Sheboygan County
2026 Community Focus Group Report

A summary of community voice

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This report was prepared by staff from the Sheboygan County Division of Public Health. The information contained within was provided by Sheboygan County residents during the Winter and Spring of 2026. If there are any questions regarding the content of this report, please reach out via email to **hsc@sheboygancounty.com**

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Executive summary

This report synthesizes qualitative insights gathered from seven focus groups held between February and April 2026, which explored Sheboygan County resident experiences across five key priority action areas: Activity and Nutrition; Substance Safety; Access to High-Quality, Affordable Child Care; Positive Mental Health; and Access to Affordable Housing.

Key findings across all focus areas revealed systemic challenges that undermine community health:

- **Systemic Complexity and Navigation Barriers:** Residents consistently struggle to navigate fragmented, non-centralized resource landscapes. The difficulty of determining eligibility and accessing aid often delays support until a crisis point is reached.
- **The "Cliff Effect" and Economic Strain:** Rising costs for basic needs like housing, food, and childcare are outpacing financial assistance, forcing residents into reactive, crisis-driven decision-making.
- **Geographic and Access Disparities:** Physical barriers—including limited transportation, mismatched service hours, and a lack of culturally competent outreach—frequently prevent vulnerable populations from utilizing available programs.
- **Social Infrastructure:** Participants emphasized that formal services are insufficient without accompanying social infrastructure. Safe social spaces, peer networks, and community-led interventions are essential to sustain long-term behavioral change and mental well-being.
- **Demand for Integrated Care:** There is a clear, community-driven mandate for "wraparound" care models that treat the whole person, integrating physical, mental, and socioeconomic support systems.

To address these findings, the report recommends a strategic shift toward proactive, centralized navigation models and community-centered support. Recommended actions include establishing "one-stop shop" resource hubs for childcare and housing, implementing "closed-loop" referral networks for substance and mental health services, expanding mobile/culturally competent food distribution, and incentivizing service models that align with the schedules of a modern workforce. These steps are essential to transforming community support from a reactive, crisis-management system into a resilient, inclusive network that effectively meets the needs of all Sheboygan County residents.

Purpose

Every three years, Healthy Sheboygan County, a community-based initiative seeking to make positive changes in the health status of Sheboygan County residents, partners with local hospital systems and non-governmental organizations to assess the community's health needs. This report is one of several summaries of data collected during the Community Health Needs Assessment (CHNA) process. This report includes viewpoints from Sheboygan County community members on the five action areas of the 2024-2028 Community Health Improvement Plan (CHIP): Activity and Nutrition, Mental Health, Substance Use, Housing, and Child Care. While other data collection efforts focus on quantitative data collection and analysis, random sampling techniques, and reaching out to Sheboygan County residents directly, this report attempts to incorporate qualitative data from members of the community who self-identify as having valuable insights into one of the above mentioned action areas. The information contained in this report represents the opinions of individuals who attended one of seven focus groups

held between February and April 2026 and does not necessarily represent the views and opinions of all community members.

Methodology

Since the Healthy Sheboygan County Community Health Improvement Plan (CHIP) is in effect until the end of 2028, seven focus groups were hosted to gain community member's experiences on our Priority Action Teams: Sheboygan County Activity & Nutrition (SCAN), Positive Mental Health, Substance Safety, Access to Affordable Housing, and Access to High-Quality, Affordable Child Care. Three Activity & Nutrition focus groups were held. One in English, one in Spanish, and one in Hmong. Participants were recruited via open calls on social media and/or focused outreach by Healthy Sheboygan County Action Teams Leads.

Healthy Sheboygan County Action Team Leads, with the assistance of Sheboygan County Division of Public Health staff hosted the seven focus groups at culturally relevant venues, providing a comfortable and familiar setting conducive to open dialog.

All focus groups were facilitated with a standardized facilitation guide to ensure inclusivity, respect, and active participation. Sessions were structured to allow participants to share their experiences, challenges, and suggestions. Each session lasted approximately one hour and was audio-recorded with participants' consent, to accurately capture the opinions and themes discussed.

Each focus group topic included unique questions. All questions can be found in Appendix A.

The focus groups were audio-recorded, transcribed to text, and explored by Sheboygan County Division of Public Health staff.

Sessions and participants

Date	Topic	Location	# of attendees
2/25/26	Activity & Nutrition (English)	Community Cafe	12
3/5/26	Substance Safety	Lighthouse Recovery Community Center	12
3/5/26	Activity & Nutrition (Spanish)	Wesley United Methodist Church	11
3/10/26	Access to High-Quality, Affordable Child Care	A Million Dreamz, Inc	7
3/12/26	Positive Mental Health	Generations, An Intergenerational Center	6
3/19/26	Access to Affordable Housing	A Million Dreamz, Inc	7
4/9/26	Activity & Nutrition (Hmong)	Hmong Mutual Assistance Association	20

Results and themes

The focus group sessions revealed cross-cutting challenges that affect community health across all five priority areas: Activity and Nutrition, Substance Safety, Child Care, Mental Health, and Housing. While specific barriers vary by topic, several recurring themes emerged.

Systemic Complexity and Navigation Barriers: A consistent theme across all focus groups was the difficulty participants face when attempting to navigate community resources. Whether seeking child care, mental health services, housing assistance, or substance recovery support, participants frequently described fragmented systems that lack centralized "one-stop-shop" guidance. This complexity often leaves individuals to figure out eligibility, prioritization, and application processes on their own, frequently delaying access to critical aid until a crisis point is reached.

The "Cliff Effect" and Economic Strain: Economic pressure was a universal concern. Participants reported that rising costs are consistently outpacing financial assistance and stagnant incomes. A "cliff effect" was described where residents must often be in a state of crisis before they qualify for help, which penalizes those attempting to proactively maintain stability. This forces residents into difficult trade-offs, such as prioritizing caloric density over nutrition, or accepting substandard housing conditions to remain within budget.

Access and Geographic Disparities: Physical access remains a significant hurdle. Whether it is the distance to food pantries, a lack of reliable transportation, or a mismatch between service operating hours (like the "9-to-5" model) and the needs of modern working families, geographic and logistical barriers frequently prevent residents from utilizing existing services.

Social Connectivity as a Catalyst: Participants emphasized that formal services alone are often insufficient. Success in areas like nutrition, physical activity, and substance recovery is highly dependent on social infrastructure, including safe social spaces, community events, and supportive peer networks. Isolation remains a major barrier, while community-led interventions and peer support are viewed as powerful tools for behavioral change and mental well-being.

The Need for Culturally Competent and Integrated Care: Across all topics, there was a strong call for services that are culturally and linguistically inclusive. Participants identified that gaps in communication and a lack of culturally relevant support reduce the effectiveness of even well-intentioned programs. Furthermore, there is a clear demand for integrated, "wraparound" care models that treat the whole person, acknowledging the inextricable links between physical health, mental wellness, and socioeconomic stability.

Activity and Nutrition

Access - Participants noted that, in general, it was easy to get food from Food Pantries. The largest barrier to accessing a food pantry cited in these groups was the pantries location. If participants did not have access to reliable transportation, they were unable to utilize certain pantry locations. Participants stated that they did sometimes have trouble storing and preparing the food they received, whether that was due to being unstably housed or the foods not meeting their medical or cultural needs. Many participants mentioned that they found resources were most often shared by word of mouth, and learning how the process works made it easier for them to access food in the community. In the Spanish and Hmong focus groups, the importance of culturally significant food and pantry workers who were able to communicate with the participants in their primary language was also highlighted.

Education - Participants frequently mentioned the need for more education in the community on what is considered healthy eating or what foods might be better or worse for someone based on their medical history. They suggested that regular community conversations, cooking workshops, or an educational campaign could help to fill these gaps in knowledge.

Cost - Many participants stated that food costs have risen a lot in recent months. They mentioned that the food benefits they receive did not increase at the same rate, and they must buy less food now because of this disparity. Participants also frequently mentioned that healthy or more nutritious foods often cost more than less healthy foods. Some participants noted that they had to spend less on food if they had increased expenses in another area (forced basic need trade-offs). Participants agreed that more low or no cost opportunities for physical activity in Sheboygan County would make it easier for them to move more.

Motivation - Participants noted that community events and other social activities make it easier to find motivation to make more nutritious food choices and engage in physical activity more frequently.

Selected quotes from participants:

> "In general, the foods that cause you to gain weight are cheaper. Many times...for that reason, someone gains weight, because we opt for things that are cheaper to eat. So maybe, balance the prices of food that are nutritious for us."
>
> "Really just getting [to the food pantry is difficult]. I mean… once you're there everything is very accessible."
>
> "Right now our financial assistance has been reduced and we are left with little money to buy food. We eat whatever we can afford now."

Substance Safety

Access - Participants frequently mentioned that access to rehabilitation, transitional housing, and harm reduction services/supplies such as needle exchanges, disposal, and substance testing strips would greatly improve their ability to make positive changes in their lives.

Continuity of Care - Participants noted a need for wraparound services, closed loop referrals, and providers working together as a network for holistic care to provide the best opportunities for success for those accessing substance use and harm reduction services.

Support Systems - Many participants expressed the importance of strong support systems of friends and family, and also safe spaces for them to go for socialization and resources that do not involve substances.

Resource Navigation - Many participants find it difficult to navigate the resources that are available to them, especially after initial assistance is provided and long-term solutions need to be determined.

Selected quotes from participants:

> "It is helpful to go places where people are not using"
>
> "Mental health plays a big factor in that because for me, a lot of what I was doing was self-medicating for my mental health and taking care of that first made it a lot easier for me to stay sober."

“Treatment is 14 days, 30 days to 40 days…Where do you go after that?”

“It's really about wraparound services, and no one agency or one organization or one fellowship is going to solve the problem. But working together as a network…the more that we can network together and the more that we can come together.”

Access to High-Quality, Affordable Child Care

System Navigation - Every participant stated that the child care system is complex and difficult to navigate, especially when they must begin the search for child care while preparing for the birth of their child. Some participants expressed that when they had their first child they, or others they know, weren’t aware of the “dynamics of daycare.” Participants noted that parents were often left to figure out the system on their own, and many lamented the lack of a “one stop shop” for child care services.

Access - Many participants noted one of the barriers to accessing child care is the incredibly long waitlists, with some noting that there were still organizations they had not heard from years later. Participants also spoke to the need for child care centers with extended hours for parents who work in jobs outside of a “typical” 9 to 5. Flexibility in child care attendance was noted as a great benefit at the centers that offer it, allowing for parents to work around complex and changing schedules.

Training - Participants noted that proper training and education for child care providers was very important to them. They made it clear that they were interested in child care centers where providers could provide age appropriate early education, work on fine and gross motor skills with their children, and properly address any negative behaviors or situations between children.

Selected quotes from participants:

“My daughter was two when I heard back from a daycare”

“It's a luxury to have anything [other] than logistical considerations like location, availability”

“Child care is seen as a niche issue. It's not understood as a part of the fabric of all of society”

Positive Mental Health

Access - Participants frequently mentioned that access to mental health care was a barrier to them receiving the help they or a family member needed. This included insurance coverage, long wait times, and difficulty in finding the right provider.

Education - Family and community support are vital to positive mental health. Participants expressed the importance of educating family support systems and the community at large to reduce stigma and increase the success of mental health programs and services.

Stigma - Participants felt that mental health conditions continue to have a negative label within society which hinders open dialog and normalization of therapy services.

Resource Navigation - Many participants find it difficult to navigate the resources that are available to them, especially after initial assistance is provided and long-term solutions need to be determined.

Selected quotes from participants:

> “Stigma is, to me, the biggest issue...if you let people know that you're seeking mental health, you get a look sometimes”
>
> “I think there needs to be more discussion…it has to be talked about in public.”

Access to Affordable Housing

Housing Availability - Participants frequently mentioned the lack of available affordable housing options in Sheboygan County. This included participants looking to rent, purchase a home, or downsize from their current housing. Participants also noted that often the only options available to them were in areas that made them feel unsafe.

System Navigation - Participants noted that the housing system was difficult to navigate. Participants found it hard to find out the best approach to finding housing that fit your needs, what programs/assistance they were qualified to apply for, how prioritization within those programs worked, and even when they knew of the resources available in Sheboygan County, most participants weren’t confident in their ability to direct someone on how to access those resources.

Cost - Cost was a concern cited by all participants. Participants noted that rent continues to increase, and often new apartment buildings set prices for their units that the average person in Sheboygan County cannot afford. One participant even stated that the units that people can actually afford are often “less than humane conditions.” While most participants acknowledged that they were able to afford their current housing with commensurate increases in income, many agreed that increasing costs will greatly impact community members that are on fixed incomes.

Fear of Retaliation - Participants noted that they were less likely to advocate for themselves when they feared they might be forced out of their current housing. This included not forcing the issue when maintenance requests went unanswered and identifying times that landlords were not honest with tenants.

Selected quotes from participants:

> “You have to be behind before you can get help.”
>
> “It's really hard to get help when you don't even know what help you need.”
>
> “Our home is making us too rich [to qualify for assistance], even though the home is what we can't afford.”

Discussion

The collective findings from the focus groups illustrate that health outcomes in Sheboygan County are shaped by deeply interconnected systemic challenges. A primary theme is the widespread systemic complexity that acts as a barrier to health; participants consistently reported that navigating the fragmented landscape of resources requires a level of specialized knowledge that many do not possess. This highlights a critical need for centralized navigation or "one-stop-shop" models to bridge the gap between residents and available services. Across all priority areas, the current support landscape often

necessitates that individuals reach a point of crisis or total failure before qualifying for assistance. To address this, there is a clear demand for integrated "wraparound" care models that treat the whole person, recognizing that physical health, mental wellness, and socioeconomic security are inextricably linked.

Additionally, the results emphasize the vital role of social infrastructure for sustainable community health. Beyond formal medical or social services, the availability of safe spaces, community-led events, and peer networks provides the necessary motivation and support for long-term behavioral change. Strengthening these social ties is essential for creating a resilient community where health is supported by both institutional systems and organic social connectivity.

Activity and Nutrition

The focus group results reveal a complex interplay between systemic barriers and individual health behaviors in Sheboygan County. Food security is heavily dictated by geography and culture. While food pantries are generally perceived as accessible once reached, the logistical intersection of physical location and a lack of reliable transportation creates a functional barrier for many. This is further compounded for non-English speaking participants, where language barriers and a lack of culturally significant foods at pantry sites can diminish the utility of available resources. Interestingly, the heavy reliance on word-of-mouth communication suggests that formal information channels may be underperforming, leaving those outside certain social circles at a disadvantage in navigating community resources.

As food costs outpace financial assistance, participants are forced into nutrition trade-offs, prioritizing caloric density and shelf-stability over nutritional value to stretch limited budgets. Participant testimony confirms that healthier options are often viewed as financially out of reach, making the choice to eat nutritiously a luxury that many cannot afford when faced with other rising living expenses.

Despite these challenges, there is a clear appetite for community-based intervention. Participants identified education as a tool for empowerment. Focus group members noted that communal environments and social activities serve as catalysts for behavioral change, suggesting that health outcomes could be improved through interventions that prioritize social connectivity and peer support.

Substance Safety

The findings from the focus groups underscore a significant gap between the immediate delivery of services and the long-term sustainability of recovery. Participants highlighted that while initial access to rehabilitation and harm reduction is essential, the transition following short-term treatment remains a period of extreme vulnerability. This gap in service delivery illustrates the need for comprehensive resource navigation to help individuals bridge the gap between clinical stabilization and community reintegration. Thus, a central theme that emerged was the necessity of integrated, wraparound care that addresses the whole person rather than just the substance use disorder. Participant feedback specifically pointed to the inseparable link between mental health and sobriety, noting that self-medication is often a response to untreated psychological needs. Therefore, service delivery models should prioritise a holistic framework that ensures that things like mental health care are not an afterthought, but a foundational component of the recovery journey.

Additionally, the discussion emphasized that recovery does not occur in a vacuum; it requires a supportive social infrastructure. The importance of safe, non-substance-based social environments cannot be overstated. For many, successful long-term recovery depends on the availability of spaces that provide socialization and resources without the presence of triggers.

Access to High-Quality, Affordable Child Care

The current child care landscape is characterized by a high degree of systemic complexity that places an undue burden on families. The absence of a centralized "one stop shop" forces parents to navigate a fragmented network of providers independently, often starting during the high-stress period of preparing for a first child.

Access is restricted by a disconnect between existing infrastructure and modern economic realities. Long waitlists suggest a significant supply-demand imbalance, while the rigid "9 to 5" operational model of most centers fails to accommodate a workforce that increasingly operates outside those traditional hours. This suggests that even when a slot becomes available, it may not provide the actual flexibility parents need to maintain their employment.

The strong emphasis on provider training and early education signals a clear shift in parental expectations: child care is no longer viewed as merely custodial. Parents are looking for developmental environments where providers are skilled in early education and behavioral management. This underscores the professionalization of the field and its role as a critical component of early childhood development.

Positive Mental Health

The findings from the focus group highlight important gaps and opportunities in mental health service delivery. Participants identified tension between the demand for care and the systemic barriers that impede access, particularly long wait times that exacerbate mental health crises. The recurring theme of stigma emerged not merely as a social attitude but as a functional barrier that prevents individuals from seeking necessary treatment and fosters isolation. Furthermore, while resources may exist, participants emphasized that the complexity of navigating these systems, specifically the transition from initial contact to ongoing care, remains a persistent challenge. These results underscore that efforts to improve mental health outcomes must move beyond simply having more mental health professionals available to addressing the structural barriers of public awareness and effective service navigation.

Access to Affordable Housing

The focus group findings reveal a tension between increasing housing costs and a reactive, rather than proactive, support system. Participants highlighted a "cliff effect" where individuals must often fall into crisis or be significantly behind before becoming eligible for assistance. This requirement for failure before support creates a precarious environment for community members, particularly those on fixed incomes who lack the flexibility to absorb even minor rent increases.

This financial strain is further compounded by significant barriers to system navigation and a lack of available, high-quality housing. The difficulty in identifying and accessing resources creates a cycle of housing instability; when participants cannot easily determine where to turn for help, they are more likely

to remain in substandard or unsafe conditions. This is often reinforced by a pervasive fear of retaliation, where tenants avoid advocating for their rights or basic maintenance to prevent potential displacement. Confusion around program access and qualification effectively negates the very support intended to mitigate housing insecurity.

Ultimately, the feedback suggests that housing instability in Sheboygan County is not merely an individual financial burden but a systemic hurdle. The themes of affordability, inadequate tenant protections, and a fragmented resource landscape indicate that without structural interventions community members will continue to face barriers that prioritize profits over human needs.

Conclusions and Recommendations

The focus group findings reveal that health outcomes in Sheboygan County are hindered by persistent systemic complexity and fragmentation. Navigating the current landscape of resources requires specialized knowledge that many residents do not possess, necessitating a strategic shift toward centralized "one-stop-shop" navigation models.

The results underscore the vital importance of social infrastructure as a fundamental catalyst for individual health and long-term resilience. There is also a critical call for culturally competent and linguistically inclusive services, paired with a fundamental recognition of child care and health services as essential public utilities rather than niche or private issues. Ultimately, addressing these multi-faceted challenges requires a comprehensive shift from reactive crisis management toward proactive, accessible, and community-centered support systems.

Activity and Nutrition

The focus group findings highlight a critical disconnect between the availability of community food resources and the ability of residents to access and utilize them effectively. While food pantries are vital, systemic barriers prevent equitable access. Furthermore, the rising cost of living creates a stark trade-off where nutritional quality is frequently sacrificed for budget stability. However, participants express a clear desire for community-led solutions, indicating that health and nutrition are not just individual choices but outcomes heavily influenced by social connectivity and access to education.

Recommendations

- Expand food distribution models to include mobile pantries or delivery services that reach areas with limited transportation access. Ensure distribution sites are strategically located or served by public transit.
- Increase the presence of multilingual staff or volunteers at pantry sites and prioritize the procurement of culturally significant food items to better serve the diverse populations in Sheboygan County.
- Launch community-based cooking workshops and nutritional education campaigns that are integrated into social settings. Leverage community events to promote healthy habits, utilizing these spaces as platforms for peer support and shared learning.
- Support initiatives that increase the affordability of nutritious foods. Explore partnerships with local retailers to incentivize the purchase of healthy produce and reduce the cost barrier for lower-income households.

Substance Safety

The focus group findings reveal that addressing acute substance use is only the first step in a much larger recovery process. To ensure long-term success and prevent relapse, we must move toward a model that prioritizes integrated, sustained support systems. Bridging the gap between short-term clinical treatment and long-term community reintegration is essential for providing individuals with the stability and resources they need to thrive. By focusing on continuity of care and the social determinants of recovery, the county can create a more resilient framework for those navigating the journey to safer substance use.

Recommendations:

- Implement a unified 'closed-loop' referral network to bridge the post-treatment gap and ensure continuity of care.
- Prioritize a 'whole-person' approach by formalizing the integration of mental health services into substance use treatment pathways.
- Develop and support community-based 'safe spaces' that offer socialization and resources free from substance triggers to sustain long-term recovery.

Access to High-Quality, Affordable Child Care

The results point to a fundamental conflict in how child care is perceived. While participants experience it as a structural necessity, it is often still treated as a niche issue, and childcare workers are often seen as caretakers rather than educators. Bridging this gap between the reality of child care as an essential public utility and its current treatment as a private luxury is central to addressing the themes identified in this report.

Recommendations:

- Establish a unified, accessible platform to help parents navigate the child care landscape. This "one-stop shop" should provide clear guidance on availability, waitlist management, and service options to reduce the burden on families.
- Provide support and incentives for child care centers to adopt non-traditional operating hours and flexible attendance policies, better aligning service availability with the needs of a workforce that operates outside standard 9-to-5 schedules.
- Implement initiatives to support ongoing training for child care providers. Focusing on age-appropriate early education, developmental support, and effective behavioral management will ensure that providers are recognized and equipped as educators rather than just caretakers.

Positive Mental Health

The findings from this focus group demonstrate that addressing mental health requires a multi-faceted approach that goes beyond provider availability. We conclude that while resources exist, the current system is hindered by barriers in system and resource navigation, prolonged wait times, and persistent social stigma.

Recommendations:

- Launch community-wide campaigns that normalize mental health conversations by framing them with the same importance as physical health. Increased public visibility is essential to reducing the isolation participants described.

- Develop clear, step-by-step guides or dedicated navigation services to help individuals transition from initial outreach to sustained, long-term care, ensuring they do not become lost in the system after the first point of contact.
- Prioritize initiatives to decrease wait times, as delays in care directly exacerbate existing mental health crises. Strategies could include expanding telehealth options, diversifying the provider pool, or creating urgent-care-style mental health triage centers.
- Implement outreach programs that provide families and community support systems with the knowledge to identify mental health needs and advocate for their loved ones, creating a more informed and supportive environment.

Access to Affordable Housing

The focus group findings underscore that housing instability in Sheboygan County is a complex, systemic challenge rather than an individual issue. The current support landscape often requires residents to reach a crisis point before qualifying for aid, effectively penalizing proactive efforts to maintain stability. This "cliff effect," combined with a confusing resource landscape, inadequate housing stock, and fear of landlord retaliation, creates a cycle where community members remain trapped in unsafe or unaffordable conditions. Addressing these challenges requires a shift from reactive crisis management toward proactive, accessible, and tenant-centered support systems.

Recommendations:

- Develop a streamlined, centralized portal or a dedicated navigation assistance service that clearly outlines program eligibility, application processes, and prioritization criteria to help residents access support before reaching a crisis.
- Establish community-based support for tenants to navigate maintenance disputes and lease issues, mitigating the fear of retaliation and empowering residents to advocate for safe, humane living conditions without risk of displacement.
- Incentivize the development of affordable, high-quality housing units that cater to residents on fixed incomes, ensuring that economic growth in the county does not prioritize profit at the expense of community member safety.

Appendix A: Focus Group Questions

Activity & Nutrition

Three focus groups, one in each language (English, Spanish, Hmong)

Core Question 1: Tell us how you get food for you and your family

- Tell me about the last time you got food
- Where do you shop for food?
- When is getting food easy?
- When is getting food hard?

Core Question 2: What stops you and your family from getting food?

- Does food cost too much?
- Are some foods hard to find?
- Does anyone in your family need special food?

Core Question 3: What do you or your family need to eat healthy?

- What does healthy eating mean to you?
- What makes eating healthy hard?
- What would help your family eat better?

Core Question 4: Does the food pantry have the food you and your family want? (have participants clarify which pantry they are using)

- What foods do you wish the pantry had?
- Do you cook different foods because the pantry doesn't have what you want?
- Are your preferred cultural foods hard to find?

Core Question 5: What do you or your family do to move and exercise?

- What does your family like to do (enjoy)?
- What makes being active hard?
- What makes being active easy?
- What programs would help you or your family move more?

Core Question 6: What help and resources do you and your family need to get food?

- Who helps you with food?
- What one thing would make getting food easier?
- What makes getting help hard? (language, transportation, time, schedules, pantry hours)

Substance Safety

Core Question 1: What makes it hard to prevent substance use in your community?

- What makes some people more likely to start using substances?
- What prevention efforts already exist in the community?
- What prevention programs or support are missing?
- How can families, schools, and workplaces help prevent substance use?

Core Question 2: What would make harm reduction services easier to use in your community?

- Are people aware that harm reduction services exist?
- What prevents people from using these services?
- Where or how should harm reduction services be offered?
- What would reduce stigma around harm reduction in the community?

Core Question 3: What has it been like trying to get treatment for yourself or someone else?

- What was the most difficult part about getting treatment?
- Did you or someone else know where to go for treatment?
- How do people find out where to get treatment?
- How long do people typically wait to get into treatment?
- What makes treatment hard to access? (cost, transportation, language)
- Do treatment programs meet people's needs?

Core Question 4: What supports are important for someone in recovery? (housing, employment, peer support?)

- Why is stable housing important for recovery?
- How does having a job or meaningful work support recovery?
- What role do peer support groups play in recovery?
- What recovery supports are most difficult to find?
- How important is mental health treatment for recovery?

Core Question 5: What resources are available in your community for someone in a substance use crisis?

- What crisis resources do you know about in Sheboygan County or your community?
- Are crisis services easy for people to access?
- Are crisis services available at night and on weekends?
- What happens after someone gets through an immediate crisis?
- What types of crisis support are missing in the community?

Access to Affordable, High-Quality Child Care

Core Question 1: Tell us about your child care. How is it going?

Core Question 2: What makes child care difficult or hard to find?

- How does cost impact your choices?
- What about distance? Waitlists?

Core Question 3: How does child care affect your work or job search?

- If you work, what could your employer do to help with child care?

Core Question 4: What is important to you in a child care program?

- What about hours?
- Location?
- Special features?

Core Question 5: What would help you find child care?

Positive Mental Health

Core Question 1: What has it been like trying to get mental health help for yourself or someone else?

- What was the most difficult part about getting mental health help?
- How do people find out where to get mental health?
- How long do people typically wait to get an appointment?
- What makes mental health services hard to access? (cost, transportation, insurance)
- Do mental health providers meet people's needs?

Core Question 2: What makes it hard for people to get mental health help?

- What role does stigma or shame play in seeking mental health help?
- Are people aware that mental health services exist?
- Is cost or insurance a barrier to getting help?
- Are there enough mental health providers in the community?
- What makes it hard to take time for mental health care?

Core Question 3: What support would make it easier to get mental health help?

- What would make mental health services more affordable?
- Where or how should mental health services be offered?
- What would reduce stigma around mental health in the community
- What role can community organizations play in mental health?
- Who do people trust to talk to about mental health?

Core Question 4: Why is mental health important in your life or community?

- How does mental health affect relationships with others?
- How does mental health impact daily activities or responsibilities?
- What happens when mental health is ignored or not addressed?
- How are physical health and mental health connected?
- What does good mental health mean to you?

Core Question 5: What resources are available for someone in a mental health crisis? What is missing?

- What crisis resources do you know about in Sheboygan County?
- Are crisis services easy for people to reach and use?
- Are crisis services available at all hours?
- What happens after someone gets through an immediate crisis?
- What types of crisis support are missing?

Access to Affordable Housing

Core Question 1: Tell us about your experience looking for housing in Sheboygan County. Did you rent or buy?

- What makes finding housing most difficult for you?

Core Question 2: What made you feel safe or unsafe in the places you have lived in Sheboygan County?

- Have you needed repairs? What happened?

Core Question 3: How have housing costs affected you? Like rent increases, fees, or deposits?

Core Question 4: How does getting around affect where you can live?

Core Question 5: What housing help or programs do you know about in Sheboygan County?

- Have you used housing help programs? What was that like?