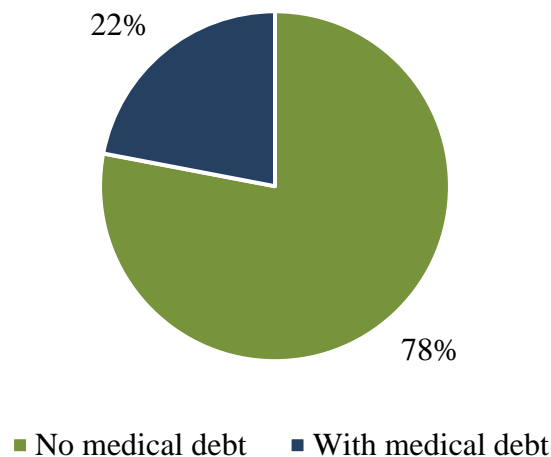


Table 18 (on the next page) shows differences between demographic groups in the likelihood of having medical debt and of having \$1,000 or more in medical debt. Of particular concern are the results for young adults. Not only are young adults 22% more likely to have medical debt, but they are also 20% more likely to have medical debt of \$1,000 or greater relative to older residents. Results discussed throughout the report imply that this age group is especially vulnerable to a lack of access to medical care. Results shown in subsequent sections indicate that young adults are also more likely to have no health insurance and less likely to see a doctor or dentist when needed.

Figure 13. Amount of Medical Debt Households Have

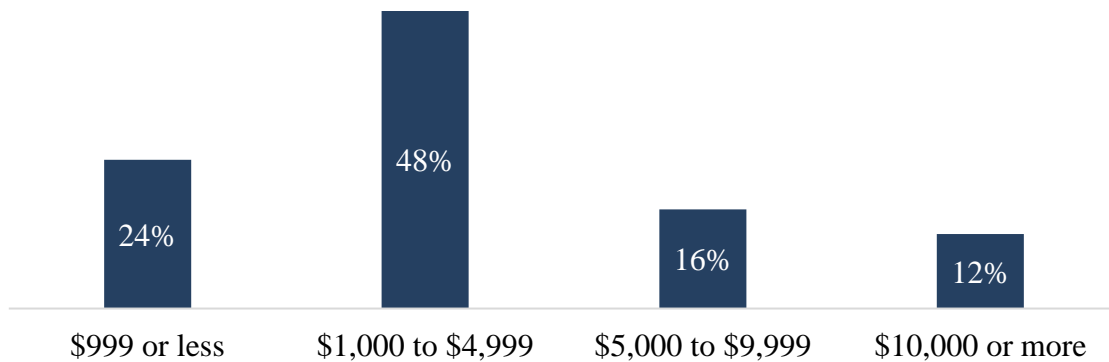


Table 18. Likelihood of Having Medical Debt by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Household has medical debt	6%	4%	22%	-22%	10%	-11%	-1%
Medical debt is \$1,000 or...	-15%	-12%	20%	-18%	-10%	9%	-3%

Table 19 shows changes in the proportion of respondents that have medical debt and those who have more than \$1,000 in medical debt. While the proportion of respondents with medical debt has decreased drastically, from 36% in 2012 to 22% in 2022, the proportion of residents with \$1,000 or more in debt has increased by 1 percentage point. After a substantial decrease in 2017, the proportion rebounded to near the 2012 rate by 2022.

Table 19. Likelihood of Having Medical Debt by Year

	2012	2017	2022
Household has medical debt	36%	32%	22%
Medical debt is \$1,000 or more	75%	63%	76%

Internet Access

Figure 14 (on the next page) shows that about 14% of households in Portage County do not have access to internet services at home. In addition, Table 20 (on the next page) shows that senior and low-income residents are less likely to have internet access and college graduates are more likely to have internet access relative to residents in their counterpart groups. Interestingly, there is no difference between residents in the targeted sample and the random sample in their likelihood of having internet access.

Figure 14. Households Without Internet Access at Home

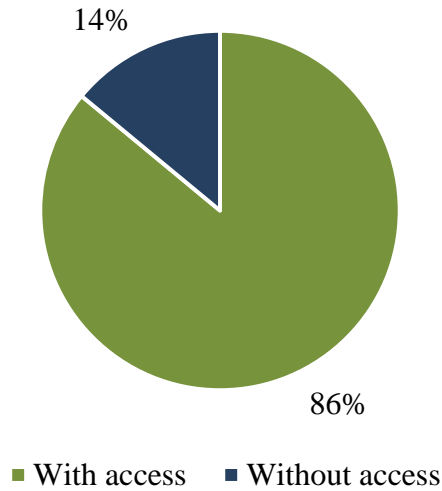


Table 20. Likelihood of Not Having Internet Access by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
0%	-2%	7%	-7%	-16%	14%	-4%

Table 21 shows changes over time in the proportion of residents who stated that they do not have internet access at home. There has been an impressive decline in the proportion in 2022. While the proportion did not change much between 2012 and 2017, it decreased in 2022 to about half of what it was in previous surveys.

Table 21. Likelihood of Not Having Internet Access by Year

2012	2017	2022
27%	28%	14%

Residents who did not have internet access were asked to provide a reason for no access. Figure 15 (on the next page) summarizes their responses. The primary reason for not having internet access is because residents feel it is too costly. Over half of all respondents selected this reason. Encouragingly, unavailability of internet service or poor availability of service were the least popular reasons for not having access. This implies that, unlike some other counties in Wisconsin, lack of access is not due to provision or quality of service. Instead, cost is a major deterrent and some residents simply do not have a need for it.

Figure 15. Reasons for No Internet Access

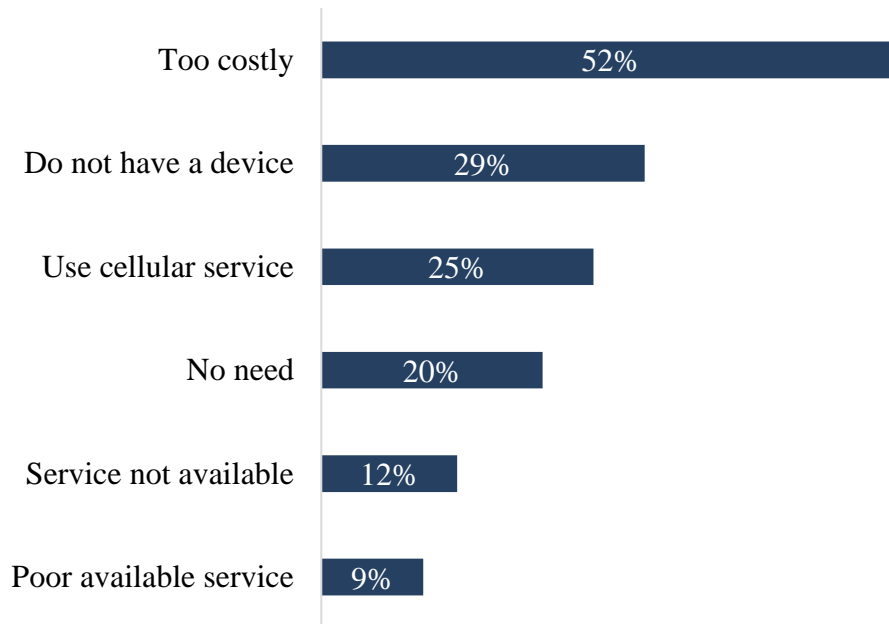


Table 22 shows the differences between demographic groups in the likelihood of selecting each reason for not having internet access. Respondents were allowed to select multiple reasons. Among statistically significant results,

- Residents of the targeted sample were 22% less likely to indicate that they do not want or need access to the internet relative to those in the random sample.
- Senior residents were 25% more likely to state that they do not want or need internet access relative to younger residents.
- Low-income residents were 30% less likely to indicate that they use cellular service for internet relative to higher income residents.
- Rural residents were 25% more likely to indicate that they use cellular service for internet relative to urban residents.

Table 22. Reasons for No Internet Access by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Too costly	23%	6%	15%	-1%	10%	2%	2%
Do not have a device	8%	-12%	-32%	7%	20%	-32%	6%
Use cellular service	-7%	-10%	8%	-12%	-30%	22%	25%
Do not want or need...	-22%	4%	-23%	25%	-12%	10%	8%
Service not available	0%	-16%	-14%	-16%	-14%	17%	9%
Poor available service	6%	1%	-11%	-2%	-7%	5%	9%

Note that there are some large differences between demographic subgroups that are not statistically significant, such as the likelihood of young adults and college graduates indicating that they do not have a device such as a computer or a tablet to use the internet. While these results are meaningful, they are not statistically significant because few, if any, residents in those demographic groups selected this as a reason. Consequently, there is very little variation between residents in this option.

Table 23 shows changes over time in the likelihood of selecting each reason for not having internet access. Notably, the primary reason for not having access, affordability, has increased in importance over the last 5 years. The proportion who indicated that they do not have a device has not changed since 2017. There have been small increases in the proportion of residents who indicated that service is not available or that the quality of internet services is poor.

Table 23. Reasons for No Internet Access by Year			
	2012	2017	2022
Too costly	56%	46%	52%
Do not have a device	-	29%	29%
Use cellular service	-	-	25%
Do not want/need access	33%	19%	20%
Service not available	6%	5%	12%
Poor available service	2%	7%	9%

ACCESS TO HEALTH CARE SERVICES

This section shows the level of access to mental and physical health services residents have and their personal care behavior. We consider access to health insurance, health care (including providers and medication), and mental health concerns.

Health Insurance

Figure 16 shows the proportion of households that did not have health care coverage or insurance, including private insurance, Medicare, Medicaid, etc., at any time during the last 12 months. Only about 8% of respondents indicated not having access to any such coverage or insurance.

Figure 16. Households without Health Insurance During Last Year

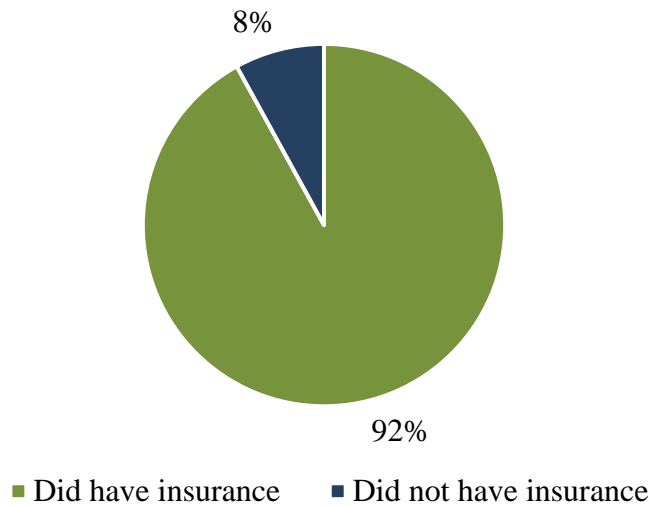


Table 24 shows that female residents, young adults, and low-income residents were more likely to be without insurance relative to male, older, and higher income residents. Senior residents were much less likely to not have access relative to younger residents.

Table 24. Likelihood of Not Having Health Insurance by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
4%	7%	9%	-11%	9%	-2%	-5%

Table 25 (on the next page) shows positive trends over time. Between 2012 and 2022, the proportion of residents without health coverage decreased from 16% to 8%. While the proportion of uninsured households has declined nationwide in the decade between 2012 and 2022, Portage County’s rate of decline on this measure is still quite impressive.

	2012	2017	2022
	16%	11%	8%

Figure 17 shows the reasons why households did not have access to health insurance or coverage. Households were allowed to select multiple reasons. As shown in the figure, about 42% of households without coverage or insurance indicated that it was due to cost. About 28% indicated that it was because they were unemployed (did not have a source of income) and 25% indicated that it was not offered by their employer. Another 22% of residents stated they were not eligible for health coverage or insurance.

Figure 17. Why Household's Did Not Have Health Coverage or Insurance

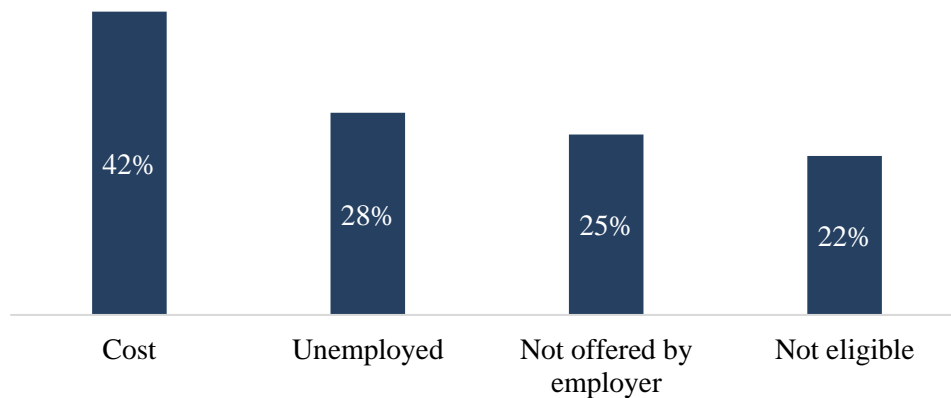


Table 26 shows that there are only three statistically significant differences in the reasons for not having health coverage or insurance. College graduates are 52% more likely to indicate that cost is a deterrent to having access and 32% less likely to indicate that they are not eligible for health coverage or insurance. In addition, rural residents are 31% more likely to indicate that health insurance is not offered by their employer relative to urban residents.

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Cost	13%	8%	19%	27%	-9%	52%	13%
Unemployed	-8%	-6%	-27%	-30%	2%	-22%	-5%
Not offered by employer	-13%	11%	29%	-27%	-2%	6%	31%
Not eligible	8%	28%	7%	-24%	23%	-32%	-13%

Table 27. Reason for No Health Coverage or Insurance by Year			
	2012	2017	2022
Cost	26%	48%	42%
Unemployed	17%	26%	28%
Not offered by employer	18%	28%	25%
Not eligible	16%	30%	22%

Table 27 (above) shows the reasons for not having health coverage or insurance over time. The table shows that the primary reason, cost, has increasingly become a hurdle to having access. While the proportion of residents who selected this reason dropped between 2007 and 2022, the proportion in 2022 is 16 percentage points higher than it was in 2012. Similarly, being unemployed has become a bigger hurdle to access health insurance between 2012 and 2022, affecting a proportion of residents 11 percentage points higher in 2022 relative to 2012. The next two reasons have also increased in significance, albeit to a lesser degree.

Health Care Providers

Figure 18 shows the proportion of households that had a member who did not see a medical provider even though they needed to in the previous 12 months. About one-in-five households fall into this category.

Figure 18. Households that Needed To See Medical Provider But Did Not During Last Year

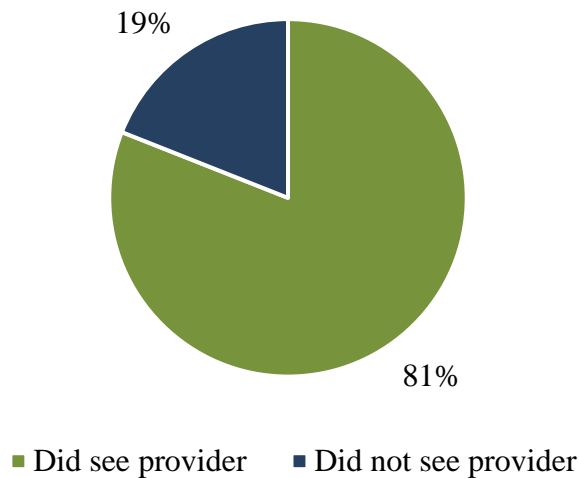


Table 28 (on the next page) shows differences between demographic groups in the proportion of households that did not have access to a medical provider. Residents in the targeted sample, female residents, young adults, and low-income residents are more likely to indicate that they did not see a provider and seniors and college graduates are less likely to indicate that they did not see a provider when needed relative to residents in their counterpart groups.

Table 28. Likelihood of Not Seeing a Medical Provider by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
9%	16%	18%	-19%	11%	-10%	-6%

Table 29 shows the likelihood of residents not seeing a medical provider when needed between 2012 and 2022. The results show that not only has the likelihood stayed the same over the last 5 years, but is higher than it was in 2012.

Table 29. Likelihood of Not Seeing a Medical Provider by Year		
2012	2017	2022
15%	19%	19%

Figure 19 shows the proportion of reasons that selected each reason for not seeing a medical care provider when needed. Respondents were allowed to select multiple reasons. The primary reason, selected by just under half (47%) of all respondents, is that there were no available appointments. The second most important hurdle, selected by 41% of all respondents, was that they had no means to pay for medical care and 22% of residents selected the closely related reason of not having insurance. Distance or lack of transportation and not knowing how to find a provider were selected by small proportions of respondents.

Figure 19. Why Household Did Not Seek Medical Care

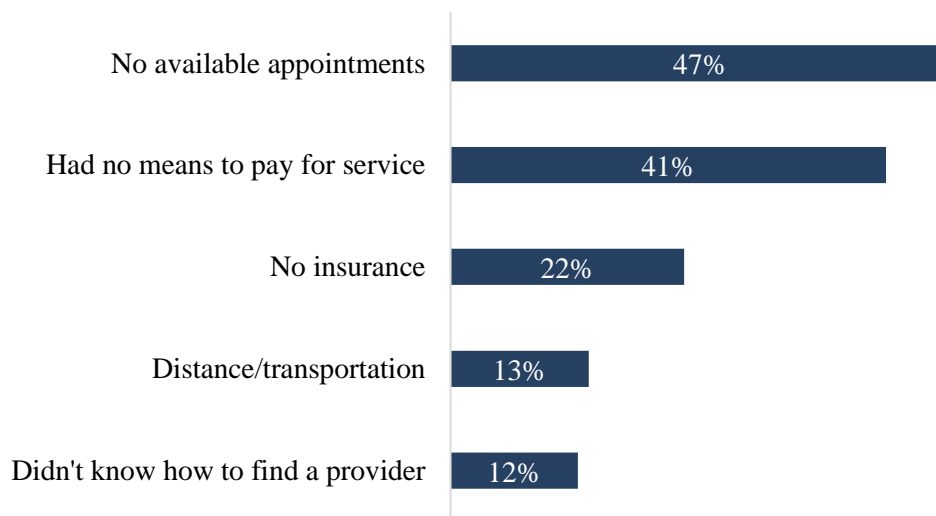


Table 30 (on the next page) shows differences between demographic groups in the likelihood of selecting each reason for not seeing a medical care provider. Among the statistically significant differences, residents in the targeted sample are 19% less likely to indicate that they had no insurance and young adults are 22% more likely to indicate that they had no means to pay relative to their counterparts in that demographic group.

Table 30. Reasons Why Household Did Not Seek Medical Care by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
No available appointments	8%	-6%	-15%	9%	-3%	-2%	-10%
Had no means to pay for...	-1%	8%	22%	-7%	15%	8%	5%
No insurance	-19%	-7%	10%	1%	14%	-6%	-10%
Distance/transportation	4%	8%	-12%	-9%	-4%	-5%	-2%
Didn't know how to find...	2%	-11%	1%	7%	2%	4%	-12%

Table 31 shows the proportion of residents that selected each reason between the 2012 and 2022 surveys. Interestingly, the proportion that said that there were no available appointments has increased consistently over the 10-year period and increased more than five-fold between 2012 and 2022. In addition, the proportion that indicated that they had no means to pay for service is similar to 2012 levels. However, the proportion of residents with no health insurance has declined considerably in the 10-year period. There were small and inconsistent changes over time in the proportion that selected distance or transportation and not knowing how to find a provider.

Table 31. Reasons Why Household Did Not Seek Medical Care by Year

	2012	2017	2022
No available appointments	9%	15%	47%
Had no means to pay for services	42%	35%	41%
No insurance	36%	30%	22%
Distance/transportation	6%	13%	13%
Didn't know how to find...	3%	6%	12%

Figure 20 (on the next page) shows the proportion of respondents who indicated that they did not see a dentist when they needed to. The proportion is somewhat higher than that shown in Figure 18. Under a quarter of all respondents indicated not seeing a dentist when they needed to.

Table 32 shows differences between demographic groups in the likelihood of not seeing a dentist when needed. Similar to the differences in the likelihood of not seeing a medical care provider when needed, residents in the targeted sample, female residents, young adults, and low-income residents have a higher likelihood of not seeing a dentist relative to residents in counterpart groups. In addition, seniors, college graduates, and rural residents have a much lower likelihood relative to younger residents, those with less than a college degree, and urban residents.

Table 32. Likelihood of Not Seeing a Dentist When Needed by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
15%	12%	23%	-16%	17%	-11%	-6%

Figure 20. Households That Did Not See a Dentist When Needed During Last Year

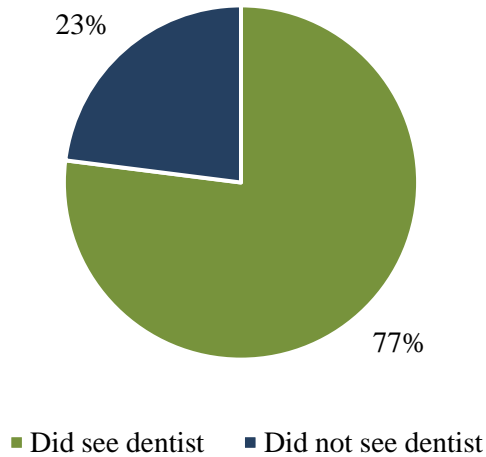


Table 33 shows trends in the proportion of residents who did not see a dentist when needed. Results show that there was not much difference between the three surveys conducted in the 10-year period, except the proportion somewhat decreased in 2022 relative to previous years.

Table 33. Likelihood of Not Seeing Dentists When Needed by Year		
2012	2017	2022
26%	26%	23%

Figure 21 (on the next page) shows the reasons why residents did not seek dental care when they needed to. Residents were allowed to select multiple reasons. Affordability and lack of dental insurance are the most substantial hurdles to the utilization of dental care services. About 38% of respondents selected each. Lack of available appointments is also an important hurdle as it was selected by about one-third of all respondents. Similar to the results for medical care (Figure 19), distance or transportation and not knowing how to find a provider were selected by the smaller proportion of respondents.

Table 34 (on the next page) shows differences between demographic groups in the likelihood of selecting each reason for not seeing a dentist when needed. Residents in the target sample were more likely than those in the random sample to state that there were no available appointments. A surprising result is that senior residents were more likely to state that they had no means to pay for dental care and that they did not have dental insurance, even though a much smaller proportion of this demographic group classifies as low-income. A potential reason is that a tangible proportion of seniors may not have access to employer-sponsored dental plans, which may preclude them from accessing affordable dental care insurance. Furthermore, rural residents were less likely to indicate that they did not have dental insurance relative to urban residents.

Figure 21. Why Household Did Not Seek Dental Care

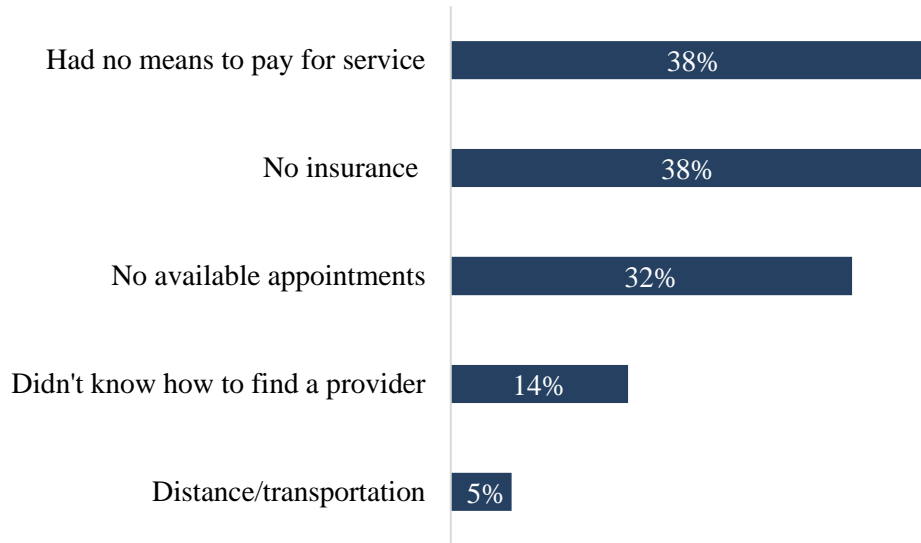


Table 34. Reasons Why Household Did Not Seek Dental Care by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Had no means to pay	-1%	-3%	-5%	32%	-2%	-14%	2%
No insurance	-12%	5%	6%	27%	5%	1%	-15%
No available appointments	29%	17%	-3%	-37%	8%	9%	-9%
Did not know how to find...	-1%	-9%	0%	-1%	-6%	5%	-7%
Distance/transportation	7%	7%	-2%	-1%	5%	-1%	8%

Table 35 shows changes over time in the proportion of respondents that selected each reason for not seeing a dentist. Affordability and lack of insurance have decreased substantially in their importance as hurdles over the last 5 years. Interestingly, the 2017 survey showed large spikes in the proportion of both relative to 2012. In addition, unavailability of appointments and not knowing how to find a provider have consistently become more significant hurdles.

Table 35. Reasons Why Household Did Not Seek Dental Care by Year

	2012	2017	2022
Had no means to pay	40%	47%	38%
No insurance	33%	54%	38%
No available appointments	10%	9%	32%
Did not know how to find...	3%	8%	14%
Distance/transportation	4%	9%	5%

Prescription Medication

Figure 22 shows the proportion of households that were unable to fill or take their medication as prescribed at any time during the last 12 months. Only 8% of respondents selected “yes” to this question and the rest of the 92% stated they took medication as prescribed.

Figure 22. Households That Needed Prescriptions But Were Unable To Fill or Take Them During Last Year

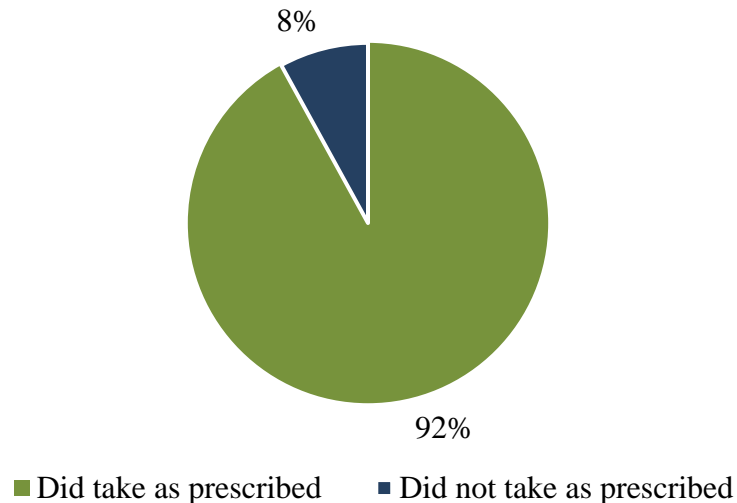


Table 36 shows differences between demographic groups in the likelihood of being unable to fill and take prescription medication during the previous year. Residents in the targeted sample, female residents, and low-income residents were more likely to select “yes” relative to residents of the random sample, male residents, and higher income residents, respectively. Senior residents were less likely to select “yes” relative to younger residents.

Table 36. Likelihood of Being Unable to Take or Fill Prescriptions by Demographic Group

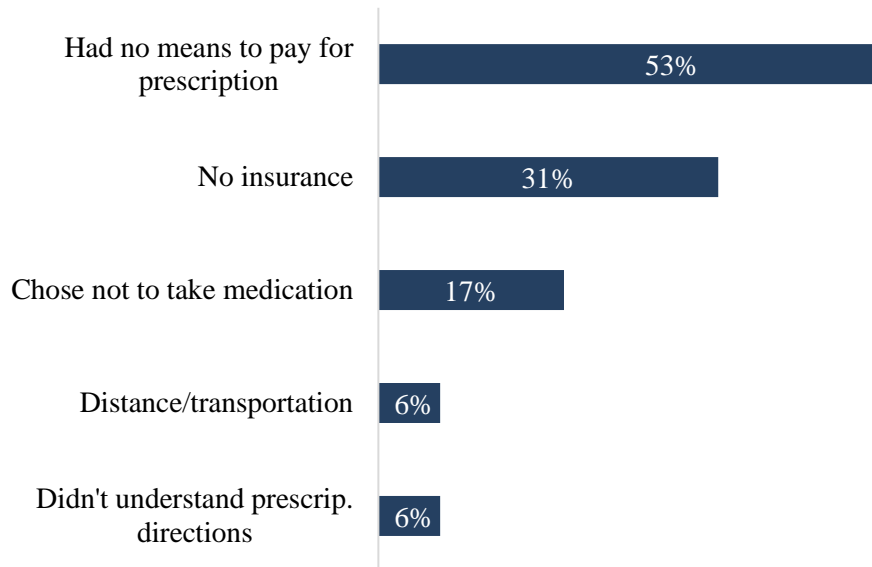
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
11%	8%	6%	-9%	8%	-5%	-5%

Table 37 shows trends in the proportion of residents who were unable to fill and take prescription medicines. The proportion has been declining consistently over time, with a 9% percentage point decrease between the 2012 survey and the 2022 survey.

Table 37. Residents Unable to Fill Needed Prescriptions by Year

2012	2017	2022
17%	10%	8%

Figure 23. Reasons Why Household Was Unable to Fill or Take Prescription



Respondents who indicated that they did not fill needed prescription medication were asked to provide reasons for why they were unable to do so. Figure 23 (above) summarizes the results. The most significant hurdle was the affordability of medication. Over half (53%) of all respondents stated that they had no means to pay for it. Another major reason, closely related to affordability, is not having insurance that covers prescription medication. About 31% of respondents selected this option. About 17% chose not to take the medication and small proportions indicated that distance/transportation and inability to understand prescription directions were impediments in filling their prescriptions as needed.

Table 38 shows differences between demographic groups in the likelihood of selecting each reason listed in Figure 23. There were no statistically significant differences between any demographic group in the ability to pay for prescriptions, which implies that this was a major hurdle for residents in all demographic groups. The same applies to most other reasons for not taking the medication. The only statistically significant result is that senior residents are 53% more likely to not take their medication by choice relative to younger residents.

Table 38. Reasons for Being Unable to Take or Fill Prescriptions by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Had no means to pay...	15%	-8%	2%	-17%	3%	-34%	-6%
No insurance	-11%	-9%	18%	-37%	6%	-37%	-25%
Chose not to take medication	-4%	17%	-4%	53%	10%	-19%	-19%
Distance/transportation	6%	7%	-8%	17%	10%	-7%	-7%
Did not understand directions	-17%	7%	-8%	-7%	5%	-4%	-7%

Table 39 shows changes over time in the likelihood of selecting each reason listed in Figure 23. Notably, while the likelihood of affordability being a reason for not utilizing medical and dental care when needed has declined somewhat over the past 10 years, Table 39 shows that the same is not true for prescription medication. In fact, between 2012 and 2022 the likelihood of selecting affordability as an impediment has increased by 11 percentage points. Similarly, while not having insurance has become a significantly smaller restriction in accessing medical care (36% in 2012 to 22% in 2022), it has become a bigger hurdle for prescription medication during that time. The likelihood of the rest of the reasons has not changed in a meaningful way.

Table 39. Reasons for Being Unable to Take or Fill Prescriptions Over Time			
	2012	2017	2022
Had no means to pay for prescript.	42%	47%	53%
No insurance	21%	19%	31%
Chose not to take medication	15%	19%	17%
Distance/transportation	3%	4%	6%
Did not understand...directions	4%	2%	6%

Mental Health Concerns

Figure 24 shows the proportion of respondents who indicated that they or someone in their household struggled with mental health concerns during the previous 12 months. Exactly one-quarter of all respondents fall into this category.

Figure 24. Households That Struggled with Mental Health Concerns During Last Year

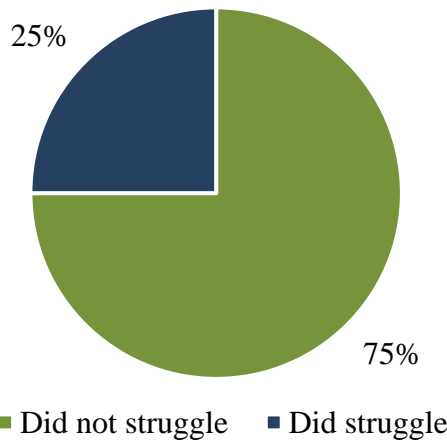


Table 40 shows differences between demographic groups in the likelihood of indicating that someone in the respondent’s household struggled with mental health concerns. Among statistically significant results, residents in the target sample, female residents, and young adults were more likely to struggle with mental health concerns relative to their counterparts. In addition, senior residents and those who reside in rural areas are less likely to indicate that they struggle with mental health concerns relative to younger residents and urban residents, respectively.

Table 40. Likelihood of Struggling with Mental Health Concerns by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
20%	14%	31%	-24%	10%	0%	-14%

The difference between young adults and older residents is particularly large, as young adults are 31% more likely to reply with an affirmative to this question. Part of this may be explained by the notion that mental health concerns tend to be underreported in surveys of older age groups. That may also explain (at least partially) the result that senior residents are 24% less likely to indicate that someone in their household struggled with mental health issues.

Table 41 shows changes over time in the proportion of respondents who indicated that they or someone in their household struggled with mental health concerns. Data for 2012 is not available as this question was not included in that survey. However, data from the 2017 and 2022 surveys show that the proportion has increased by about 4 percentage points in the 5-year period.

Table 41. Likelihood of Struggling with Mental Health Concerns by Year		
2012	2017	2022
-	21%	25%

Residents were also asked if at any time during the past 12 months they or someone in their household needed to see a mental health provider but did not. Figure 25 summarizes the responses to this question. Only about 14% of respondents indicated that they/their household member did not see a mental health provider, a starkly smaller proportion than the 25% who stated that they or their household members struggled with mental health (Figure 24).

Figure 25. Households That Needed To See Mental Health Provider But Did Not

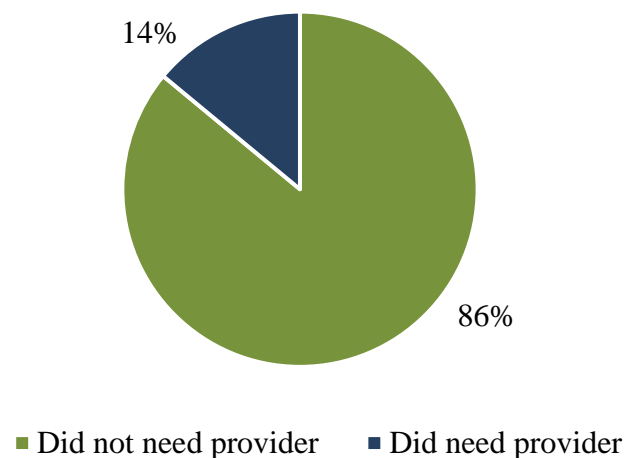


Table 42 shows differences between demographic groups in the likelihood of responding with an affirmative to not seeing a mental health provider when needed. The sign and statistical significance of the differences are similar to Table 40. Residents of the targeted sample, female residents, and young adults are more likely, and senior residents are less likely to indicate that they did not see a mental health provider when needed relative to residents in their counterpart groups.

Table 42. Likelihood of Not Seeing Mental Health Provider When Needed by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
13%	15%	19%	-15%	1%	0%	-5%

Table 43 shows changes over time in the proportion of residents who responded with “yes” to this question. Results show that this proportion has been increasing steadily over the 10-year period. Only 8% of residents responded with an affirmative in 2012 while 14% stated the same in 2022.

Table 43. Likelihood of Not Seeing Mental Health Provider by Year		
2012	2017	2022
8%	13%	14%

Residents who indicated that they did not see a mental provider when needed were asked to provide reasons for their response. Respondents were allowed to select multiple reasons. Figure 26 (on the next page) shows that a major reason for not seeing mental health providers is the lack of appointments. About 41% of respondents selected this reason. About a quarter of respondents indicated that affordability or not knowing how to find providers were impediments. About 21% of respondents indicated that they chose not to seek mental health services and about 18% stated that they did not have insurance to pay for it. Distance or transportation were reasons for only 16% of all respondents.

Table 44 shows the differences between demographic groups in the likelihood of selecting each of the reasons listed. The only statistically significant result is that senior residents were 42% more likely to indicate that they did not find any available appointments relative to younger residents.

Table 44. Reasons for Not Seeking Mental Health Provider by Demographic Group							
	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
No available appointments	-25%	-34%	-5%	42%	-6%	-5%	-4%
Had no means to pay...	6%	11%	5%	-3%	15%	-9%	4%
Did not know how to find...	4%	27%	15%	-1%	15%	9%	-17%
Chose not to seek	11%	24%	11%	-25%	-16%	-1%	1%
No insurance	-11%	-11%	1%	5%	9%	2%	-18%
Distance/transportation	-5%	3%	-11%	20%	13%	-3%	16%

Figure 26. Reasons for Not Seeking Mental Health Provider

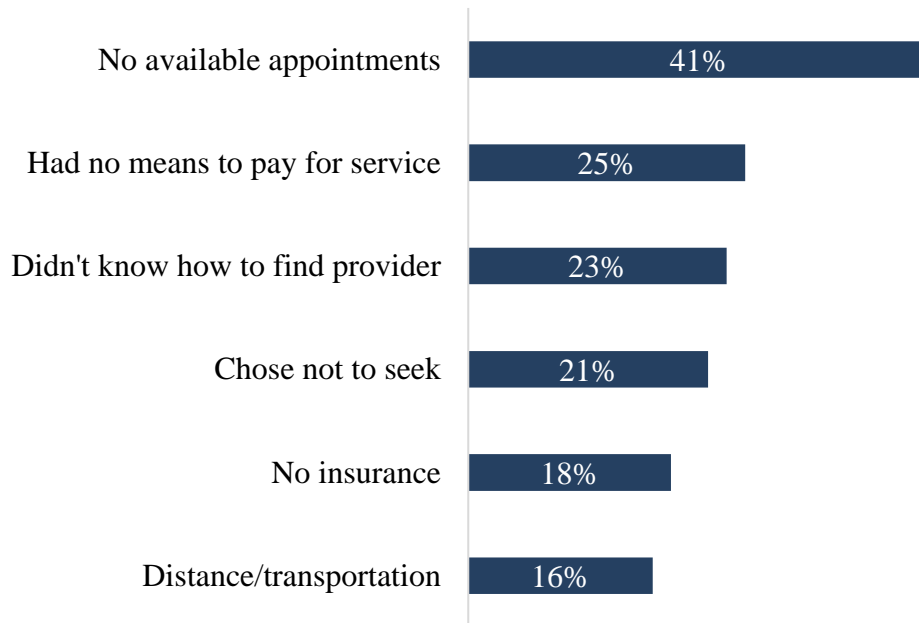


Table 45 shows changes over time in the proportion of respondents who selected each reason for not seeking mental health services when needed. There seems to be a stark increase in the proportion of respondents who indicated that there were no available appointments over the last 5 years. This proportion was constant between 2012 and 2017 but rose by 24 percentage points between 2017 and 2022. Affordability and choosing not to seek mental health services have also become significantly more prominent barriers over the past 10-year period. However, not knowing how to find a provider has become a less significant hurdle since 2012.

Table 45. Reasons for Not Seeking Mental Health Provider by Year

	2012	2017	2022
No available appointments	17%	17%	41%
Had no means to pay...	16%	17%	25%
Did not know how to find...	27%	12%	23%
Chose not to seek	11%	30%	21%
No insurance	12%	18%	18%
Distance/transportation	9%	7%	16%

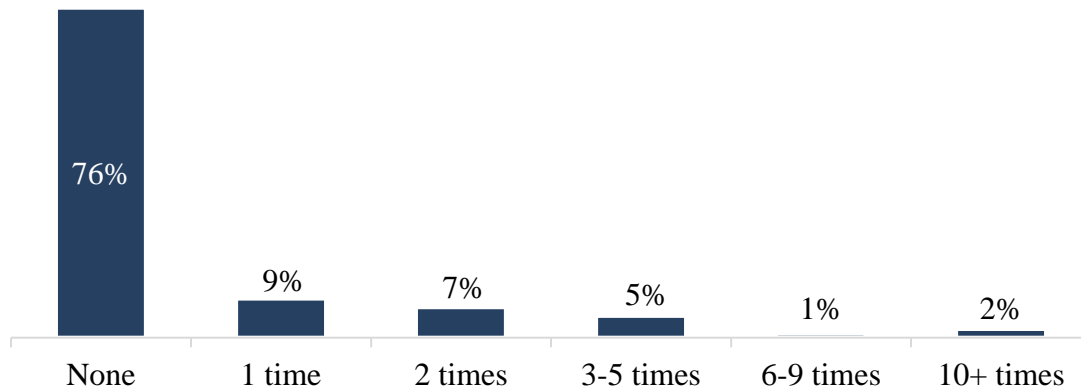
PERSONAL HEALTH, WELLNESS, AND ENVIRONMENTAL STEWARDSHIP

In this section, we present measures pertaining to residents’ health, wellness, and environmental stewardship. We discuss how responsibly residents consume alcohol, and whether they exercise regularly, have access to clean water, and ensure that special wastes are properly disposed of.

Responsible Consumption of Alcohol

Figure 27 shows the number of times in the previous month that residents consumed 5 or more alcoholic beverages on one occasion. Over three-quarters (76%) of residents indicated not consuming alcohol in that quantity at all during the previous month. Another 9% indicated consuming that amount only once. However, about 15% of all respondents stated that they consumed that amount at least 2 times with 8% indicating that it was 3 or more times during the previous month.

Figure 27. Household Consumption of 5 Or More Alcoholic Drinks On One Occasion During Last Month



There are important differences between demographic groups in terms of their alcohol consumption. These differences, shown in Table 46, are primarily driven by gender and age. Male residents are 9% more likely and residents younger than 65 years are 8% more likely to consume that much alcohol at least twice in a given month relative to female residents and seniors, respectively. Household income does not seem to be a driver of this behavior as there is no difference between low-income and higher income households.

Table 46. Likelihood of Consuming 5 or More Alcoholic Drinks At Least Twice in Last 30 Days by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-3%	-9%	1%	-8%	0%	4%	1%

Table 47 shows changes over time in the alcohol consumption of Portage County residents. There does not seem to be much variation from year to year in the frequency with which residents consume 5 or more alcoholic drinks in a month. That is, there has not been much improvement in the proportion of residents who consume this quantity of alcohol two or more times in a month.

Table 47. Likelihood of Consuming 5 or More Alcoholic Drinks in Last 30 Days by Year			
	2012	2017	2022
Never	75%	77%	76%
1 Time	9%	9%	9%
2 Times	6%	5%	7%
3-5 Times	5%	6%	5%
6-9 Times	1%	2%	1%
10+ Times	2%	1%	2%

Figure 28 shows the proportion of residents who admitted to operating a vehicle after consuming 2 or more alcoholic beverages in an hour. The results are largely positive. Only 1% selected “yes” to this question. Even after accounting for the fact that this behavior tends to be under-reported in surveys, Portage County’s 1% is quite impressive.

Figure 28. Operating Vehicle After Consumption of 2 or More Alcoholic Beverages In An Hour

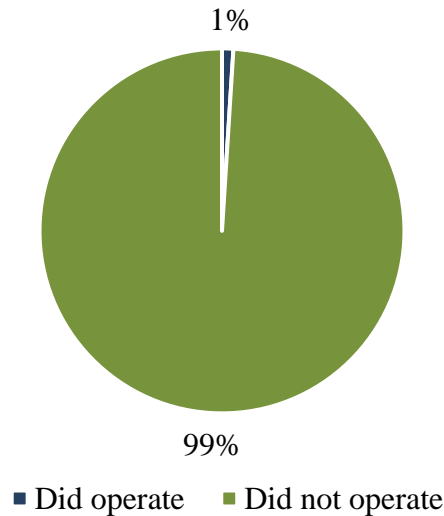


Table 48 (on the next page) shows differences between demographic groups in the likelihood of selecting “yes” to this question. There are, fortunately, no statistically significant differences which implies that residents in all demographic groups practice equally responsible drinking behavior.

Table 48. Likelihood of Operating Vehicle After Consuming 2 or More Alcoholic Beverages by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-1%	-2%	2%	-1%	-1%	1%	1%

Table 49 shows even more encouraging results. The proportion of residents who operated a vehicle after 2 or more alcoholic beverages has declined by 2 percentage points over the last 5 years.

Table 49. Operating A Vehicle After Consuming 2 or More Alcoholic Beverages by Year

2012	2017	2022
3%	3%	1%

Exercise

Figure 29 shows the number of days per week that residents exercise for 30 minutes or more. Over three-quarters (78%) of residents reported exercising at least one day per week and about half of all residents stated they exercise for 3 days or more. Clearly, residents highly prioritize exercising on a weekly basis.

Table 50 (on the next page) shows differences between demographic groups in the frequency of weekly exercise. Among statistically significant results, low-income residents are less likely and college graduates are more likely to exercise for at least 30 minutes at least once in a given week. The estimate for low-income residents is not surprising and could potentially be the result of the cost of a gym membership or the time-cost of foregoing wages earned on an hourly basis.

Figure 29. Number of Days Per Week Resident Exercised for At Least 30 Minutes

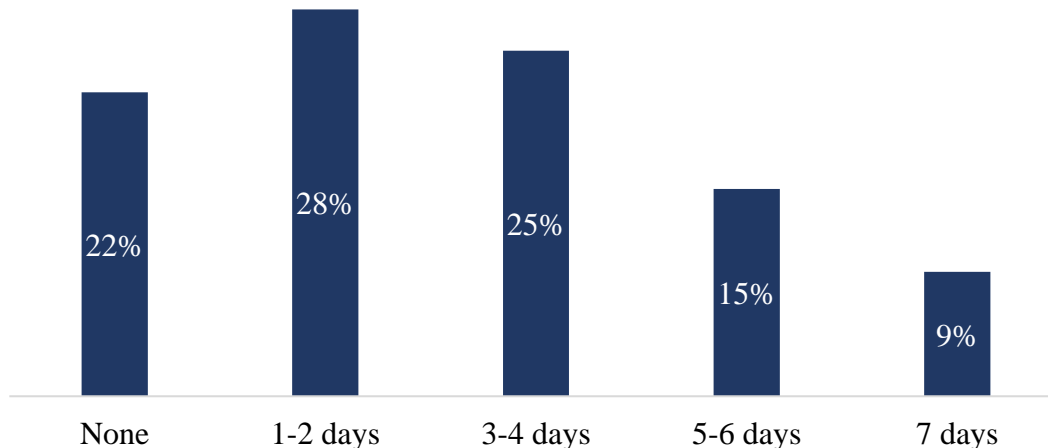


Table 50. Likelihood of Exercising for 30 Minutes or More At Least One Day Per Week by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-1%	1%	-4%	6%	-9%	12%	3%

Water Quality at Home

Residents were asked whether they test their private wells annually. Residents who indicated not having a private well at home were excluded from the analysis. Figure 30 shows the alarming result that only about one-quarter (27%) of residents annually test their well.

Figure 30. Households That Test Private Well Annually

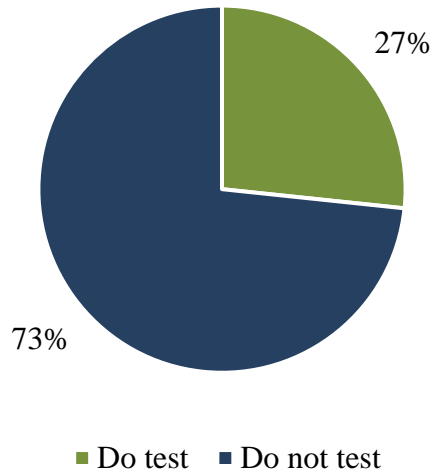


Table 51 shows that there are no statistically significant differences between demographic groups in the likelihood of testing their well annually. That is, all demographic groups have a low likelihood of testing. While the estimate for young adults is 20%, it is not statistically significant due to lack of variation resulting from the small number of young adults who indicated that they have a private well.

Table 51. Likelihood of Annually Testing Private Well by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-3%	8%	20%	-4%	5%	-8%	7%

Table 52 shows changes over time in the proportion of residents who do not test their well annually. The proportion seems to have increased by 12 percentage points relative to 2017 and 10 percentage points relative to 2012.

2012	2017	2022
63%	61%	73%

Residents who indicated that they do not test their well annually were asked to provide reasons for their response. Figure 31 shows that the vast majority (70%) of residents were unaware that their wells should be annually tested. About 22% indicated that they do not know where to get their well tested and only 8% indicated that the cost is too high. This is a positive result since lack of well testing is clearly the result of lack of awareness or knowledge, which may be more easily remedied than the cost of testing.

Figure 31. Reasons for Not Testing Private Well Annually

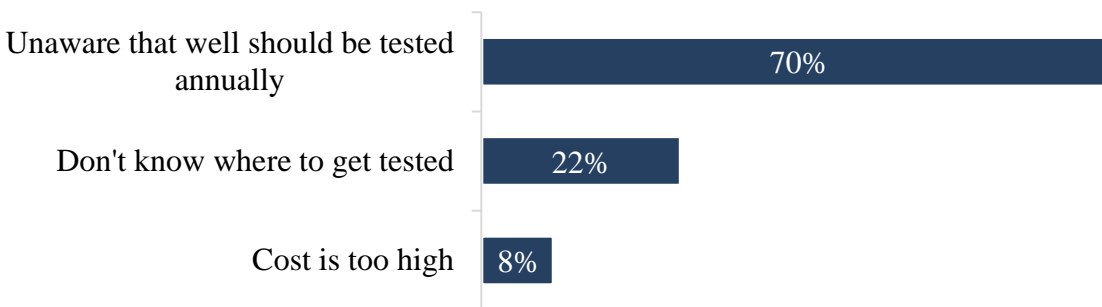


Table 53 shows that there is only one statistically significant difference. Rural residents were 25% more likely to indicate they were unaware that the well should be tested annually relative to urban residents.

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Unaware...should be tested	-5%	0%	-4%	4%	-2%	9%	25%
Don't know where...tested	-3%	7%	0%	-7%	-6%	2%	-2%
Cost is too high	4%	4%	16%	2%	0%	-3%	-6%

Table 54 (on the next page) shows the changes over time in the proportion of respondents who selected each reason for not getting their well tested. There is a consistent increase over the 10-year period in the number of respondents who indicated that they were not aware that their well should be tested annually. The proportion has increased from 31% in 2012 to 70% in 2022. There has also been a large increase in the proportion that stated that they did not know where to get their well tested. Conversely, the proportion of residents who indicated that the cost is too high has seen a significant decline.

Table 54. Reasons for Not Testing Private Well Annually by Year

	2012	2017	2022
Unaware...should be tested	31%	47%	70%
Don't know where to get tested	10%	15%	22%
Cost is too high	20%	9%	8%

Environmental Stewardship

Residents were asked whether they properly dispose of special wastes such as appliances, electronics, fluorescent bulbs, waste oil, anti-freeze, etc. and the barriers they face in properly disposing of these items. Figures 32 and 33 summarize the results. Figure 32 shows that only about 41% of respondents indicated that they properly dispose of special wastes.

Figure 32. Households That Properly Dispose of Special Wastes

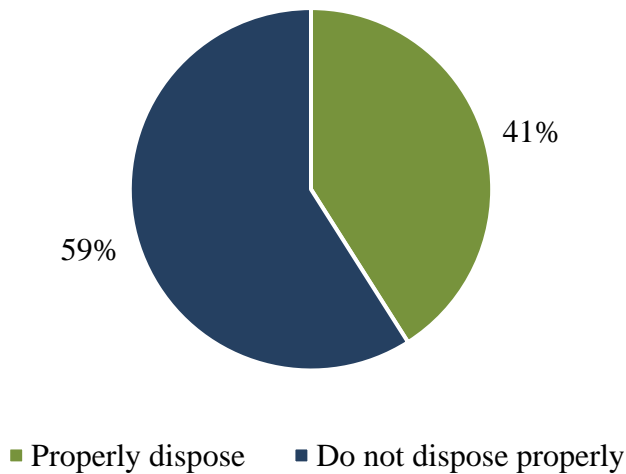


Table 55 shows that residents in the targeted sample and female residents are less likely to indicate that they properly dispose of special wastes relative to residents in the random sample and male residents. In addition, rural residents are more likely to indicate that they properly dispose special wastes relative to urban residents.

Table 55. Likelihood of Properly Disposing of Special Wastes by Demographic Group

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-11%	-16%	1%	2%	-1%	-6%	12%

Table 56 shows changes over time in the proportion of residents who indicated that they do not dispose of special wastes properly. Results show that the proportion has increased considerably over time, especially over the last 5 years.

2012	2017	2022
50%	22%	59%

Figure 33 shows the proportion of residents who selected each barrier to properly disposing of special wastes. Respondents were allowed to select multiple barriers. About one-third (33%) of all respondents indicated that cost is a reason they do not dispose of special wastes properly. About 17% of residents indicated that they are unable to load the items to take to the disposal site and another 16% indicated that the disposal site is inconvenient. About 13% stated that the hours of the disposal site are inconvenient and only a small proportion of respondents (7%) said that they were unaware of the need for proper disposal of special wastes (that is, they cannot be discarded with trash or recycling).

Table 57 (on the next page) shows differences between demographic groups in the likelihood of selecting each reason for not properly disposing of special wastes. There are no statistically significant differences between demographic groups in the proportion of residents who consider cost a barrier to proper disposal. However, there are several notable differences between residents regarding other barriers. Among statistically significant results,

Continued on the next page.

Figure 33. Households That Do Not Properly Dispose of Special Wastes

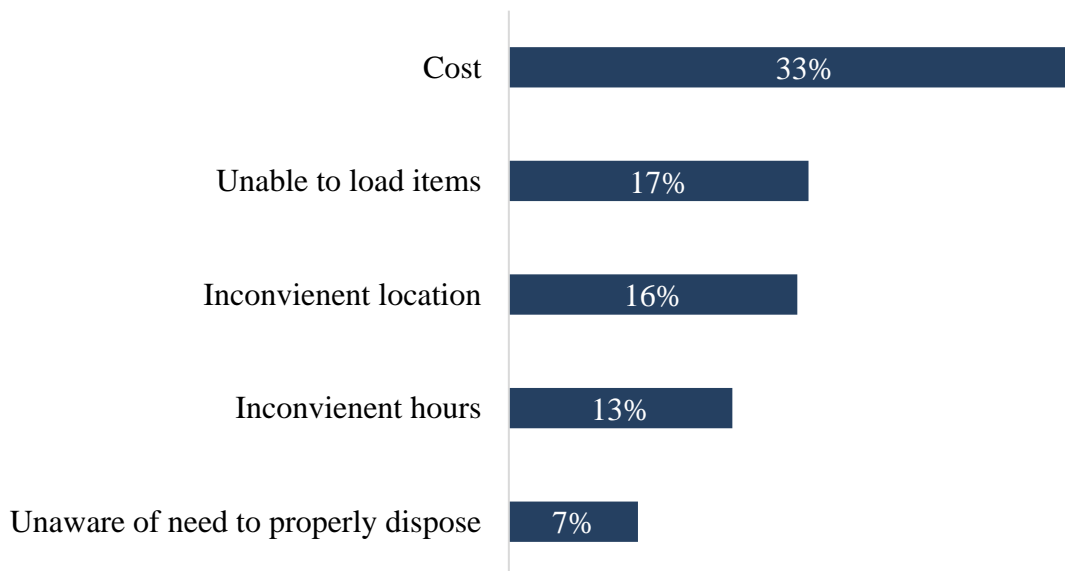


Table 57. Reasons for Not Properly Disposing Special Wastes by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Cost	2%	2%	1%	-5%	4%	4%	-9%
Unable to load items	2%	20%	-4%	6%	2%	4%	-1%
Inconvenient location	0%	-1%	-11%	-2%	-12%	16%	-1%
Inconvenient hours	7%	4%	2%	-14%	-6%	10%	-4%
Unaware of need...	7%	7%	3%	-3%	-2%	2%	-4%

- Residents in the targeted sample are more likely to indicate that hours of the disposal site are inconvenient and that they were unaware that special wastes needed to be properly disposed relative to residents in the random sample.
- Female residents are more likely to indicate that they are unable to load items for disposal and that they were unaware that special wastes need proper disposal relative to male residents.
- Young adults are less likely to indicate that the disposal site location is inconvenient relative to older residents.
- Seniors are more likely to indicate that hours of the disposal site are inconvenient relative to younger residents.
- Low-income residents, like young adults, are less likely to consider the location inconvenient relative to higher income residents.
- College graduates are more likely to consider the disposal location and the hours of the disposal site as inconvenient relative to residents with less than a college degree.
- Cost is less of an impediment for rural residents relative to urban residents in disposing of special wastes properly.

Table 58 shows changes over time in the proportion of residents that selected each reason for not disposing special wastes properly. For options that were included in previous surveys, cost has increased in importance slightly while being unaware of the need to properly dispose of special wastes has declined substantially.

Table 58. Likelihood of Not Properly Disposing Special Wastes by Year

	2012	2017	2022
Cost	22%	23%	33%
Unable to load items	-	-	17%
Inconvenient location	-	-	16%
Inconvenient hours	-	-	13%
Unaware of need...	38%	38%	7%

DISCRIMINATION

In this section, we discuss the likelihood of residents experiencing discrimination in Portage County, the basis on which the discrimination occurs, and the setting in which it occurs.

Likelihood of Experiencing Discrimination

Figure 34 shows that about 11% of residents stated that they or someone in their household faced discrimination in Portage County during the previous 12 months.

Figure 34. Households that Experienced Discrimination During Last Year

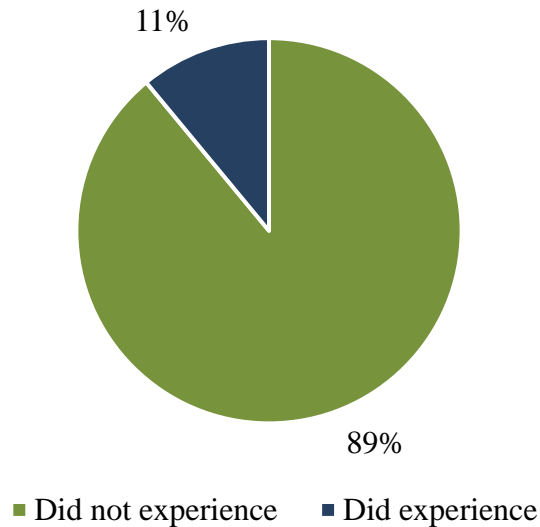


Table 59 shows differences between demographic groups in the proportion of residents who felt that they were discriminated against. As shown in the table, residents in the targeted sample were 11% more likely relative to residents in the random sample, female residents were 7% more likely relative to male residents, and low-income residents were 12% more likely relative to higher income residents to experience discrimination. In addition, seniors were 11% less likely to feel discriminated against relative to younger residents.

Table 59. Likelihood of Experiencing Discrimination by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
11%	7%	0%	-11%	12%	-4%	-2%

Table 60 shows the change over time in the proportion of respondents who indicated that they had experienced discrimination during the last year. This question was also asked in a similar format in the 2007 survey which allowed for historical comparisons to be made. Generally, the trend in the proportion of residents who experienced discrimination has decreased between 2007 and 2022, with a small and short-lived spike in 2012.

2007	2012	2017	2022
14%	17%	11%	11%

Basis for Discrimination

Residents who indicated that they experienced discrimination were asked to specify the basis on which the discrimination had occurred. Residents were allowed to select multiple bases. Figure 35 summarizes the responses. Interestingly, there was a wide variety of factors that a large proportion of respondents selected. Age was the most common basis for discrimination, selected by about 34% of all respondents. Just under one-third of residents selected income, weight, gender, and race and ethnicity as a basis for discrimination. Less than a quarter of all respondents selected disability, political affiliation, religion, sexual orientation, height, or nationality.

Figure 35. What Discrimination was Based On

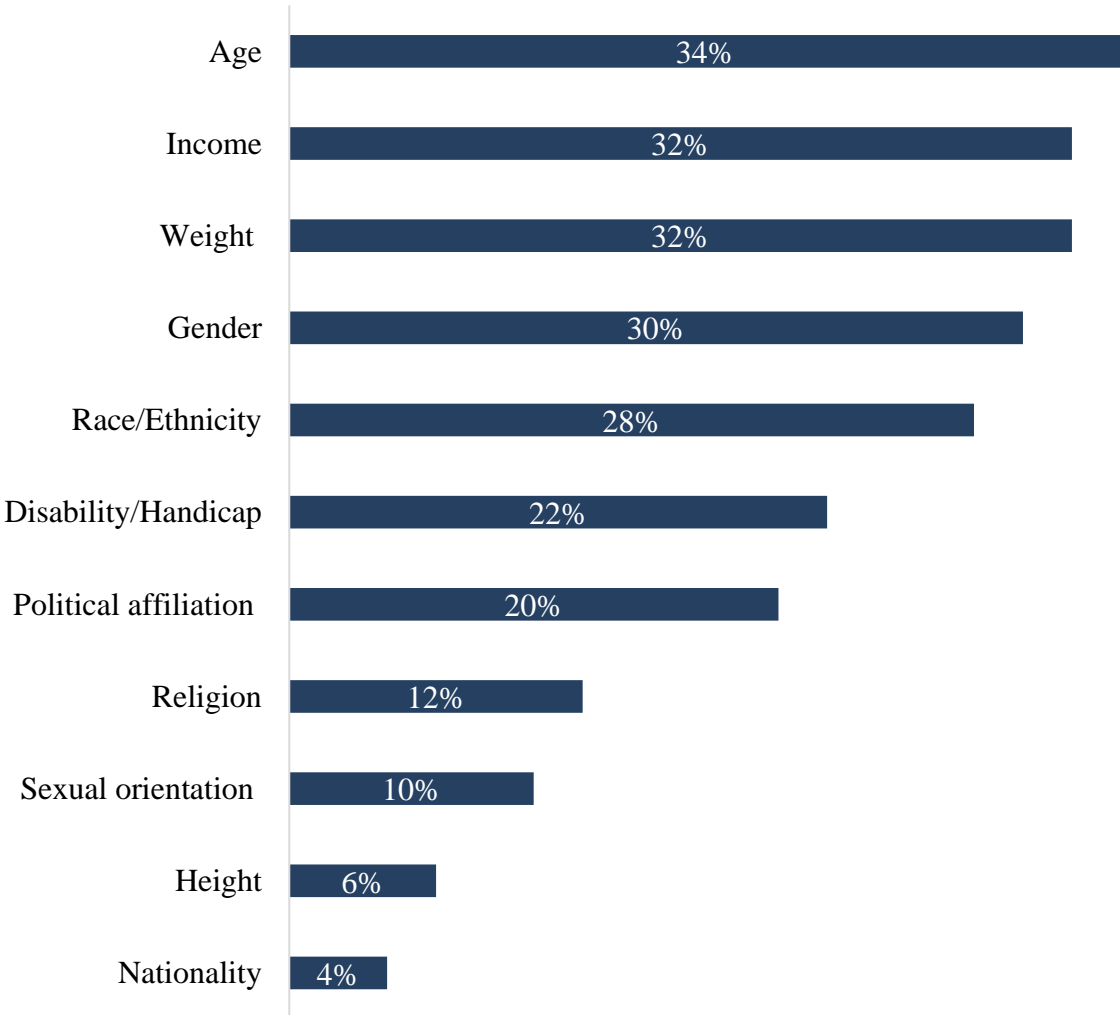


Table 61. Basis for Discrimination by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Age	1%	11%	4%	-1%	-15%	16%	11%
Income	20%	19%	7%	-12%	41%	-13%	-22%
Weight	31%	22%	21%	-12%	7%	-3%	-4%
Gender	7%	8%	9%	4%	-24%	42%	-10%
Race/Ethnicity	26%	14%	11%	-21%	19%	-18%	-34%
Disability	18%	19%	-11%	-13%	-4%	4%	-7%
Polit. Affiliation	-39%	-17%	-9%	-11%	-16%	4%	5%
Religion	-6%	-17%	1%	12%	2%	-6%	-18%
Sex. Orientation	-31%	-31%	3%	15%	-20%	38%	12%
Height	-3%	-3%	8%	6%	1%	2%	0%
Nationality	5%	6%	-5%	-5%	7%	-6%	-6%

Table 61 (above) shows differences between demographic groups in the bases for discrimination that residents selected. Among statistically significant results,

- Residents in the targeted sample were 31% more likely to select weight, 39% less likely to select political affiliation, and 31% less likely to select sexual orientation relative to residents in the random sample.
- Male residents were 31% more likely to select sexual orientation relative to female residents.
- Low-income residents were 41% more likely to select income and 20% less likely to select sexual orientation relative to higher income residents.
- College graduates were 42% more likely to select gender and 38% more likely to select sexual orientation relative to those with less than a college degree.
- Rural residents were 34% less likely to select race or ethnicity relative to urban residents.

Table 62 (on the next page) shows the changes over time in the proportion of residents who selected each basis for discrimination listed in Figure 35. The results show that discrimination based on age, income, weight, and gender has consistently increased since 2007 and discrimination based on race and ethnicity has consistently increased since 2012. All other bases have also seen increases, although the increases have been small or inconsistent. While the proportion of residents who experienced discrimination has declined (as shown in Table 60), the results of Table 62 imply that the residents who feel discriminated against were more likely to select multiple bases for discrimination. Political affiliation and nationality were not included as options in the previous surveys.

Table 62. Basis for Discrimination by Year				
	2007	2012	2017	2022
Age	13%	17%	31%	34%
Income	4%	11%	27%	32%
Weight	6%	6%	21%	32%
Gender	13%	14%	26%	30%
Race/ethnicity	19%	16%	26%	28%
Disability/handicap	20%	12%	14%	22%
Political affiliation	-	-	-	20%
Religion	9%	8%	9%	12%
Sexual orientation	9%	3%	6%	10%
Height	1%	1%	4%	6%
Nationality	-	-	-	4%

Where Discrimination Takes Place

Residents who had experienced discrimination were also asked to specify in what setting the discrimination took place. Figure 36 (on the next page) summarizes the results. Over one-third (38%) of all residents indicated that the discrimination took place at the store or while shopping. The workplace (30%), school (24%), medical facility (22%), and job seeking (20%) were the next most common settings where the discrimination took place. About 16% of residents indicated that the discrimination occurred in the police or legal system and 14% indicated they were discriminated against while locating housing.

Figure 36. Where Discrimination Took Place

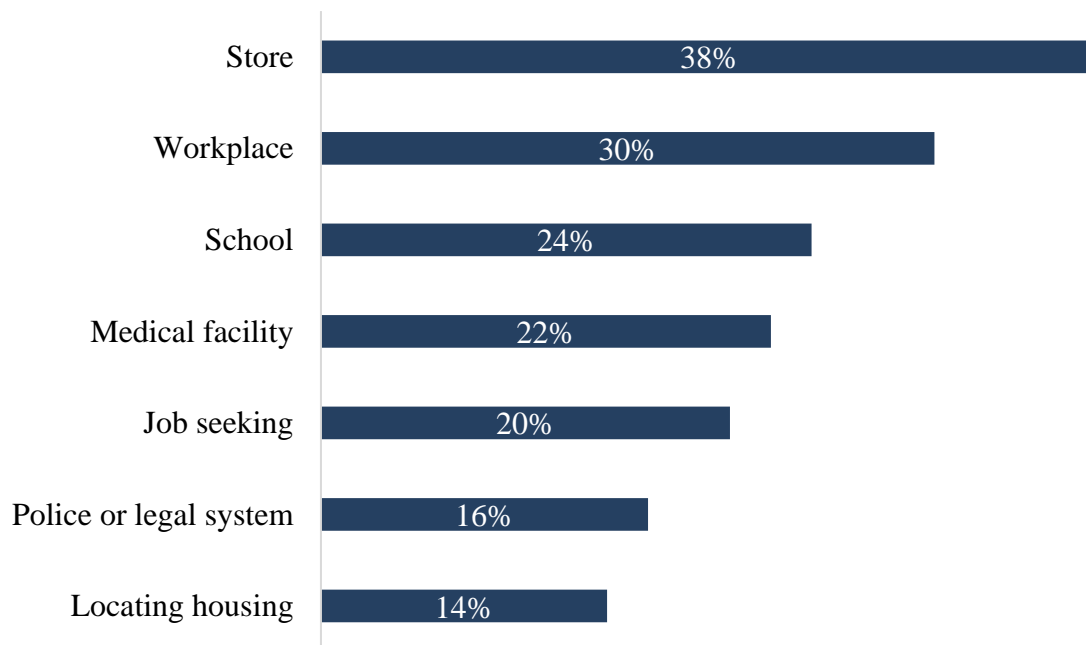


Table 63. Where Discrimination Took Place by Demographic Group

	Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
Store/shopping	-17%	17%	15%	19%	14%	-10%	5%
Workplace	-15%	-3%	24%	-23%	13%	11%	-37%
School	-1%	-33%	16%	-2%	-25%	-2%	-1%
Medical facility	-15%	-14%	-11%	-13%	-13%	-7%	20%
Job seeking	4%	3%	6%	3%	8%	-7%	5%
Police/legal	21%	11%	11%	8%	17%	-12%	-15%
Locating housing	7%	19%	-2%	-17%	14%	12%	-3%

Table 63 (above) shows differences between demographic groups in the proportion of residents who experienced discrimination in each setting. Among statistically significant results, male respondents were 33% more likely to indicate that the discrimination took place at the school. This result, when paired with the result shown in Table 61, implies that male residents are more likely to be discriminated against based on their sexual orientation in a school setting. In addition, rural residents are substantially less likely to feel discriminated against at the workplace relative to urban residents.

Table 64 shows the changes over time in the proportion of respondents who selected each setting for discrimination. Results indicate that discrimination at the store or while shopping, workplace, school, and medical facility has increased drastically over the last 10 years. In the police and legal system, there has been an 11-percentage point increase since 2007 and this proportion has grown consistently. There were only small increases in instances of discrimination occurring during job seeking or locating housing.

Table 64. Where Discrimination Took Place by Year

	2007	2012	2017	2022
Store/shopping	20%	13%	36%	38%
Workplace	20%	12%	33%	30%
School	20%	14%	6%	24%
Medical facility	10%	8%	17%	22%
Job seeking	-	19%	27%	20%
Police/legal	5%	14%	22%	16%
Locating housing	-	11%	16%	14%

COMMUNITY ENGAGEMENT

In this section, we discuss measures of how engaged residents are within their communities. In particular, we consider how frequently residents do volunteer work or donate items or make financial contributions to charity.

Volunteer Work

Figure 37 shows the proportion of respondents who engaged in any volunteer during the past 12 months. About 37% of residents responded in an affirmative while 63% indicated that they had not done any volunteer work during the last year.

Figure 37. Households That Volunteered in the Community During Last Year

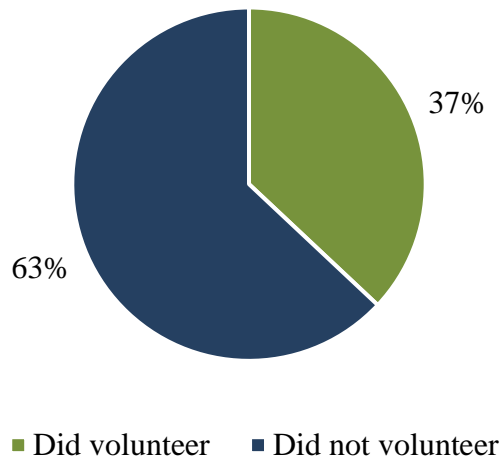


Table 65 shows the differences between demographic groups in the likelihood of volunteering in the community. Senior residents and college graduates are more likely to volunteer relative to younger residents and residents without a college degree, respectively. Low-income residents are less likely to respond with an affirmative relative to higher income residents.

Table 65. Likelihood of Volunteering in the Community by Demographic Group						
Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
8%	-4%	-11%	9%	-16%	27%	0%

Table 66 (on the next page) shows the proportion of residents who volunteer between 2007 and 2022. Data for 2012 is not available. There is an obvious downward trend in the proportion of residents who volunteer, ranging from a high of 78% in 2007 to 37% in 2022. Note that the 2007 question included help for individuals outside immediate family as an example of volunteer work, which may have led to such a large proportion responding with an affirmative.

2007	2012	2017	2022
78%	-	41%	37%

Respondents were asked to specify the number of hours they volunteered during the last 12 months. Figure 38 shows that about 38% of respondents indicated that they volunteered for over 50 hours and an impressive 28% indicated that they volunteered for more than 100 hours.

Figure 38. Hours of Volunteer Work During Last Year

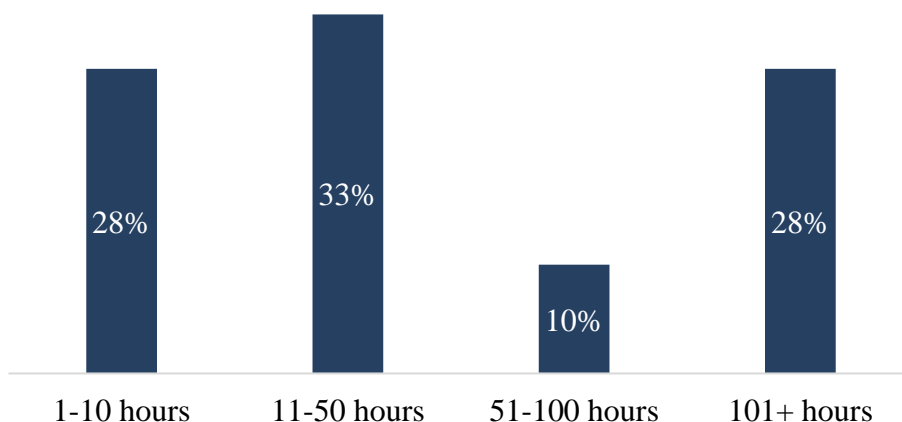


Table 67 shows the difference between demographic groups in the likelihood of volunteering for more than 50 hours in a year. Among statistically significant results, young adults are 43% less likely, senior residents are 15% more likely, and low-income residents are 18% less likely to volunteer this number of hours relative to their counterpart residents.

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
15%	2%	-43%	15%	-18%	4%	6%

Table 68 (on the next page) shows the proportion of respondents that indicated volunteering for each number of hours listed in Figure 38. Data is unavailable for the years 2007 and 2012. The table shows that the proportion of residents volunteering more than 50 hours in a year has decreased from 43% to 38%. In addition, the proportion of residents volunteering 10 hours or less has increased by 3 percentage points. There has clearly been a decline in the number of hours volunteered by Portage County residents.

	2007	2012	2017	2022
1-10 hours	-	-	25%	28%
11-50 hours	-	-	33%	33%
51-100 hours	-	-	18%	10%
101+ hours	-	-	24%	28%

Charitable Donations

Figure 39 shows the proportion of respondents who donated to charity, including items of value or financial contributions, during the previous 12 months. Well over three-quarters (78%) of respondents indicated having donated to charity.

Figure 39. Households That Donated to Charity During Last Year

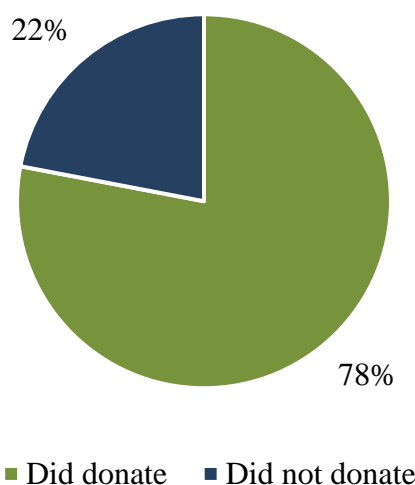


Table 69 shows differences between demographic groups in the proportion of respondents who indicated that they donated to charity. The likelihood of making charitable donations seems to be correlated with household income. Residents in the targeted sample, young adults, and low-income residents (all demographic groups with a high proportion of low-income residents) are less likely to make contributions relative to residents in the random sample, older residents, and higher income residents, respectively. Residents who are seniors and college graduates are more likely to donate to charity relative to younger residents and residents without a college degree.

Targeted Sample	Female	Young Adult	Senior	Low Income	College Grad	Rural
-15%	-3%	-25%	17%	-27%	24%	6%

Table 70 shows changes over time in the proportion of respondents who donated to charity. Data for 2007 and 2012 are not available. Between 2017 and 2022, the proportion increased by about 9 percentage points, indicating that a significantly higher proportion of residents now donate to charity relative to 5 years ago.

Table 70. Likelihood of Donating to Charity by Year			
2007	2012	2017	2022
-	-	69%	78%

OPEN-ENDED COMMENTS

Residents were asked what change they would make, if they could change anything in Portage County, to improve their quality of life over the next 5 years. A total of 267 residents provided comments to this open-ended question. Residents commented on a wide variety of topics. The following are the common themes that emerged. A full list of categorized comments is available in a separate document accompanying this report.

Roads

The number one issue brought up by residents in their open-ended comments was the road conditions in Portage County. About 15% of comments (or 41 comments total) fell in this category. Residents complained that improvements need to be made to infrastructure and more effort should be directed at making road repairs. Some residents also indicated that roads need to be widened so they can better accommodate traffic. About a quarter of residents who mentioned roads (10 residents out of 41) expressed dissatisfaction with bike lanes, stating that they are unnecessary and that this space should instead be used to widen or add car lanes.

Housing

About 13% of respondents (or 34 residents) commented on the quality, availability, and affordability of housing in Portage County. Almost all of these residents expressed the need for more affordable housing in the county. About 21% (7 residents out of 34) of comments specifically mentioned the need for better and affordable housing for seniors and about 15% (5 residents out of 34) of comments mentioned the same for low-income households. Three commenters indicated that the county should provide housing for the homeless population.

Health Care and Mental Health

Eight percent of all comments (or 22 comments) pertained to the affordability and availability of healthcare services. The common sentiment among residents is that healthcare should be affordable for everyone in the county, especially low-income residents. A handful of residents also commented on the need for better facilities and better doctors. In addition, about 4% of all comments (or 12 comments) focused on the need for more affordable and accessible mental health services in the county. Some residents mentioned that current mental health facilities are not easily accessible.

Sustainability

Just over 10% of respondents (or 26 residents) commented on the need for more sustainability in Portage County across multiple fronts. Seven residents commented on the need to protect water quality and prohibit the use of high-capacity wells, 5 residents commented on the impact of modern agriculture on the environment and natural resources, 4 residents indicated that disposal of special wastes needs to be better facilitated and that more awareness is needed regarding this practice, and 3 residents indicated that too much salt is used on the road to prevent snow and ice which may harm the environment.

Recreation

About 10% of respondents (or 27 residents) expressed the desire for more recreational opportunities in Portage County. Among the topics covered by residents, the most popular was

that Portage County needs more family-friendly or children-centered recreation opportunities. Eleven residents expressed this sentiment. In addition, 5 residents mentioned the need for a waterpark, aquatic facility, or splash pad for children, 3 residents requested more recreational activities for senior citizens, and 2 residents requested more pickleball courts, event venues, and indoor recreation, each.

Childcare

Just under 7% of all residents (or 18 residents) commented on the need for more affordable and more available childcare services. Residents indicated that childcare costs are currently too high and some stated that expanded hours for daycare services are needed. Some residents also emphasized that affordable childcare should be made available to everyone in the county, especially low-income residents.

Jobs

Slightly under 7% of all comments (or 18 comments) were directed at jobs and employment-related issues. The general sentiment was that Portage County needs better paying jobs. Many of these comments were paired with comments that indicated that cost of living is too high in the county. Residents expressed that the jobs available need to keep up with the rising cost of living, especially for services such as childcare and health insurance. While inflation is a nationwide phenomenon, it has clearly impacted residents of Portage County as well.

Miscellaneous Comments

About 6% or less of all comments covered a variety of other topics, including taxes, availability of stores and shopping, lack of quality and affordable education, political issues, community leadership, and beautification of the county.

DEMOGRAPHICS

Table 71 summarizes the demographic attributes of the LIFE survey sample and select demographic attributes obtained from the US Census Bureau's American Community Survey (ACS) 2020 estimates for Portage County. Note that not all LIFE survey statistics are directly comparable to the ACS data due to a difference in response categories between the LIFE survey and the ACS. Therefore, some differences discussed below are based on the SRC's best estimate of the comparability between the two datasets.

Gender

In the LIFE survey sample, 38% of respondents identified as male, 61% identified as female, and 1% identified as "non-binary" or "other." ACS estimates show that the Portage County population of residents 18 years of age and over are split evenly between males and females. The ACS does not have an option for "non-binary" or "other." However, clearly the LIFE survey oversampled female residents of Portage County.

Age

According to the ACS, the LIFE survey significantly underrepresented young adults aged 18 to 34 and overrepresented senior residents aged 65 years and over. This is typically the case as older individuals are more likely to respond to surveys than younger individuals. Notably, the proportion of senior residents in the LIFE sample is over twice the proportion of seniors in Portage County according to ACS data.

Adults and Children in the Household

About one-third (34%) of all respondents in the LIFE sample live in a single-adult household and well over half (55%) live in a household with two adults. About 71% of residents indicated that they do not have any children (younger than 18) in the household. This statistic may include residents who do not have children or do have children who do not live in the same household as them (for example, senior residents whose children have moved out). About 19% of residents have 1 or 2 children in the household and only 10% reported having more than 2 children living with them.

Education

The ACS estimates show that despite somewhat underrepresenting residents with lower education levels and overrepresenting those with higher education levels, the educational attainment of the LIFE sample is remarkably close to that of Portage County. Because recipients with a bachelor's degree or a graduate degree are generally more likely to respond to surveys, it is typical for these populations to be overrepresented in survey samples. However, there is only a 2-percentage point difference between the LIFE sample and the Portage County population in the proportion of residents who have a bachelor's degree and a 4-percentage point difference in the proportion of residents who have a graduate or professional degree. Similarly, there is a 4-percentage point difference between the sample and the population in the proportion of residents with a high school degree or less.

Household Income

As expected, the LIFE sample overrepresented lower income residents and underrepresented higher income residents. This is likely the product of the distribution strategy that included targeting the survey to lower income households. The proportion of LIFE sample residents with income less than \$35,000 was 14 percentage points higher and of those with incomes of \$100,000 or greater was 13% percentage points lower relative to the Portage County population according to the ACS. However, the income distribution of the LIFE sample matches closely with the income distribution of middle-income residents (annual income between \$35,000 to \$100,000). About 45% of LIFE sample residents fall into this income category compared to 47% of Portage County residents according to the ACS.

Employment Status

About 42% of the residents in the LIFE sample indicated that they were employed, either part-time, full-time, or self-employed, relative to 64% estimated by the ACS. In addition, the LIFE sample included 7% of residents who stated that they were unemployed, while the unemployment rate for Portage County estimated by the ACS is 2%. As a result, the LIFE survey oversampled unemployed individuals and undersampled those who are employed. This is not surprising as one of the goals of the targeted sample was to survey vulnerable populations (low-income, renters, and people of color) who tend to have higher unemployment rates. Furthermore, more than half of the LIFE sample residents indicated that they are not in the work force, with 47% stating that they are retired, compared to only 34% in the ACS who indicated they are not in the workforce. This correlates with the age distribution of the LIFE sample which shows that the survey overrepresents senior residents.

Disability Status

The LIFE survey included 20% of respondents who indicated that they have a disability, while the ACS estimates that about 13% of Portage County residents have a disability. This result is likely the result of the LIFE sample overrepresenting senior residents and underrepresenting younger residents.

Ethnicity and Race

The LIFE sample included about 2% of residents who indicated that they are Hispanic, while the ACS estimates that about 3% of the Portage County population is Hispanic. In addition, the proportion of residents who identify their race as White in the LIFE sample is remarkably close to the ACS estimates. The LIFE sample overrepresents White residents by only 1 percentage point. However, the LIFE sample slightly underrepresents the non-White population of Portage County. The LIFE sample has a somewhat smaller proportion of residents who identify as Black and Asian American and no residents who identify as American Indian or Hawaiian and Pacific Islander although the Portage County population includes smaller proportions of each.

Residence

About 62% of survey respondents indicated that they live in an urban area. For the purposes of this survey, respondents who reside in Stevens Point, Plover, Park Ridge, or Whiting were categorized as urban residents.

Table 71. Demographic Attributes of Portage County LIFE Survey Respondents

Gender	Count	Male	Female	Other				
LIFE Survey	453	38%	61%	1%				
Portage Co. (18+)	57,212	50%	50%	-				
Age	Count	18 – 24	25 – 34	35 – 44	45 – 54	55 – 64	65+	
LIFE Survey	456	3%	13%	12%	11%	18%	43%	
Portage Co. (18+)	57,212	6%	29%	14%	14%	17%	21%	
Adults in HH	Count	0	1	2	3	4	5+	
LIFE Survey	469	-	34%	55%	9%	2%	0.4%	
Children in HH	Count	0	1	2	3	4	5+	
LIFE Survey	457	71%	10%	9%	6%	2%	2%	
Education	Count	< High School	High School	Some College	Associates Degree	Bachelors degree	Grad/Prof Degree	
LIFE Survey	449	6%	27%	20%	12%	23%	12%	
Portage Co. (18+)	57,212	6%	31%	-34%-		21%	8%	
HH Income¹	Count	Under \$25K	\$25K - \$34.9K	\$35K - \$49.9K	\$50K - \$74.9K	\$75K - \$99.9K	\$100K- \$124.9K	\$125K+
LIFE Survey	411	30%	11%	14%	20%	11%	7%	7%
Portage Co. (HHs)	28,912	18%	9%	13%	20%	13%	-26%-	
Employment Status	Count	Employed - Full	Employed - Part	Self-Employed	Unemployed	Retired	Other	
LIFE Survey	448	24%	14%	4%	7%	47%	4%	
Portage Co. (16+)	58,832		-64%-		2%	-34%-		
Disability Status	Count	Disability	No Disability					
LIFE Survey	460	20%	80%					
Portage Co. (18+)	56,946	13%	87%					
Ethnicity	Count	Hispanic	Not Hispanic					
LIFE Survey	451	2%	98%					
Portage Co.	70,822	3%	97%					
Race	Count	White	Black/Afr. American	American Indian	Pacific Islander	Asian/Asi Amer.	Other	
LIFE Survey	449	94%	1%	0%	0%	3%	2%	
Portage Co.	72,229	94%	2%	1%	0.2%	4%	2%	
Residence	Count	Urban	Rural					
LIFE Survey	442	62%	38%					

1. Survey categories have been aligned to conform to U.S. Census classifications.

CONCLUSION

While residents generally agree that diversity is beneficial in Portage County and that community services are available, residents also feel that the affordability of basic services is a challenge. In particular, a large proportion of residents feel that childcare and elder care are not affordable and that living wages are not paid, especially relative to the rise in the cost of living. A similar sentiment is felt regarding the cost of health care, dental care, mental health services, and higher education. In addition, residents feel that alcohol use and misuse of prescription drugs are major concerns in the community. Another important issue that residents identified was road conditions. This was the most common response to the question that asked residents what change would improve their quality of life over the next 5 years. Regarding public safety, while residents generally feel safe in the community, they also feel that distracted driving, bullying, and illegal drug use are important concerns. Overall, well over half of all respondents consider their quality of life to be “good” or “excellent.”

Household finances have generally improved in Portage County over the last decade. More residents now have access to safe and secure housing, food, enough income to cover their expenses and save, internet services, and employment opportunities compared to a decade ago. In addition, fewer residents report having any medical debt. Residents also have better access to health insurance and prescription medication. However, not much improvement has been made in access to medical care providers and mental health services. Cost is a major impediment in accessing all types of health care services.

While the targeted sample and low-income sample are expected to be vulnerable groups, results show that female residents and young adults are both worse off relative to male and older residents, respectively. Female residents and young adults are more likely to be food insecure, find it difficult to cover household expenses, have medical debt, not have access to safe housing and health insurance, avoid utilizing medical and dental services when needed, take medication as prescribed, face mental health concerns, and avoid utilizing mental health services when needed. Not surprisingly, these residents are also significantly less likely to perceive the quality of life in Portage County as “good” or “excellent.”

Results pertaining to environmental stewardship are somewhat concerning. About three-quarters of residents who own private wells indicate that they do not test their well annually. The primary reason, however, is that they were unaware that this should be done, implying that this behavior may be remedied without too much difficulty. In addition, well over half of all residents state that they do not dispose special wastes properly, with cost being the most significant reason. This proportion has increased over time.

There has been some improvement over the decade in the proportion of residents who experience discrimination. Age, income, weight, gender, race/ethnicity, and disability are the most common bases for discrimination, with residents of the target sample, female residents, and low-income residents being more likely to experience discrimination relative to their counterparts. At the store or while shopping is the most common setting for discrimination to take place.

In conclusion, there have been significant improvements in the quality of life of Portage County residents over time. However, residents identified some important concerns that need to be addressed to ensure that access to basic household needs and community resources is equitable across demographic groups. In particular, the affordability of basic needs such as health insurance, health care, and mental health services is challenging for many residents. Moreover, young adults, female residents, renters, people of color, and low-income residents are especially vulnerable to issues of affordability and lack of access to basic needs. Nonetheless, Portage County has a strong base of residents who feel safe in the county and serve their communities through volunteer work and charitable giving. In addition, many residents feel that everyone in their community regardless of socioeconomic status should have access to affordable housing, health care services, and other basic needs such as the internet. By utilizing this strength, Portage County can effectively address the challenges that are outlined in this report.

APPENDIX

In this section, we present the responses of the survey questions disaggregated by the target sample and the random sample. While the relative differences between the two groups are presented in the body of the report in each respective section, Table 72 shows the absolute proportion of residents who selected each response.

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 1/7)

	Target Sample	Random Sample
QUALITY OF LIFE		
<u>Family and Community Issues (Agree or Strongly Agree)</u>		
Childcare is available	76%	84%
Childcare is affordable	39%	41%
Elder care is available	87%	88%
Elder care is affordable	48%	45%
Support for family violence victims	86%	89%
Living wages are paid	42%	47%
Inclusive community	79%	81%
Diversity is beneficial	93%	94%
Support for child development	91%	96%
<u>Health Issues (Agree or Strongly Agree)</u>		
Alcohol is used responsibly	31%	35%
E-cigarettes/vaping are a concern	75%	82%
Misuse of prescription drugs is a concern	77%	84%
Health care is available	87%	95%
Health care is affordable	33%	33%
Healthy lifestyles are common	63%	58%
Mental health services are available	65%	79%
Mental health services are affordable	35%	40%
Dental care is available	79%	93%
Dental care is affordable	36%	34%
Services for people with disabilities are available	86%	90%
People maintain a healthy weight	27%	20%
Binge drinking is a problem	77%	81%
Services for substance abuse are available	67%	80%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 2/7)

	Target Sample	Random Sample
<u>Public Services (Agree or Strongly Agree)</u>		
Public education prepares students well	81%	78%
Higher education is affordable	36%	33%
Info. on community services is accessible	83%	79%
Public library services are adequate	94%	96%
Roads are well maintained	42%	47%
Satisfied with public transportation	70%	82%
Satisfaction with arts and entertainment	79%	83%
Satisfaction with parks and recreation	92%	95%
<u>Public Safety (Agree or Strongly Agree)</u>		
I feel safe in Portage County	91%	97%
The crime rate is low	77%	81%
Sexual assault is a problem	52%	52%
Family violence is a problem	59%	63%
Physical assaults are a problem	45%	49%
Property crimes are a problem	56%	66%
Shoplifting is a problem	48%	57%
Illegal drug use is a problem	76%	86%
Child abuse is a problem	52%	56%
Drinking and driving is a problem	80%	85%
Distracted driving is a problem	82%	90%
Bullying is a problem	73%	75%
<u>Overall quality of life</u>		
Ranking of overall quality of life		
Excellent	11%	15%
Good	34%	51%
Average	36%	26%
Poor	14%	6%
Very Poor	5%	2%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 3/7)

	Target Sample	Random Sample
HOUSEHOLD FINANCES		
<u>Household Food Security</u>		
Households that ran out of food in last 12 months	20%	6%
Households that sought food assistance	84%	77%
Households that used a food pantry or community meal site	86%	80%
<u>Access to Housing</u>		
Households with access to safe housing	94%	97%
Households that spend 30%+ of their income on housing	65%	52%
<u>Household Income and Savings</u>		
Households with an emergency fund set aside	51%	72%
Difficulty in covering family or household expenses		
Very difficult	14%	5%
Somewhat difficult	44%	29%
Not at all difficult	40%	65%
<u>Employment Issues</u>		
Employment status		
Employed full time	21%	27%
Employed part-time	17%	10%
Self-employed	4%	3%
Unemployed	10%	3%
Retired	38%	57%
Other	8%	1%
Reasons for leaving or changing employment last year		
Lack of advancement	12%	15%
Job does not use skills I have	4%	10%
Low wages	20%	18%
Not enough hours	21%	20%
Lack of benefits	9%	3%
Poor work environment	9%	15%
Laid off due to COVID	9%	15%
Lack of remote or flexible work	17%	5%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 4/7)

	Target Sample	Random Sample
<u>Medical Debt</u>		
Households with medical debt	24%	19%
Amount of medical debt per household		
\$999 or less	29%	18%
\$1,000 to \$4,999	41%	59%
\$5,000 to \$9,999	20%	10%
\$10,000 or more	11%	13%
<u>Internet Access</u>		
Households with internet access	86%	86%
Reasons for no internet access		
Poor available service	12%	6%
Service not available	12%	13%
Too costly	64%	41%
Do not want or need internet access	9%	31%
Do not have computer/phone/device	33%	25%
I use my smart phone/cellular service	21%	28%
ACCESS TO HEALTH CARE SERVICES		
<u>Health Insurance</u>		
Households without health insurance during last year	10%	6%
Reasons for not having health insurance		
Not offered by employer	21%	33%
Chose not to have it due to cost	46%	33%
Not working	25%	33%
Not eligible	25%	17%
<u>Health Care Providers</u>		
Households that did not see a medical provider when needed	23%	14%
Reasons for not seeing a medical provider		
Did not know how to find a provider	12%	10%
Did not have insurance	16%	34%
Had no means to pay for service	40%	41%
Distance/transportation	14%	10%
No available appointments	49%	41%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 5/7)

	Target Sample	Random Sample
Households that did not see a dentist when needed last year	30%	15%
<u>Reasons for not seeing a dentist</u>		
Did not know how to find a provider	14%	15%
Did not have insurance	34%	45%
Had no means to pay for service	38%	39%
Distance/transportation	5%	0%
No available appointments	41%	12%
<u>Prescription Medication</u>		
Households that were unable to fill prescriptions when needed	13%	2%
<u>Reasons for being unable to fill prescription medicine</u>		
Did not understand prescription directions	3%	20%
Did not have insurance	29%	40%
Had no means to pay for prescription	55%	40%
Distance/transportation	6%	0%
Chose not to take medication	16%	20%
<u>Mental Health Concerns</u>		
Households that struggled with mental health concerns last year	36%	16%
Households that did not see a mental health provider when needed	21%	7%
<u>Reasons for not seeing a mental health provider</u>		
Did not know how to find a provider	24%	20%
Did not have insurance	15%	27%
Had no means to pay for service	26%	20%
Distance/transportation	15%	20%
No available appointments	35%	60%
Chose not to seek	24%	13%
PERSONAL HEALTH, WELLNESS, AND ENVIRONMENTAL STEWARDSHIP		
<u>Responsible Consumption of Alcohol</u>		
Individuals that consumed 5 or more alcoholic drinks on one occasion		
None	79%	73%
1 time	8%	11%
2 times	4%	9%
3 – 5 times	7%	3%
6 – 9 times	0%	2%
10+ times	2%	2%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 6/7)

	Target Sample	Random Sample
<u>Responsible Consumption of Alcohol</u>		
Individuals that operated a motorized vehicle after consuming 2 or more drinks	1%	1%
<u>Exercise</u>		
Number of days per week that resident exercised for at least 30 minutes		
None	23%	22%
1 – 2 days	29%	27%
3 – 4 days	26%	25%
5 – 6 days	14%	16%
7 days	8%	9%
<u>Water Quality at Home</u>		
Households that test private well annually	25%	28%
Reasons for not testing the private well annually		
Cost is too high	10%	6%
Don't know where to get tested	21%	24%
Unaware that well should be tested annually	69%	73%
<u>Environmental Stewardship</u>		
Households that dispose of special wastes properly	36%	47%
Reasons for not disposing of special wastes properly		
Cost	34%	33%
Hours are inconvenient	16%	9%
Location is inconvenient	16%	16%
Didn't realize it needs proper disposal	11%	4%
Unable to load/unload items	18%	16%
DISCRIMINATION		
Households that experienced discrimination during last year	16%	6%

Table 72. Survey Responses of Residents in the Target Sample versus Residents in the Random Sample (part 7/7)

	Target Sample	Random Sample
What discrimination was based on:		
Age	34%	33%
Disability	26%	8%
Gender	32%	25%
Height	5%	8%
Income	37%	17%
Nationality	5%	0%
Political affiliation	11%	50%
Race/Ethnicity	34%	8%
Religion	11%	17%
Sexual orientation	3%	33%
Weight	39%	8%
Setting in which discrimination occurred:		
Store/shopping	42%	25%
Police/legal	21%	0%
Medical facility	18%	33%
Housing	16%	8%
School	24%	25%
Workplace	26%	42%
Job seeking	21%	17%

COMMUNITY ENGAGEMENT

Volunteer Work

Households that volunteered in the community during last year	41%	33%
Hours of volunteer work during last year:		
1 – 10 hours	28%	30%
11 – 50 hours	28%	41%
51 – 100 hours	9%	11%
101+ hours	35%	18%