Froedtert & Medical College of Wisconsin

Froedtert Kenosha Hospital | Froedtert Pleasant Prairie Hospital

Community Health Needs Assessment

January, 2020

Introduction

Froedtert South is a comprehensive regional healthcare system that has served southeastern Wisconsin and northern Illinois communities for more than 100 years. Froedtert South provides services primarily through the Froedtert Kenosha Hospital and the Froedtert Pleasant Prairie Hospital and several other clinic locations.

In response to its community commitment, during 2019 and 2020, Froedtert South worked with Aurora Health Care, Children's Hospital of Wisconsin, and the Kenosha County Public Health Department for the purpose of compiling community health data to develop a collective Community Health Needs Assessment (“CHNA”).

This report fulfills the requirements of a federal statute established within the Patient Protection and Affordable Care Act ("PPACA") and is based on guidelines set forth in IRS Notice 2011-52 requiring that non-profit hospitals conduct community health needs assessments to identify and prioritize community needs and submit a community asset inventory every three years. The CHNA process undertaken by Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin and Kenosha County Public Health Department with project management and consultation by JKV Research, LLC, and Center for Urban Population Health, included input from persons who represent the broad interests of the community served by the hospital facility, including those with unique knowledge of public health issues for the population served. Members from Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, and Kenosha County Public Health Department along with JKV Research, LLC and Center for Urban Population Health worked closely together to accomplish this assessment.

A review of the data was vetted among the partners during the final data-collection meeting. The data-collection process was comprised of three main components:

- **Community Health Survey** – a comprehensive phone-based survey that gathered specific data on the behavioral and lifestyle habits of the adult population and selected information about child health;

- **Secondary Data Report** – prepared by the Center for Urban Population Health, a summary of the demographic and health-related information for Kenosha County using publicly available data sources; and

- **Key Informant Interview Report** – a summary of the top five health issues, additional health issues, existing strategies to address the issues, barriers, or challenges to addressing the issues, additional strategies needed to address the issues, from the perspective of the key informants, individuals who represent the broad interests of the community served.

In 2020, Froedtert South utilized the above data and other data sources to identify and prioritize significant health needs and develop implementation strategies to address the prioritized health needs within the context of the hospital’s existing programs, resources, strategic goals, and partnerships.

Community Definition

Although Froedtert South serves patients from Kenosha County and beyond, for the purpose of the community health needs assessment the community served is defined as Kenosha County.

Kenosha County includes urban and rural areas, including the following municipalities:

- City of Kenosha;
- Towns of Brighton, Paris, Randall, Salem, Somers, Wheatland;
- Villages of Bristol, Genoa City, Paddock Lake, Pleasant Prairie, Silver Lake, Twin Lakes; and
- Unincorporated communities of Bassett, Benet Lake, Berryville, Brighton, Camp Lake, Central Park, Chapin, Fox River, Kellogg's Corners, Klondike, Lake Shangri-la, Liberty Corners, Lily Lake, New Munster, Paris, Powers Lake, Salem Oaks, Trevor, Voltz Lake, Wilmot.

Total Population - Kenosha County				
		2017		State 2017
	Total Population	167,886		5,763,217
Total Population		N	%	
	White	144,109	85.8%	85.9%
	Black or African American	12,611	7.5%	6.3%
	Asian	2,257	1.3%	2.6%
	American Indian and Alaska Native	645	0.4%	0.9%
	Some Other Race	3,328	2.0%	1.9%
	Two or more races	4,892	2.9%	2.3%
	Hispanic or Latino	21,354	12.7%	6.6%
Total Population				
	Male	83,033	49.5%	49.7%
	Female	84,853	50.5%	50.3%
Total Population				
	0-14	32,672	19.5%	18.6%
	15-44	66,671	39.7%	38.2%
	45-64	47,023	28.0%	27.5%
	65+	21,520	12.8%	15.6%

Demographics - Kenosha County			
		2017	State 2017
Education level of adults 25 years or older			
	Less than high school degree	9.5%	8.3%
	High school degree	32.7%	31.3%
	Some college/associates	32.6%	31.4%
	Bachelors degree or higher	25.1%	29.1%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	7.8%	3.1%
Median HH Income (2017 dollars)			
	Median Income	$57,269	$56,759
Percent of all people below poverty in last 12 months			
	Percent below poverty	14.5%	12.3%
Language spoken at home			
	English	88.7%	91.3%
	Spanish	8.2%	4.6%
	Indo-European	2.1%	1.9%
	Asian and Pacific Island	0.8%	1.8%
	Other Languages	0.2%	0.4%
	Owner Occupied	65.6%	67.0%
	Renter Occupied	34.4%	33.0%

Population Change in Age - Kenosha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	149,577	100.0%	166,426	100.0%	16,849	11.3%
0 to 4	10,367	6.9%	10,995	6.6%	628	6.1%
5 to 9	11,640	7.8%	11,850	7.1%	210	1.8%
10 to 14	11,826	7.9%	12,310	7.4%	484	4.1%
15 to 19	11,106	7.4%	13,029	7.8%	1,923	17.3%
20 to 24	9,568	6.4%	11,307	6.8%	1,739	18.2%
25 to 29	9,747	6.5%	10,377	6.2%	630	6.5%
30 to 34	11,068	7.4%	10,496	6.3%	-572	-5.2%
35 to 39	13,365	8.9%	11,135	6.7%	-2,230	-16.7%
40 to 44	12,696	8.5%	12,072	7.3%	-624	-4.9%
45 to 49	10,596	7.1%	13,767	8.3%	3,171	29.9%
50 to 54	8,661	5.8%	12,395	7.4%	3,734	43.1%
55 to 59	6,649	4.4%	10,248	6.2%	3,599	54.1%
60 to 64	5,119	3.4%	7,766	4.7%	2,647	51.7%
65 to 69	4,436	3.0%	5,595	3.4%	1,159	26.1%
70 to 74	4,355	2.9%	4,145	2.5%	-210	-4.8%
75 to 79	3,632	2.4%	3,297	2.0%	-335	-9.2%
80 to 84	2,577	1.7%	2,845	1.7%	268	10.4%
85+	2,169	1.5%	2,797	1.7%	628	29.0%

Project Mission & Objectives

The mission of the Froedtert South CHNA is to understand and plan for the current and future health needs of the residents in its community. The goal of the process is to identify the health needs of the community served by Froedtert South, while developing a deeper understanding of needs and identifying community health priorities. The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. This project was developed and implemented to meet the individual project goals as defined by representatives from Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, and the Kenosha County Public Health Department, which included:

- Assuring that the view of persons with special knowledge of or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by Froedtert South; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by Froedtert South are included in the needs assessment process through data collection and key stakeholder interviews.

- Obtaining statistically valid information on the health status and socioeconomic/environmental factors related to health of residents in the

community and supplementing the general population data that is readily available.

- Developing accurate comparisons to baseline mental health measures utilizing the most current validated data.

- Developing a CHNA document as required by the PPACA for Froedtert South.

Methodology

In 2019, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Kenosha County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals, and partnerships. The process of conducting the CHNA is described in this report.

Data collection and analysis

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed, and published at different intervals, and therefore the data years (e.g., 2012, 2014, 2016) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Kenosha County Community Health Survey Report: The community health survey is a primary community health data source. The latest telephone survey was completed between July 15, 2019 and October 26, 2019 and posted in 2020. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report.

The community health survey report presents a summary of public health priorities for Kenosha County, as identified in 2019 by a range of providers, policymakers, and other local experts and community members ("key informants"). These findings are a critical supplement to the Kenosha County Community Health Survey.

Key informants in Kenosha County were identified by the Kenosha County Division of Health, Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, Kenosha Community Health Center, and United Way of Kenosha County. Among the key

informants were leaders from public health, education, and community organizations. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations. The interviewers used a standard interview script that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
  - Existing strategies to address the issue.
  - Barriers and challenges to addressing the issue.
  - Additional strategies needed.
  - Key groups in the community that hospitals should partner with to improve community health.
  - Identification of subgroups or subpopulations where efforts could be targeted.
  - Ways efforts can be targeted toward each subgroup or subpopulation.

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2019 key informant interviews for Kenosha County.

The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers, or challenges to addressing the issue, additional strategies needed, key partners in the community that hospitals should collaborate with to improve community health and targeted groups to address health disparities.

Limitations: Thirty-five sets of rankings were collected from 25 key informant interviews and two focus groups, with a total of 39 respondents in Kenosha County. Some interviews incorporated the views of more than one person from an agency or organization, and two focus groups captured the rankings and thoughts of 10 people from different agencies or organizations. The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Kenosha County data (e.g., community health survey and secondary data reports).

Focus Area Ranking: In 25 interviews and two focus groups, a total of 39 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. Key informants were also able to write in other health issues that they believed were top health issues for the county. Importantly, not every informant ranked five issues and most, but not all, informants provided rankings within their top selections. Key informants did not always

discuss all of the issues they ranked within their top five. In interviews with more than one participant, only one set of rankings was provided. In the focus groups, each member provided their own set of rankings. The results in the table below reflect 35 sets of rankings from the 39 individuals who participated in interviews and focus groups.

Secondary Data Report: This report summarizes the demographic and health-related information for Kenosha County. Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity, and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared in 2019 by the Center for Urban Population Health.

Selected Implementation Strategies

Using these criteria, Froedtert South prioritized the following significant health needs to address in the 2020-2022 implementation strategy:

- Reduce Barriers for Patients to Access Care.
    - Goal: Access and improve access to care for medically underserved and vulnerable groups of all ages and populations.
        - Strategy 1: Increase patient capacity within the Froedtert South Medical Group through recruitment and retention of physicians and mid-level providers within the Froedtert South Medical Group.
        - Strategy 2: Enhance and expand Telemedicine opportunities.
        - Strategy 3: Enhance awareness of available services offered through Froedtert South and the Froedtert South Medical Group.
        - Strategy 4: Work in collaboration with internal and external resources to assist patients as it relates to determining eligibility for Medicaid, CHIP and ACA Marketplace enrollment, including special enrollment periods, and eligibility to assist in removing barriers to care.

- Focus on Health Outreach and Education – Coronavirus/COVID-19 Pandemic Response
    - Goal: Increase the amount of outreach and education resources available to Kenosha County residents during the COVID-19 Pandemic.
        - Strategy 1: Launch a drive-thru COVID-19 testing facility to aid the community with accessible, and convenient, COVID-19 testing.
        - Strategy 2: Enhance and expand Telemedicine opportunities in order to provide necessary care for patients while minimizing the transmission risk of COVID-19.
        - Strategy 3: Implement appropriate protocols, including a COVID-19 testing protocol for patients scheduled for elective surgical cases and procedures.
        - Strategy 4: Develop a COVID-19 vaccination clinic to aid the Kenosha County Health Department in an effort to obtain herd immunity within Kenosha County.

- Increase awareness of prevention methods, screenings, and care for chronic diseases.
    - Goal: Expand and target educational programs to reach a larger audience in the at-risk populations.
        - Strategy 1: Implement the Epic Electronic Health Record to provide a greater ability to communicate information to patients of Froedtert South via MyChart, and other, similar mechanisms.
        - Strategy 2: Enhance and expand the use of recall/follow-up mechanisms to improve the ability of Froedtert South to ensure patients are receiving routine preventative care as recommended by the U.S. Preventative Task Force.
        - Strategy 3: Increase the knowledge of high-risk populations on ways to manage chronic diseases.

Kenosha County Health Needs Assessment

A summary of key informant interviews

2019

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Working together to improve the health of communities

This report was prepared by the Design, Analysis, and Evaluation team at the Center for Urban Population Health, a partnership of Aurora Health Care/Aurora Research Institute, LLC, the University of Wisconsin- Milwaukee, and the University of Wisconsin School of Medicine and Public Health. Maddie Johnson and Carrie Stehman prepared this report. If there are any questions, please feel free to contact them at 414.219.5100.

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Table of Contents

Introduction 1

Focus Area Ranking 2

Top Five Health Issues 3

General Themes 4

Issue Summaries 5

- Mental Health 5
- Substance Use and Abuse 7
- Access to Health Care 9
- Adverse Childhood Experiences 10
- Nutrition 12
- Chronic Disease 13
- Alcohol Abuse 14
- Physical Activity 15
- Injury and Violence 16
- Oral Health 16
- Environmental and Occupational Health 17
- Growth and Development 17
- Reproductive and Sexual Health 18
- Tobacco 19
- Other Health Issues 19
- Communicable Disease 21

Appendix A 22

Introduction

This report presents a summary of public health priorities for Kenosha County, as identified in 2019 by a range of providers, policy-makers, and other local experts and community members ("key informants"). These findings are a critical supplement to the Kenosha County Community Health Survey conducted through a partnership between the Kenosha County Division of Health, Aurora Health Care, Children's Hospital of Wisconsin, Froedtert South, Kenosha Community Health Center, and United Way of Kenosha County.

The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health.

Key informants in Kenosha County were identified by the Kenosha County Division of Health, Aurora Health Care, Children's Hospital of Wisconsin, Froedtert South, Kenosha Community Health Center, and United Way of Kenosha County. These organizations also invited the informants to participate and conducted the interviews from June to September 2019. The interviewers used a standard interview script that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
    - Existing strategies to address the issue
    - Barriers and challenges to addressing the issue
    - Additional strategies needed
    - Key groups in the community that hospitals should partner with to improve community health
    - Identification of subgroups or subpopulations where efforts could be targeted
    - Ways efforts can be targeted toward each subgroup or subpopulation

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2019 key informant interviews for Kenosha County.

The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. The next section describes the themes that presented

themselves across the top ranked health topics. Finally, summaries of the strategies, barriers, partners, and potential targeted subpopulations described by participants are provided as well.

Limitations: Thirty-five sets of rankings were collected from 25 key informant interviews and two focus groups, with a total of 39 respondents in Kenosha County. Some interviews incorporated the views of more than one person from an agency or organization, and two focus groups captured the rankings and thoughts of 10 people from different agencies or organizations. The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Kenosha County data (e.g., community health survey and secondary data reports).

A. Focus Area Ranking

In 25 interviews and two focus groups, a total of 39 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. (See Appendix A for the full list of informants). Key informants were also able to write in other health issues that they believed were top health issues for the county. The table below presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times an informant ranked the issue as the most important health issue. Importantly, not every informant ranked five issues and most, but not all, informants provided rankings within their top selections. Key informants did not always discuss all of the issues they ranked within their top five. In interviews with more than one participant, only one set of rankings was provided. In the focus groups, each member provided their own set of rankings. The results in the table below reflect 35 sets of rankings from the 39 individuals who participated in interviews and focus groups.

Health Focus Area	Key Informant Rankings	
	Top 5	Number 1
Mental Health	30	18
Substance Use and Abuse	21	3
Access to Health Care	16	4
Adverse Childhood Experiences	16	3
Nutrition	14	1
Chronic Disease	12	3
Alcohol Abuse	10	1
Physical Activity	7	0
Injury and Violence	6	1
Oral Health	5	0
Environmental and Occupational Health	2	0
Growth and Development	2	0
Reproductive and Sexual Health	1	0
Tobacco	1	0
Communicable Disease	0	0

Five key informants identified and ranked other important health issues in Kenosha County. One person identified Obesity as a top-five issue. Four other informants identified social and economic issues that are linked to poorer health outcomes: Homelessness, lack of transportation, systemic racism, and disparities in race and class.

B. Top Five Health Issues

The five health issues ranked most consistently as top five health issues for the County were:

1. Mental Health
2. Substance Use and Abuse
3. Access to Health Care
4. Adverse Childhood Experiences (ACEs)
5. Nutrition

Summaries of themes for each issue are presented below in the order listed in the table above. As a guide, issues ranked as the top five priorities for the County are marked with this thermometer symbol:

C. General Themes

It is important to note that since the last release of this report in 2016, the report has changed slightly. The Health Focus Areas had some additions and changes. Alcohol and Other Drug Use divided into two separate categories (Substance Use and Abuse and Alcohol Abuse). Another change from 2016 is that key informants were able to write in another health issue if their top five health issues was not on the provided list. This year, respondents were also asked to provide subgroups/populations where efforts could be targeted and how efforts can be targeted for the identified health issue. An additional category that was added in 2019 is Adverse Childhood Experiences (ACEs)

In 2019, Kenosha County had similar health issues as the 2016 report, with four out of the five issues being almost the same. In both years, Mental Health was ranked as the top health issue. The second health issue is similar. In 2019, Substance Use and Abuse was ranked as the top health issue and in 2016, Alcohol and Other Drug Use was ranked as the top health issue. These issues are not exactly the same since in 2019, Substance Use and Abuse was separated from Alcohol Abuse. In 2016, Access to Health Services and Nutrition tied for third as the top health issues. In 2019, Access to Health Care was ranked as number 3 and Nutrition was ranked as number five, highlighting similar priorities in health for 2016 and 2019. The only different health issue in 2016 is Physical Activity, which was ranked as the fifth top health issue. In 2019, Adverse Childhood Experiences (ACEs) was ranked as the fourth health issue, which was a new addition to the health issue topics

In 2019, informants noted the interconnectedness between health issues and sometimes linked health issues such as Substance Use and Abuse and Alcohol Abuse. Additionally, interviewees had the option to choose other health issues and the issues mentioned were social determinants of health. Issues such as systemic racism and transportation were referenced as social issues that impact community health. Participants noted that addressing these social determinants of health will positively impact other health issues in communities.

As was mentioned in the 2016 report, in 2019, a lack of resources (providers, funding, clinics, etc.) was mentioned as a frequent challenge or barrier to improving health outcomes. Other barriers mentioned included expensive insurance or a lack of insurance coverage. Additionally, stigma and access to appointments were mentioned barriers especially for the top two health issues, Mental Health and Substance Use and Abuse.

Key community partners to improving health included the local health department, providers, the county, law enforcement, schools, local colleges, faith-based organizations, service organizations, neighborhoods and many other groups. To address these health issues, informants mentioned populations to target including youth, the elderly, veterans, low income populations, and additional subgroups. Like in the 2016 report, respondents highlighted the importance of working across sectors to improve health outcomes, especially through education efforts.

D. Issue Summaries

Mental Health

30 informants included Mental Health in their top health issues for the county and 18 ranked it as their top health issue. One participant associated mental health with stress and emotional wellness. Overall, participants identified numerous resources and services to address mental health, but many agreed that more resources and funding will help the community address this health issue.

Existing Strategies: Participants identified various existing strategies in the community to address mental health including resources and organizations. Some resources include: school-based mental health professionals, Kenosha Community Health Center (KCHC) working with youth, counselors/therapists/psychologists, the crisis hotline, the Veterans Affairs (VA) website, networking and collaborating between agencies/partners, teachers telepsychiatry/satellite visits/telemedicine, programming, more awareness, Positive Behavioral Intervention and Supports (PBIS) System, social workers, alternatives other than hospitalizing patients, halfway house, support groups for families, group homes/transitional homes, committees, Kenosha Human Development Services (KHDS), Kenosha County Mental Health Taskforce, mental health first aid (adult and youth), and Crisis Intervention Partners – training used by police officers (offered by National Alliance for Mental Illness (NAMI) and Gateway Technical College)

Some organizations include: Mental Health Alliance which meets regularly and focuses on adults, KHDS, Oakwood Clinical Associates, KARE Center, KHDS Crisis Prevention Center, Police crisis, Emergency departments, University of Wisconsin professionals, employers, Silber Lake School System, Professional Services Group and Community Impact Programs (PSG/CIP), Social Service Agencies, Kenosha court system (family court, drug court, veterans court, etc.), KARE Center, Kenosha County Division of Health (KCDH – Kenosha County Health Department) Kenosha County Jail (80 mental health service hours for inmates per week), partnership between KCHC and local hospitals, and National Alliance for Mental Illness (NAMI – Kenosha group).

One participant mentioned a policy change which has helped – the Affordable Care Act (ACA) provides parity for mental health services.

Barriers and Challenges: Interviewees identified barriers and challenges to addressing mental health including a general lack of resources including providers (especially focused on behavioral health and case management), services (including access to services), and funding for services. One participant mentioned that for every 1,700 individuals in Kenosha County, there is one mental health professional.

Other barriers include: no universal system between school and health systems, no insurance clients self-medicating with alcohol or drugs, clients in denial, primary care providers are not trained or

educated to address mental health, no beds available, transportation, long wait times for emergency response from Kenosha Crisis team, increased wait times in general, resources and services are not local, treating a mental illness takes a large amount of time and effort for students, hospitals cannot provide inpatient treatment, duplicating services, stigma, issues are widespread, there is no hospital in Kenosha and Racine has the closest hospital (with a reduction in psychiatric beds), lacking in compliance, cultural differences, expensive insurance, no local mental health facility, individuals struggling are sent to jail (sent on average for 7 days – not seen as enough time for treatment), limited group homes/transitional homes, and substance use disorder (SUD) comorbidities.

Needed Strategies: In order to address the various barriers and challenges facing Kenosha County, participants identified numerous needed strategies including an increase in awareness, funding, medication, providers, transportation, and clinic hours. Overall, a participant described the strategy to improve retention by increasing the appeal of living in the Kenosha area for mental healthcare providers. Another solution to increasing staff is adding more human resources (HR) employees to recruit for positions.

Another general theme in interviews was coordinating services including: connecting general wellness and psychotherapy, coordinating services specifically with jails to connect individuals with jobs after release and provide inmate classes on dealing with stress, creating partnerships with hospitals, reaching out to community stakeholders, and creating a liaison for insurance companies and local hospitals.

Interviewees also discussed the importance of education on topics such as mental health, mental health first aid, obesity, exercise, and healthy eating. One participant stated the need to educate communities about the nonemergency Kenosha Police department line in order to access the Crisis Intervention Team (CIT) officers. Participants also discussed the need for more focus on youth prevention and identified strategies to work with youth and students including reaching out to VA partners for non-traditional students.

Participants also mentioned strategies such as: same-day behavioral health appointments, Medicaid waivers, a mobile unit, decreasing sigma, having a state level crisis intervention liaison 24-7, increasing compliance with employers by tracking employers that offer benefits, more discussion, advocacy with elected officials, increasing the number of providers, attracting organizations to the community, and using hiring practices based in diversity.

Key Community Partners to Improve Health: Respondents identified numerous community partners including: community mental health providers, counselors, psychiatrists, community members with personal experiences, young adults, primary care providers, everyone, Kenosha County Aging and Disability Resource Center, Kenosha County Division of Health, the hospitals (Aurora, Froedtert, and Rogers), law enforcement, other UW systems, VA partners (Veteran services/Veterans of Foreign Wars (VFW), American Legion), health centers, walk-in clinics, student health center, physicians, small and large business, Professional Service Group, Pleasant Prairie RecPlex, NAMI, KCHC, insurance, schools,

Young Men's Christian Association (YMCA), Boys and Girls Club, the Sharing Center, church groups, Big brothers, mentors (Kenosha Unified School District (KUSD)), school based mental health, KHDS Crisis Prevention Center, KHDS, trauma informed care, community stakeholders, West Grove Clinic, nursing services – Kenosha County, KUSD Black Nurses Association, Urban League, Birds of a Feather, Dedicated Dads, Impact 2-1-1, and Kenosha Unity Coalition.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Participants highlighted various subgroups/populations to target including youth, college students, health centers, walk-in clinics, student health centers, ex-incarcerated, men (due to more stigma and to address access), 20-50-year-old individuals (veterans), police, hospitals, KHDS Crisis Prevention Center, hospitals, mentors, students in 5th grade, current patients, east of 30th avenue (past and current patients in this location), and KHDS.

One mentioned strategy is increasing awareness among new parents and families with young children through an online website or by using comedy. Educating high school students may help them be informed as adults. KUSD could help with educating staff, students, and parents - one participant mentioned the DARE (Drug Abuse Resistance Education) program. A respondent mentioned partnering with law enforcement in the schools by creating a coordinator position to identify youth that may need help. PTSD (post-traumatic stress disorder) could be treated in veterans. One participant mentioned promoting and funding the Family First program as well as Comprehensive Community Services and the clients there. Another participant also discussed how HR teams can think of solutions for employers and could conduct a mini community survey at these perspective businesses. Low-income populations could be targeted by providing these communities with financial aid forms and literature on resources to get help. Other solutions for the homeless and elderly include support groups, drop-in centers, and mobile outreach. There could also be more awareness campaigns and education targeted towards the Hispanic population. As one participant mentioned, systemic racism is an issue faced by minority populations and this could be addressed by creating zip code maps of income levels. For individuals experiencing homelessness, providing this community with housing (using a Housing First model) is a strategy. Another overall strategy may involve the creation of a task force.

Substance Use and Abuse

Twenty-one key informants' interview rankings included Substance Use and Abuse as a top five health issue and three participants ranked this issue as their number one health issue. Four interviews combined Substance Use and Abuse and the health issue of Alcohol in their interview responses. One participant highlighted opioids as the focus in their interview responses for Substance Use and Abuse. Participants highlighted the need to work across sectors to address substance use and provide individuals with treatment.

Existing Strategies: Key informant interviewees mentioned many existing strategies in Kenosha including: the health department raising awareness about the issue and general community awareness, connecting treatment, Kenosha County Opioid Task Force, Kenosha County Substance Abuse Coalition with subgroups and social media presence, Hope Council on Alcohol & Other Drug Abuse, Inc., Vivitrol program/medication assisted treatment (MAT) program, Narcan availability and community Narcan trainings, alternatives to narcotics offered by emergency room (ER) doctors, guidelines for prescribing opioids, crisis workers, police, emergency medical services (EMS), suicide prevention, veteran treatment court, the district attorney (DA) office, teaching companies, health briefings, jail, the emergency room, KCHC (renovated 22nd avenue location), communication, mandated referrals for babies facing addition at birth, noting parental drug use, National Night Out, Teen Task Force, Concerned Citizens Coalition for Greater Kenosha, opioid diversion programs substance-use versions of Alcoholics Anonymous (AA), "Don't Drink and Drive" campaign, the county Narcan initiative, DARE program, counselors in schools, Kenosha County Jail "Living Free" program (addresses alcohol and drug use), Birds of a Feather, Black Nurses Association (provides workshops), drug courts and providing mandatory treatment instead of jail time, and Oxford House.

Barriers and Challenges: Identified barriers and challenges to addressing Substance Use and Abuse in Kenosha County include: overdoses, the life commitment to recovery, the challenge of discussing the issue, confidentiality, lack of resources and access, a growing community and higher need, noncompliance, increase in substance use, Medicaid waiver, lacking motivation to stop using substances, no treatment, access to illegal substances, access to pain medication, younger children educated about effects, lacking providers, stigma, lack of services, the community is on different pages, low income populations have less awareness of the issue, the vaping issue in high schools, denial, and alcohol is cheap.

Needed Strategies: Respondents mentioned numerous needed strategies to target Substance Use and Abuse including: increasing awareness, education (for those on the street, loved ones of those facing substance abuse, and the public), briefings, resources, and services.

In addition to increasing community resources, participants mentioned the need for veteran programing, Narcan availability at places such as Walmart, more individuals trained with Narcan, physicians to speak with employer groups, a therapist at the Boys and Girls Club of Kenosha, working with insurance companies, changing laws to provide individuals with help as an alternative to incarceration, prescription abuse prevention programs, Narcan administration trainings and distribution programs, medication assisted treatment programs, Employee Assistant Programs (EAP), alternatives to the ER, shifting the culture (the Wisconsin alcohol culture), eliminating stigma, stronger systems for identifying drugs or alcohol in schools, holistic treatment, and hospital resources including standardizing teaching and policies in hospitals.

Key Community Partners to Improve Health: Some mentioned key community partners include KCDH; KHDS Crisis Prevention Center; WI drug registry; KUSD; EMS; law enforcement (police and Kenosha

County Sheriff Department (KCSD)); service organizations; providers; hospitals; Kenosha County Opioid Task Force; schools and universities; the fire department; Emergency Services Network (ESN) of Kenosha; Hope Council on Alcohol & Other Drug Abuse, Inc.; KHDS; Kenosha Health Briefings; Concerned Citizens Coalition for Greater Kenosha; physician groups; United Way of Kenosha County; KCHC; PSG/CIP; Kenosha County nurses; and the Black Nurses Association.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Respondents described numerous subgroups/populations to target efforts, including low-income populations, community partners schools, primary care providers, faith-based groups, day care centers, Boys and Girls Club, and sports groups. One participant described the importance of targeting youth and young adults, specifically those under age 18 and those in college who may be more likely to binge drink. This population could be targeted through education campaigns. One strategy could involve acting out a scene to educate this population. Other participants highlighted that since this issue impacts everyone, increasing awareness should target all individuals. Respondents also noted targeting high risk individuals who may have a history of substance use. Some further strategies include educating parents, revamping the DARE program, early prevention/education in schools, youth mentorship, working with teachers to identify behavioral change in students, and presentations to students at the middle school level and younger from those who have been addicted.

Access to Health Care

16 informants' rankings included Access to Health Care as a top health issue for the county and four ranked it as their number one health issue. One respondent linked Access to Health Care to Chronic Disease. Participants noted the need for health care among many vulnerable communities and that some services were less accessible such as behavioral health.

Existing Strategies: Participants described existing strategies to address access to health care including education and awareness. They also described any health care such as school-based community partners to address mental health, providers, staff who are knowledgeable about insurance, walk-in clinics, various insurance plans, KCHC (including the Silver Lake site), PSG/CIP, and WIC (Women, Infants, and Children) services.

Barriers and Challenges: Barriers and challenges to addressing Access to Health Care from the perspective of informants include cultural differences, decrease in resources, cost, transportation, lack of insurance knowledge, distrust of the health care system, the location of the VA medical center in North Chicago, the growing community with increasing needs, fear of healthcare confidentiality from youth on their parent's plan, no insurance, not qualifying for VA services, long wait times for services

(for example, behavioral health), KCHC is not serving the number of underserved patients the Health Resources and Services Administration (HRSA) has identified, and a decrease in education.

Needed Strategies: Participants describe needed strategies for addressing Access to Health Care including: better community integration, community education on health resources, community health navigators, increasing awareness, legislative advocacy, flexible appointments such as on evenings and weekends, expanded clinics, provide transportation to the VA medical center in north Chicago, increased healthcare coverage, increased funding, change policies to protect young adult's health information when they are on their parent's insurance, more behavioral health providers, more school resources, mobile integrated medicine, and more social media.

Key Community Partners to Improve Health: Respondents listed key community partners to improve health including: EMS, American Cancer Society, providers, medical facilities, college counseling centers (Carthage College, Gateway Technical College, and University of Wisconsin-Parkside), VFW, KUSD, hospital systems, public health, KCHC, social service agencies, Kenosha Public Library, faith-based organizations (FBOs), neighborhood associations, returning citizens, schools, PSG/CIP, Shalom Center, and Dooley & Associates (for marketing).

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Respondents believed a wide variety of subgroups needed to be targeted including all children, parents, and adults. Additionally, interviewees mentioned politicians; chief; chief executive organizations; uninsured and underserved individuals; connecting individuals at ERs to services; the finance department; diverse communities; low-income individuals; specific neighborhoods such as: Uptown, Lincoln, Columbus, Wilson, and Washington; and city administration.

One participant mentioned that college students could be targeted with a free flu shot clinic on campus and how the gaps in services could be identified by learning what services are offered at college health and counseling centers. A respondent also mentioned sharing the videos online from Aurora.org. Another participant mentioned neighborhood mapping by income level to target marginalized groups and people of color. Other strategies mention going door to door, community outreach events, and holding events in schools, neighborhood, grocery stores, and at gas stations.

Adverse Childhood Experiences

16 key informants included Adverse Childhood Experiences (ACEs) as a top health issue for the county and three respondents ranked ACEs as their number one health issue. One participant linked this topic to the health issue of Injury and Violence. Overall, respondents noted ACEs are a serious problem, but

individuals may not recognize ACEs in their own life until far later in life. As noted by interviewees, this makes ACEs challenging to target, but a crucial health priority for Kenosha County.

Existing Strategies: Interviewees identified existing strategies in Kenosha County that address ACES including: professional learning at KUSD to educate on ACEs; public safety; KHDS Crisis Prevention Center is available; support groups; income services at Kenosha County Division of Children & Family Services; YMCA programs for children; KUSD teachers and counselors; Congregation Based Community Organizing Kenosha (CUSH – specific education task force); and school-based mental health interventions.

Participants also mentioned mentoring programs through Kenosha Area Business Alliance (KABA), Boys and Girls Club, and the Aging and Disability Resource Center. Also highlighted is that the Boys and Girls Club works with key partners. Children go to the club based off of the location in their neighborhood. Additionally, an informant mentioned that United Way will be launching an NFL (National Football League) Character Playbook which is a middle school character development program.

Barriers and Challenges: Interviewees discussed barriers and challenges when addressing ACEs, such as a lack of funding sources and the need for an onsite therapist at the Boys and Girls Club. They also discussed the impact of ACEs, but that there is a lack of awareness of the problem. Additionally, participants said ACEs aren't screened for or found out about until after the fact. This was expanded on as respondents explained some individuals do not realize they are impacted by ACEs until later in their lives. Other barriers include food, service, and diaper deserts throughout the county; homelessness; low-income communities are unable to afford basic needs; some individuals may treat their children negatively because of their own negative childhood; poverty; and some participants discussed how minority children are more likely to live in poverty and have adverse experience.

Needed Strategies: Respondents identified needed strategies to address ACEs including: educating the public, finding more resources, creating a crisis team for child services through the Department of Children and Family Services (DCF), adding a type of service through schools or childcare centers, increasing parental awareness, having appointments at the Boys and Girls Club, increasing therapists, having the community prioritize this topic, intervening early, increasing safety, adding ACEs to social service assessments to raise awareness, teaching strategies to parents, and ending child poverty.

Key Community Partners to Improve Health: Participants highlighted numerous key community partners such as KUSD, domestic violence centers, hospitals, children's agencies, KCHC, Boys and Girls Clubs, YMCA, Department of Public Instruction, PSG/CIP, psychologists, psychiatrics, pediatricians, school administrators in the west, parents, day care centers/child care centers, Kenosha Life course Initiative for Health Families (LIHF), all individuals who are mandatory reports, and KUSD as well as the county's protective services.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Interviewees mentioned that children of all ages need to be targeted to address ACEs. Additionally, parents/families

should be targeted, especially those comfortable learning in different ways. These parents can share information about ACEs since there is stigma surrounded around going to events. Grandparents should also be targeted and grandparent day at school could be a way to reach out to these individuals. Other groups to target include specific neighborhoods, pediatricians, Kenosha County Aging & Disability Resource Center, and fatherhood involvement programs (such as the group organized by the Racine/Kenosha community action agency). Respondents highlighted that interventions need to start early for children, so working with head start programs is a potential strategy, but also it is important to work with individuals through college and determine where they would like to be in the workforce. In general, participants note that everyone needs to be aware of this health issue.

Nutrition

Nutrition was ranked as a top health issue by fourteen key informants and as a number one health issue by one key informant. One participant linked nutrition to food security and transportation, Overall, the largest barriers to nutrition included food access and education.

Existing Strategies: Respondents identified existing to address nutrition including programing for parents, community gardens, farm to table initiatives, WIC and food share programing, University of Wisconsin-Extension programing and education efforts, access on campus, food availability around the county, awareness and discussion, food banks, education on how to use certain types of foods in recipes, and Impact 2-1-1.

Barriers and Challenges: Interviewees mentioned some barriers and challenges in Kenosha County related to nutrition, including transportation, the culture in society that wants an easy solution, cultural difference in food selection and preparation, basic resource such as money, the cost of nutritious food versus unhealthy food, an increase in homelessness, food access and food deserts.

Needed Strategies: Participants identified needed strategies such as transportation to increase access, education on new food items to prevent food waste, cooking classes, label reading education, culturally relevant options in regards to nutrition, food banks, programming, and healthier school options such as salad bars.

Key Community Partners to Improve Health: Mentioned key community partners by respondents include KUSD, public transportation, KHDS Crisis Prevention Center, KCDH, UW-Extension, health systems, WIC, other food pantries, Kenosha County, community food resources, the Sharing Center, Federally Qualified Health Centers (FQHCs), United Way, and Garden of Eatin' - Kenosha.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One respondent highlighted the need for an intergenerational strategy to work with the elders in

communities and learn how this knowledge is shared with younger generations. This strategy may lead to an understanding of access issues. This population can be targeted by working with senior centers or programs that serve older individuals and then working with the families of these individuals. Another interviewee highlighted having United Way volunteers identify and work with neighborhood leaders to plant community gardens. Other subgroups to target include low-income individuals, the Hispanic community, young children, underserved neighborhood, and everyone. Some additional strategies include education and programing.

Chronic Disease

Twelve key informants ranked Chronic Disease as a top health priority for the county with three informants ranking it as their number one health issue. One informant saw an overlap between Chronic Disease and Access to Care.

Existing Strategies: Interviewees identified existing strategies in Kenosha County such as appropriate and timely care, Health Center and Disability Service resources, KCHC grants, preventive care, walk-in clinics, education workshops on living with chronic conditions and healthy living, and management clinics.

Barriers and Challenges: Respiratory issues, mobility, no insurance, family member availability, affordability, increase in disease, time, effort, access to support services, lack of knowledge on management, increase in anxiety, increase in depression, and decrease in sleep are all barriers and challenges identified by participants. One respondent stated HRSA provided a number of underserved patients, but KCHC has not served this number of patients, so patients may be going elsewhere or this is an inaccurate number.

Needed Strategies: Respondents identified the need for student, staff, and public education as well as Community Health Navigators (CHN). Other identified strategies included telemedicine, funding, and mobile integrated healthcare.

Key Community Partners to Improve Health: Low-income populations, geriatric populations, Kenosha Public Library, Kenosha County Falls Prevention Coalition, KUSD, families, staff, Kenosha County Aging & Disability Resource Center, KCDH, hospitals, vocational rehabilitation, the VA, University of Wisconsin systems, public transportation, mobile integrated health care, fire agencies, and social services were all identified by informants as key community partners.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Subgroups to target as identified by respondents included individuals with diabetes, heart failure patients, individuals with mental health, undeserved and uninsured communities, communities with larger health disparities, and the geriatric population. A mention strategy included connecting patients who use the ER to KCHC.

Other strategies include community outreach efforts, virtual check-ins with telemedicine, public education, and prevention.

Alcohol Abuse

Ten key informants ranked Alcohol Abuse as a top health priority for the county and one ranked Alcohol Abuse as their number one health priority. Four respondents combined Substance Use and Abuse and Alcohol Abuse; and one participant combined Tobacco and Alcohol Abuse when ranking their top health issues.

Existing Strategies: Existing strategies related to Alcohol Abuse overlapped with the Substance Use and Abuse and the Tobacco health issues. Strategies mentioned by respondents included the Kenosha County Opioid Taskforce; the Kenosha County Substance Abuse Coalition; Hope Council on Alcohol and Other Drug Abuse, Inc.; the Vivitrol program; the DARE program; counselor;, "Living Free" program in Kenosha County jails (addresses alcoholism and drug abuse); crisis workers; police; EMS, suicide prevention; Kenosha, Racine Walworth (KRW) Tobacco-Free Coalition advertising, monitoring selling to minors, awareness; decrease in the number of bars; drunk driving penalties; challenging to get a license to start a bar penalties for drug dealers; Don't Drive Then Drink" campaign; Alcohol and Other Drug Abuse (AODA) organizations; Black Nurses Association workshops; and Birds of a Feather.

Barriers and Challenges: Barriers and challenges identified by informants include lenient drunk driving penalties from the state, having the issue in the schools, individual's willingness to change, providing ongoing case management, the large alcohol industry lobbyist in Wisconsin, a lack of education, a decrease in resources, individuals are noncompliant, the community is growing, denial, and alcohol is affordable.

Needed Strategies: Changing the culture around drinking, increasing self-awareness, taxing alcohol, increasing training coordination for individuals abusing alcohol and drugs, raising awareness in schools, offering online classes in middle schools, providing early intervention, creating a stronger system for identifying liquor or drugs in schools, providing holistic treatment, increasing hospital resources, and working with politicians are all identified needed strategies by informants.

Key Community Partners to Improve Health: Respondents highlighted key community partners such as the Hope Council on Alcohol and Other Drug Abuse, Inc.; KHDS Crisis Prevention Center; law enforcement; Wisconsin Drug Registry; KUSD, providers; KCDH; mobile integration; hospitals; school administrators in the west; drug treatment court; KCHS; Kenosha County nurses; county agencies; KRW Tobacco-Free Coalition; and the Black Nurses Association.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Identified subgroups to target by informants included youth, KUSD, and partners in the community. One

respondent suggested that teachers identify behavior patterns in students. Another suggested more public education such as presentations on addiction to students and targeting efforts on the radio.

Physical Activity

Seven key informants included Physical Activity as a top health issue for the county. Many connected the health issues Nutrition and Chronic Disease to Physical Activity.

Existing Strategies: Health insurance reimbursement for healthy lifestyles, high schools teaching lifelong activities such as biking and bowling, area clubs that help individuals move (such as Kenosha rocks which paints rocks, places them in the city, and families search for them), improved county parks, bike and walking paths, access to facilities, door prizes at community events to incentivize attendance, KUSD school sports, city and county collaboration to improve trails and parks, and wellness programs are all existing strategies to provide Physical Activity to communities in Kenosha County. An informant mentioned that trails placed by United Way (Born Learning Trails) and local school playgrounds help children learn while they are active.

Barriers and Challenges: Barriers and challenges identified by respondents included weather (limited months in Wisconsin to be outdoors), safety concerns, external and internal motivation, technology/screen time, cuts in funding for physical activity programs, competition for individual time, perceptions of physical activity, access, the time and process for park approvals, caregivers not prioritizing activities and exercise, cost of fitness centers, transportation, obesity, and individuals not wanting to change. One individual highlighted that even if a path or park is built, this does not mean it will be used.

Needed Strategies: Informants mentioned needed strategies including education on alternative ways to be active (I.e. other options besides going to a gym), more indoor activities in the winter, introduce exercise to individuals who may not currently participate in this type of exercise, implement more wellness programs with insurance companies, beautify playgrounds, create playgrounds in areas of underserved populations, create a campaign around reducing technology use, provide in-home therapy for those who are aging and/or may have a disability, educate individuals on the dangers of falls (allow the county to assess individual's living situations for fall risks and educate individuals on addressing these risks), and collaborate with health systems.

Key Community Partners to Improve Health: The community as a whole, the medical community, KCDH, KUSD, the faith community, insurance companies, United Way of Kenosha County, City of Kenosha Parks, County of Kenosha, Aurora, Aurora Cancer Care, hospital systems, Kenosha County Falls Prevention Coalition, and Kenosha County Aging & Disability Resource Center are all key community partners identified by informants.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One respondent highlighted that everyone needs to be targeted when addressing the health issue of Physical Activity, Additionally, other subpopulations mentioned included caregivers, children, chiefs, Chief Executive Officers (CEOs), groups most impacted by lack of movement, administration, Kenosha Area Business Alliance (KABA), KCHD, hospitals, geriatric population, individuals living with obesity, and underserved populations. These populations can be targeted by changing mindsets, increasing access to activities by bringing activities to the population, and increasing programing. For the geriatric population, one interviewee mentioned the senior center which can be used to increase programing for seniors.

Injury and Violence

Six respondents' rankings included Injury and Violence as a top health issue for the county and one respondent ranked this health issue as their number one health issue. One interviewee also linked Injury and Violence to the health issue Adverse Childhood Experiences.

Existing Strategies: Community task forces, public safety, KHDS Crisis Prevention Center, falls prevention, suicide prevention and the co-sleeping task force were all mentioned by participants as existing strategies to address Injury and Violence in Kenosha County.

Barriers and Challenges: Respondents identified barriers and challenges including lack of resources and safety education, lack of time, and poor insurance coverage.

Needed Strategies: Some needed strategies mentioned by informants were an increase in therapists, trauma crisis workers, services, and trauma support. A respondent identified the overall need to address the increase in population.

Key Community Partners to Improve Health: Key community partners mentioned by respondents included police, EMS, schools, public health, domestic violence centers, children's agencies, and hospitals.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: No subgroups where efforts could be targeted were discussed.

Oral Health

Five sets of respondents' rankings included Oral Health as a top health issue for the county.

Existing Strategies: Participants mentioned existing strategies such as education, awareness, insurance through employers, and preventive services. One participant stated there are no true existing strategies and individuals live with daily pain.

Barriers and Challenges: Identified barrier and challenges by respondents included access for low-income individuals, lack of insurance, a backlog of treatment (a high number of patients makes follow-up care a challenge), individuals with disabilities lack income for dental work, affordability of treatment, lack of available appointments for treatment or surgery, a lack of providers, and a lack of treatment options. One participant mentioned that dental care may be a low priority for individuals. They explained that employees may not use their insurance and may spend income on other health concerns.

Needed Strategies: Informants mentioned the following needed strategies: oral care education, a cap on the number of accepted new patients (to address the high number of patients and the inability to complete treatment plans), and potentially referring out services so providers can see more patients.

Key Community Partners to Improve Health: Respondents identified the key community partner of KCHC which has dental services for low-income individuals.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Low-income populations, individuals with disabilities, and middle age individuals were all identified by informants as subgroups to target. Some identified strategies include prioritizing oral health and increasing awareness. One participant mentioned that hospital systems have events to receive free oral health care and this could be an opportunity to connect individuals to services who may not have transportation.

Environmental and Occupational Health

Environmental and Occupational Health was ranked as a top five health issue by two key informants. Existing strategies, barriers and challenges, needed strategies, key partners, affected subpopulations and how efforts can be targeted were not discussed.

Growth and Development

Two key informants included Growth and Development as a top health issue for the county.

Existing Strategies: Participants identified existing strategies including the State of Wisconsin's nutritional program, education on prenatal health, and the Building Our Future (Strive Together) program which helps children with learning and development.

Barriers and Challenges: Informants mentioned that some low-income individuals (based on federal poverty guidelines) may not qualify for the SNAP food share program and therefore lack access to food pantries, which is a barrier. Others barriers and challenges mentioned by respondents include alcohol dependence and mental health issues due to a lack of nutrition, negative perceptions of free meals in high schools, unhealthy food options, generational teaching (parents may not know something is not

healthy based off of their own childhood experience), lack of knowledge of services, sensitivity (how to approach an individual about their parenting), poverty, and lack of readiness/preparedness.

Needed Strategies: Respondents identified needed strategies including data between hospitals, schools, and the state to identify community needs, changing federal poverty guidelines, finding a better way to reach families, and education on milestones (what they are and if they are not reached).

Key Community Partners to Improve Health: KUSD, underserved/underprivileged hospital systems, Building Our Future program, the county as a whole, existing groups that work with families, and fatherhood involvement programs (for low-income families) such as the group organized by the Racine/Kenosha community action agency were all key community partners identified by informants.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One participant mentioned targeting a younger population or the elderly by having a special news segment each week highlighting information. For underserved communities, a respondent identified relationship building as a way to target and provide education to this community. An informant also mentioned starting a regional campaign that includes networks to share data.

Reproductive and Sexual Health

One key informant included Reproductive and Sexual Health as a top health priority for the county.

Existing Strategies: Local clinics, providers, short wait time for appointments, and low-costs were all identified existing strategies from respondents.

Barriers and Challenges: Respondents note that many college students have not received sex education meaning they lack knowledge about the contraction and transmission of sexually transmitted infections (STIs)

Needed Strategies: Identified needed strategies by informants include targeted outreach and programing to college student in the beginning months (August and September), sex education for adults, promotion of reproductive and sexual health services by primary care providers, and peer education programs.

Key Community Partners to Improve Health: Colleges, clinics, sexual health educators, AIDs Resource Center of Wisconsin, and OB/GYN practices were all identified as key community partners by respondents.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: An informant identified college students as a subgroup, but did not discuss how efforts can be targeted.

Tobacco

One key informant ranked Tobacco as a top health priority for the county. One participant combined Tobacco and Alcohol Abuse as linked health issues.

Existing Strategies: Respondents identified existing strategies to address tobacco including better advertising by the KRW Tobacco-Free Coalition which has led to less smoking. Other identified strategies include: awareness, checking if stores sell to underage youth (punishment for stores that violate this policy), half of the bars in the community compared to previously (but alcohol is still readily available), penalties for drunk drivers, it is challenging to get a bar license, penalties for drug dealers, the Silver Lake School System, mail and email education to parents, health classes, DARE in 5th grade, and tickets for high school youth who are caught.

Barriers and Challenges: Drinking and driving even despite punishment, a large alcohol lobby in Wisconsin, vaping (change in smoking patterns), prevalence of CBD oils, a lack of education specifically among parents, media promotion, ease of access, and lack of awareness among youth about the severity were the mentioned barriers and challenges by informants.

Needed Strategies: Respondents stated that the needed strategies were early education for children, more awareness, and working with politicians.

Key Community Partners to Improve Health: All county agencies, the KRW Tobacco-Free Coalition, alcohol prevention, healthcare systems, more advertising and DARE were the identified key community partners by survey participants.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Informants identified subgroups to target including school districts, children, parents, and teens. Earlier education and promotion were identified as targeted efforts.

Other health issues

Five key informants ranked other health issues, including homelessness, obesity, lack of transportation, systemic racism, and disparities in race and class. The informants that mentioned systemic racism and disparities in race and class labeled their discussion stress/isms, linking these issues to their other identified health issues. Respondents provided additional comments for the topics of homelessness, transportation and stress/isms.

Homelessness

Existing strategies Respondents identified existing strategies including connecting individuals to mental health, meeting individuals where they are at, and personal finance workshops.

Barriers and challenges A barrier mentioned by respondents is that some individuals may not be honest about their veteran status when they are experiencing homelessness.

Needed strategies One participant identified that the surplus of old uniforms from military services could be used.

Key Community Partners to Improve Health: A respondent identified a grant from the U.S. Department of Labor as a key partner to improve health.

No subpopulations and how efforts can be targeted were discussed.

Transportation

A participant ranked Transportation as a top health issue and connected it to nutrition/food security.

Existing strategies: Access on campus was identified as an existing strategy by the informant.

Barriers and challenges: An increase in homelessness, a decrease in resources, and finances are all identified barriers by the respondent.

Needed strategies: The participant described the need for an increase in Transportation to help access to nutrition.

Key Community Partners to Improve Health: Public transportation and KHDS Crisis Prevention Center were identified by the respondent as key community partners to improve health.

No subpopulations and how efforts can be targeted were discussed.

Stress/isms

In one of the focus groups, each individual ranked their top health issues. When answering the discussion questions, they considered all of their ranked health issues, including: Injury and Violence, Mental Health, ACEs, Nutrition, Substance Use and Abuse, and Chronic Disease. They also listed stress/isms to account for two other health issues listed by respondents: 1) disparities – race, class and 2) systemic racism. Respondents felt that improving social determinants of health will improve these health issues. Social determinants such as housing, access to healthy food, and transportation should be targeted in order to improve these health issues.

Existing Strategies: Awareness, trainings on ACEs, Kenosha County Opioid Task Force, medication assisted treatment (Substance Use and Abuse), DA's public speaking event, drug treatment court, Healthy People Kenosha County (addressing mental wellness and nutrition), school-based mental health programs, increase in providers at Aurora, telepsychiatry, CBD, education, food is medicine, and Courageous Conversations (started conversations on racism) are all existing strategies identified by informants.

Barriers and Challenges: Respondents noted barriers including the connection between health (mental, spiritual/emotional) and physical, access, insurance, retaining providers, lacking an inpatient mental health facility, culturally sensitive providers, implicit bias, being forced to take a side between law enforcement and the African American community, social systemic issues, no show appointment, food choices, transportation, and health equity.

Needed Strategies: The strategies in the Healthy People process were the identified needed strategies by interviewees.

Key Community Partners to Improve Health: All health systems (Children's Aurora, Froedtert, KCHC), service organizations (Kenosha Area Family and Aging Services, Inc., (KAFASI), the Shalom Center, KABA), businesses, colleges and universities (Carthage College, Gateway Technical College, University of Wisconsin-Parkside, and Herzing University), housing, elected officials including village administrators, law enforcement, fire department, schools, community members, churches and service groups were identified by respondents as key community partners to improve health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Identified subgroups by informants included people of color, those who are economically disadvantaged, and those at the youth transition age from youth to adult (especially foster children). The mentioned targeted efforts include relationships, meeting consumers where they are at, and establishing trust.

Communicable Disease

None of the key informants ranked Communicable Disease as a top five health issue for Kenosha County. Existing strategies, barriers and challenges, needed strategies, key partners, affected subpopulations and how efforts can be targeted were not discussed.

Appendix A. Interview Participants for Kenosha County

Key Informant Interview Participants

39 key informants participated in 25 key informant interviews and two focus groups about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: youth, individuals living with disabilities, faith communities, those living with mental illness, veterans, the elderly, cancer survivors, and college students.

Name	Title	Organization
Cindy Altergott	Executive Director	Kenosha YMCA
James Beller	Lieutenant	City of Kenosha Police Department
David Beth	Sheriff	Kenosha County Sheriff's Department
Tatjana Bicanin	Executive Director	Building Our Future
Molly Calderon	Wisconsin Home Energy Assistance Program Supervisor	UMOS
Tamarra Coleman	Executive Director	Shalom Center
Carolyn Feldt	Elder and Disability Services Manager	Kenosha County Aging and Disability Resource Center
Diane Gerlach	Pediatrician	Advocate Aurora Health Care
Beth Gilbertson	Academic Dean	Herzing University- Kenosha Campus
Kathleen Gloff	President	Congregations United to Serve Humanity
Kelly Hajduk	Health Aide	Riverview Grade School
Pam Halbach	Kenosha Director/ WIC Director	Racine Kenosha Community Action Agency
James Hall	CEO	Urban League of Racine and Kenosha
Cynthia Johnson	Director	Kenosha County Division of Health
Bridget Kotarak	Director of Special Education and Student Support	Kenosha Unified School District
Alan Marshall	CEO/COO	Kenosha Community Health Center, Inc.
Jake McGhee	CEO	Boys & Girls Club of Kenosha
Tammy L. McGuckin	Vice Provost for Student Affairs and Enrollment Services	University of Wisconsin- Parkside
Ali Nelson	Director	Kenosha County Division of Veterans Services
Debra Nevels	Senior Manager, Health Systems-Wisconsin	American Cancer Society
Tim Nikolai	Senior Community Impact Director	American Heart Association
John O'Day	Board Supervisor	Kenosha County Board of Health

Michael O'Donnell	Dean, School of Allied Health and Veterinary Sciences	Gateway Technical College
Tara Panasewicz	CEO	United Way of Kenosha County
James Poltrock	Division Chief of Emergency Medical Services	City of Kenosha Fire Department
Sharon Pomaville	Executive Director	Sharing Center, Inc.
Craig Roepke	Chief of Fire & Rescue	Village of Pleasant Prairie Fire & Rescue Department
Jack Rose	Board Member/ Alderperson	NAMI Kenosha County/ City of Kenosha 15th District
Chris Schoen	Vice President	Professional Services Group
Jill Sorensen	Early Childhood Program Supervisor	Kenosha Achievement Center, Inc. (KAC)
Nina Taylor	Director of Division of Workforce Development	Kenosha County Human Services
Nicole Thomsen	Executive Director	1HOPE
Susan Ventura	Executive Vice President	Froedtert South
Heather Wessling	Vice President	Kenosha Area Business Alliance (KABA)
Chris Weyker	CEO	Kenosha Achievement Center, Inc. (KAC)
Linda Wohlgemuth	Senior Vice President and COO	Froedtert South
Suzi Wolf	Professional Services Supervisor	Kenosha Achievement Center, Inc. (KAC)
Andrea Zackery	Principal	Riverview Grade School
Lydia Zopf	Director of Health and Counseling Services	Carthage College

Kenosha County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Kenosha County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children's Wisconsin, Froedtert & Medical College, Kenosha Community Health Center and Kenosha County Public Health Department. Please see the full report for complete data analysis.

	Kenosha					*WI*	*US*
Overall Health	2008	2011	2014	2016	2019	*2018*	*2018*
Excellent/Very Good	54%	51%	50%	54%	50%	*52%*	*51%*
Good	31%	30%	29%	28%	30%	*33%*	*32%*
Fair or Poor	15%	19%	21%	18%	20%	*15%*	*17%*
Health Care Coverage	Kenosha					*WI*	*US*
Not Covered	2008	2011	2014	2016	2019	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	12%	15%	9%	8%	7%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	14%	17%	11%	9%	8%	*11%*	*13%*
Personally (Past Year, 18 and Older)	17%	21%	18%	12%	8%	*NA*	*NA*
Household Member (Past Year)	19%	22%	20%	14%	11%	*NA*	*NA*
	Kenosha					*WI*	*US*
Did Not Receive Care Needed in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	21%	18%	21%	21%	*10%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	13%	13%	15%	11%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]	--	13%	15%	15%	11%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]	--	24%	20%	16%	18%	*NA*	*NA*
Mental Health Care	--	6%	6%	5%	4%	*NA*	*NA*
Health Information	Kenosha					*WI*	*US*
Primary Source of Health Information	2008	2011	2014	2016	2019	*2018*	*2018*
Doctor	--	40%	47%	47%	51%	*NA*	*NA*
Internet	--	35%	25%	29%	27%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	5%	7%	11%	7%	*NA*	*NA*
Work	--	2%	2%	0%	4%	*NA*	*NA*
	Kenosha					*WI*	*US*
Health Services	2008	2011	2014	2016	2019	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	88%	90%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	74%	69%	68%	69%	61%	*NA*	*NA*
Urgent Care Center	5%	5%	8%	13%	15%	*NA*	*NA*
Hospital Emergency Room	5%	7%	8%	6%	7%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	4%	7%	*NA*	*NA*
Public Health Clinic/Com. Health Center	5%	6%	7%	4%	4%	*NA*	*NA*
Hospital Outpatient	5%	5%	5%	1%	3%	*NA*	*NA*
Worksite Clinic	--	--	--	<1%	2%	*NA*	*NA*
No Usual Place	6%	8%	3%	4%	3%	*NA*	*NA*
Advance Care Plan	34%	33%	34%	34%	36%	*NA*	*NA*
	Kenosha					*WI*	*US*
Vaccinations (65 and Older)	2008	2011	2014	2016	2019	*2018*	*2018*
Flu Vaccination (Past Year)	73%	68%	62%	75%	63%	*46%*	*55%*
Pneumonia (Ever) [HP2020 Goal: 90%]	73%	62%	68%	77%	73%	*75%*	*74%*

--Not asked. NA-WI and/or US data not available.

	Kenosha					WI	US
Routine Procedures	2008	2011	2014	2016	2019	*2018*	*2018*
Routine Checkup (2 Years Ago or Less)	87%	85%	80%	88%	86%	*87%*	*88%*
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	72%	76%	74%	75%	77%	*83%[1]*	*86%[1]*
Dental Checkup (Past Year) [HP2020 Goal: 49%]	66%	57%	61%	67%	71%	*71%*	*68%*
Eye Exam (Past Year)	47%	42%	46%	43%	50%	*NA*	*NA*

	Kenosha					WI	US
Mobility	2008	2011	2014	2016	2019	*2018*	*2018*
Fallen and Injured Self at Home in Past Year (60 and Older)	--	--	11%	13%	17%	*NA*	*NA*

	Kenosha					WI	US
Health Conditions in Past 3 Years	2008	2011	2014	2016	2019	*2018*	*2018*
High Blood Pressure	23%	27%	28%	26%	28%	*NA*	*NA*
Mental Health Condition	18%	18%	25%	18%	22%	*NA*	*NA*
High Blood Cholesterol	23%	23%	20%	18%	21%	*NA*	*NA*
Heart Disease/Condition	12%	8%	9%	6%	9%	*NA*	*NA*
Diabetes	13%	9%	12%	8%	9%	*NA*	*NA*
Asthma (Current)	13%	14%	15%	13%	10%	*9%*	*10%*

	Kenosha					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2008	2011	2014	2016	2019	*2018*	*2018*
High Blood Pressure	--	90%	91%	95%	96%	*NA*	*NA*
Mental Health Condition	--	83%	89%	86%	89%	*NA*	*NA*
High Blood Cholesterol	--	78%	90%	83%	83%	*NA*	*NA*
Heart Disease/Condition	--	90%	94%	84%	85%	*NA*	*NA*
Diabetes	--	92%	89%	94%	97%	*NA*	*NA*
Asthma (Current)	--	85%	91%	94%	93%	*NA*	*NA*

Physical Activity	Kenosha					WI	US
Physical Activity/Week	2008	2011	2014	2016	2019	*2009*	*2009*
Moderate Activity (5 Times/30 Min)	34%	34%	39%	40%	40%	*NA*	*NA*
Vigorous Activity (3 Times/20 Min)	24%	34%	29%	31%	37%	*NA*	*NA*
Recommended Moderate or Vigorous	44%	48%	49%	49%	52%	*53%*	*51%*

Body Weight	Kenosha					WI	US
Overweight Status	2008	2011	2014	2016	2019	*2018*	*2018*
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	64%	69%	65%	68%	67%	*67%*	*66%*
Obese (BMI 30.0+) [HP2020 Goal: 31%]	31%	35%	33%	33%	36%	*32%*	*31%*

	Kenosha					WI	US
Nutrition and Food Security	2008	2011	2014	2016	2019	*2009*	*2009*
Fruit Intake (2+ Servings/Day)	59%	56%	58%	65%	51%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	26%	29%	29%	26%	29%	*NA*	*NA*
At Least 5 Fruit/Vegetables/Day	32%	32%	35%	38%	31%	*23%*	*23%*
Find Fresh Fruit/Vegetables in Community Sometimes/Seldom/Never	--	--	--	--	6%	*NA*	*NA*
Affordable Fresh Fruit/Vegetables Sometimes/Seldom/Never	--	--	--	--	22%	*NA*	*NA*
Household Went Hungry (Past Year)	--	--	--	7%	6%	*NA*	*NA*

	Kenosha					WI	US
Colorectal Cancer Screenings (50 and Older)	2008	2011	2014	2016	2019	*2018*	*2018*
Blood Stool Test (Within Past Year)	--	14%	15%	19%	16%	*7%*	*9%*
Sigmoidoscopy (Within Past 5 Years)	13%	11%	9%	10%	8%	*3%*	*2%*
Colonoscopy (Within Past 10 Years)	64%	58%	66%	75%	74%	*71%*	*64%*
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	67%	65%	69%	80%	79%	*75%*	*70%*

--Not asked. NA-WI and/or US data not available. [1]WI and US data for cholesterol test is from 2017.

	Kenosha					WI	US
Women's Health	2008	2011	2014	2016	2019	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	76%	81%	76%	76%	75%	*78%*	*78%*
Bone Density Scan (65 and Older)	71%	74%	80%	91%	82%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	80%	82%	87%	85%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	54%	50%	62%	*NA*	*NA*
Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	85%	89%	86%	*NA*	*NA*

	Kenosha					WI	US
Tobacco Cigarette Smokers or Vapers	2008	2011	2014	2016	2019	*2018*	*2018*
Current Smokers [HP2020 Goal: 12%]	26%	24%	28%	23%	19%	*17%*	*16%*
Current Vapers (Past Month)	--	--	9%	2%	13%	*5%*[1]	*4%*
Of Current Smokers/Vapers…						*2005*	*2005*
Quit Smoking/Vaping 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	49%	60%	55%	55%	65%	*49%*	*56%*
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	72%	91%	64%	82%	77%	*NA*	*NA*

	Kenosha					WI	US
Exposure to Smoke/Vapor	2008	2011	2014	2016	2019	*2018*	*2018*
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	28%	21%	21%	17%	14%	*NA*	*NA*

	Kenosha					WI	US
Other Tobacco Products in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	5%	3%	8%	*4%*	*4%*
Cigars, Cigarillos or Little Cigars	--	--	7%	<1%	3%	*NA*	*NA*

	Kenosha					WI	US
Alcohol Use in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	23%	28%	32%	30%	33%	*26%*	*16%*
Driver/Passenger When Driver Perhaps Had Too Much to Drink	3%	2%	6%	2%	2%	*NA*	*NA*

	Kenosha					WI	US
Household Problems Associated With…	2008	2011	2014	2016	2019	*2018*	*2018*
Alcohol (Past Year)	2%	3%	2%	5%	3%	*NA*	*NA*
Marijuana (Past Year)	--	2%	2%	2%	3%	*NA*	*NA*
Cocaine, Meth or Other Street Drugs (Past Year)	--	--	--	--	1%	*NA*	*NA*
Heroin or Other Opioids (Past Year)	--	--	--	--	<1%	*NA*	*NA*

	Kenosha					WI	US
Personal Safety Issues in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Afraid for Their Safety	5%	5%	4%	4%	5%	*NA*	*NA*
Pushed, Kicked, Slapped, or Hit	2%	3%	5%	2%	4%	*NA*	*NA*
At Least One of the Safety Issues	5%	7%	8%	5%	8%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data.

*In 2008, binge drinking was defined as 5 or more drinks regardless of gender. Since 2011, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Kenosha					*WI*	*US*
Mental Health Status	2008	2011	2014	2016	2019	*2018*	*2018*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	7%	8%	7%	6%	8%	*NA*	*NA*
Considered Suicide (Past Year)	4%	5%	8%	5%	8%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	7%	8%	8%	*NA*	*NA*

	Kenosha					*WI*	*US*
Children in Household	2008	2011	2014	2016	2019	*2018*	*2018*
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	89%	89%	98%	95%	*NA*	*NA*
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	95%	91%	85%	91%	*NA*	*NA*
Did Not Receive Care Needed (Past Year)							
Medical Care	--	5%	4%	4%	<1%	*NA*	*NA*
Dental Care	--	6%	6%	7%	<1%	*NA*	*NA*
Specialist	--	2%	2%	4%	1%	*NA*	*NA*
Current Asthma	--	7%	14%	21%	4%	*NA*	*NA*
Safe in Community/Neighborhood Seldom/Never	--	2%	2%	0%	4%	*NA*	*NA*
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	76%	66%	72%	74%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	--	41%	19%	25%	27%	*NA*	*NA*
5+ Fruit/Vegetables per Day	--	45%	46%	31%	35%	*NA*	*NA*
Physical Activity (60 Min./5 or More Days/Week)	--	64%	67%	47%	74%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	1%	9%	8%	5%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)	--	32%	24%	19%	15%	*NA*	*NA*
Verbally Bullied	--	29%	24%	19%	12%	*NA*	*NA*
Physically Bullied	--	7%	3%	9%	6%	*NA*	*NA*
Cyber Bullied	--	1%	3%	0%	2%	*NA*	*NA*

	Kenosha					*WI*	*US*
Top County Health Issues	2008	2011	2014	2016	2019	*2018*	*2018*
Illegal Drug Use	--	--	--	27%	42%	*NA*	*NA*
Access to Health Care	--	--	--	23%	23%	*NA*	*NA*
Overweight or Obesity	--	--	--	18%	18%	*NA*	*NA*
Chronic Diseases	--	--	--	15%	15%	*NA*	*NA*
Alcohol Use or Abuse	--	--	--	17%	14%	*NA*	*NA*
Tobacco Use	--	--	--	6%	13%	*NA*	*NA*
Cancer	--	--	--	9%	12%	*NA*	*NA*
Prescription or OTC Drug Abuse	--	--	--	7%	11%	*NA*	*NA*
Mental Health or Depression	--	--	--	10%	11%	*NA*	*NA*
Violence or Crime	--	--	--	8%	10%	*NA*	*NA*
Affordable Health Care	--	--	--	6%	8%	*NA*	*NA*
Infectious Diseases	--	--	--	6%	6%	*NA*	*NA*
Environmental Issues	--	--	--	5%	5%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.
*In 2011, 2014 and 2016, the question was asked for children 8 to 17 years old.

General Health
In 2019, 50% of respondents reported their health as excellent or very good; 20% reported fair or poor. Respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor health. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.*

Health Care Coverage
In 2019, 7% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2016 to 2019, there was no statistical change.*

In 2019, 21% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents with some post high school education or less were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 60 percent household income bracket were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed. Four percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care for a household member in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care for someone in the household in the past year while from 2016 to 2019, there was no statistical change.*

Health Care Information
In 2019, 51% of respondents reported they contact a doctor when looking for health information or clarification while 27% reported they look on the Internet. Seven percent reported they were, or a family member was, in the health care field while 4% reported work. Respondents 65 and older were more likely to report they contact a doctor. Respondents who were female, 18 to 34 years old, with a college education or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health field. Respondents who were male, 45 to 54 years old or unmarried were more likely to report work. *From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported the Internet as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported work as their source of health information/clarification while from 2016 to 2019, there was a statistical increase.*

Health Care Services
In 2019, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female or 55 and older were more likely to report a primary care physician. Sixty-one percent of

respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 15% reported an urgent care center followed by 7% each who reported hospital emergency room or Quickcare clinic. Four percent reported public health clinic/community health center for health services. Respondents 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Respondents with a high school education or less or in the bottom 60 percent household income bracket were more likely to report a hospital emergency room as their primary health care. Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report a public health clinic/community health center as their primary health care. Thirty-six percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room or a public health clinic/community health center, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department while from 2016 to 2019, there was no statistical change. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.*

Routine Procedures

In 2019, 86% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-one percent of respondents reported a visit to the dentist in the past year while 50% reported an eye exam in the past year. Respondents who were female or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less, a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.*

Vaccinations

In 2019, 41% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the middle 20 percent household income were more likely to report a flu vaccination. Seventy-three percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.*

Mobility

In 2019, 17% of respondents 60 and older reported in the past year they have fallen and injured themselves at home. *From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home, as well as from 2016 to 2019.*

Health Conditions

In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%) a mental health condition (22%) or high blood cholesterol (21%). Respondents 65 and older, with a high school education or less, in the bottom 60 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Respondents who were 55 to 64 years old, overweight or did an insufficient amount of physical activity were more likely to report high blood cholesterol. Nine percent reported they were treated for, or told they had heart disease/condition in the past

three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report heart disease/condition. Nine percent of respondents reported diabetes; respondents 65 and older, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report this. Ten percent reported current asthma; respondents 45 to 54 years old were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes and current asthma). Between 80% and 89% of respondents reported the remaining three conditions were controlled. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, a mental health condition, high blood cholesterol, heart disease/condition, diabetes or current asthma, as well as from 2016 to 2019.*

Mental Health Status

In 2019, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life while from 2016 to 2019, there was no statistical change.*

Physical Health

In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 52% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or who were not overweight were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was no statistical change.*

In 2019, 67% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old or inactive were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or less, in the middle 20 percent household income bracket or inactive respondents were more likely to be obese. *From 2008 to 2019, there was no statistical change in the overall percent of respondents being at least overweight or being obese, as well as from 2016 to 2019.*

Nutrition and Food Insecurity

In 2019, 51% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report at least two servings of fruit. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-one percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Six percent of respondents reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood; respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Twenty-two percent of respondents reported when they found fresh fruit and vegetables, they sometimes/seldom/never find the fresh fruit and vegetables affordable; respondents who were female, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 to 2019, there was a statistical <u>decrease</u> in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day, as well as from 2016 to*

2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.

Women's Health

In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Eighty-two percent of female respondents 65 and older had a bone density scan. Eighty-five percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame, as well as from 2016 to 2019.*

Colorectal Cancer Screening

In 2019, 16% of respondents 50 and older reported a blood stool test within the past year. Eight percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 74% reported a colonoscopy within the past ten years. This results in 79% of respondents meeting the current colorectal cancer screening recommendations. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2016 to 2019, there was no statistical change.*

Alcohol Use

In 2019, 33% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2016 to 2019.*

Tobacco Use

In 2019, 19% of respondents were current tobacco cigarette smokers; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. Thirteen percent of respondents used electronic cigarettes in the past month. Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Sixty-five percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Seventy-seven percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2016 to 2019, there was no statistical change. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical increase. From 2008 to 2019, there was a statistical increase in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, tobacco cessation and health*

professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.

In 2019, 14% of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2019, 8% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male or in the top 40 percent household income bracket were more likely to report smokeless tobacco use. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month while from 2016 to 2019, there was a statistical increase.*

Household Problems

In 2019, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year. Three percent of respondents reported someone in their household experienced some kind of problem with marijuana. One percent of respondents reported a household problem in connection with cocaine/meth/other street drugs while less than one percent reported heroin/other opioids. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.*

Personal Safety

In 2019, 5% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 8% reported at least one of these two situations; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety or they were pushed/kicked/slapped/hit in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2016 to 2019.*

Children in Household

In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-five percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 91% reporting their child visited their primary doctor or nurse for preventive care during the past year. One percent of respondents reported in the past year their child did not visit a specialist they needed while less than one percent each reported their child did not receive the medical care needed or their child did not receive the dental care needed. Four percent of respondents reported their child currently had asthma. Four percent of respondents reported their child was seldom/never safe in their community. Seventy-four percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Thirty-five percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Seventy-four percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Five percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 6% physical bullying and 2% reported cyber bullying. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical*

decrease in the overall percent of respondents who reported in the past year their child or had an unmet dental care need, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied, as well as from 2016 to 2019.

Top County Health Issues

In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (42%), access to health care (23%) or overweight/obesity (18%). Respondents 55 and older or with some post high school education were more likely to report illegal drug use as a top health issue. Respondents who were female or with at least some post high school education were more likely to report access to health care. Respondents 18 to 44 years old, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report overweight or obesity. Fifteen percent of respondents reported chronic diseases as a top issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents were more likely to report alcohol use or abuse; respondents 18 to 34 years old were more likely to report this. Thirteen percent reported tobacco use as a top issue; respondents 18 to 44 years old or 65 and older were more likely to report this. Twelve percent of respondents reported cancer as a top issue; respondents who were male, with a high school education or less, with a college education, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported prescription or over-the-counter drug abuse. Eleven percent of respondents reported mental health/depression; respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported violence or crime; respondents with a high school education or less were more likely to report this. Eight percent of respondents reported affordable health care; respondents who were 45 to 54 years old or married were more likely to report this. Six percent of respondents reported infectious diseases as a top issue; female respondents were more likely to report this. Five percent of respondents reported environmental issues; respondents 55 to 64 years old were more likely to report this. *From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, tobacco use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported access to health care, overweight/obesity, chronic diseases, alcohol use/abuse, cancer, mental health/depression, violence/crime, affordable health care, infectious diseases or environmental issues as one of the top health issues in the county.*

Kenosha County
Community Health Survey Report
2019

Commissioned By:
Aurora Health Care
Children's Wisconsin
Froedtert & the Medical College of Wisconsin
Kenosha Community Health Center
Kenosha County Public Health Department

Prepared By:
JKV Research, LLC

Table of Contents

Section Title	Page Number
Purpose	1
Methodology	1
How to Read the Report	3
Executive Summary	5
Key Findings	16
Rating Their Own Health	16
Health Care Coverage	20
Health Care Needed	27
Health Information	35
Health Services	44
Routine Procedures	59
Vaccinations	68
Mobility	71
Prevalence of Select Health Conditions	73
Physical Activity	90
Body Weight	99
Nutrition and Food Insecurity	105
Women's Health	118
Colorectal Cancer Screening	125
Tobacco Cigarette Smoking or Electronic Vaping	131
Exposure to Cigarette Smoke or Electronic Vapor	139
Other Tobacco Products	143
Alcohol Use	147
Household Problems	152
Mental Health Status	155
Personal Safety Issues	163
Children in Household	169
County Health Issues	185
Appendix A: Questionnaire Frequencies	206
Appendix B: Survey Methodology	224

Table Title	Page Number
Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2019	3
Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year	18
Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year	22
Table 4. Personally Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year	24
Table 5. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year	25
Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past Year by Demographic Variables for Each Survey Year	28
Table 7. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member)	29
Table 8. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	31
Table 9. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	32
Table 10. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	33
Table 11. Doctor as Source for Health Information by Demographic Variables for Each Survey Year	37
Table 12. Internet as Source for Health Information by Demographic Variables for Each Survey Year	39
Table 13. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year	41
Table 14. Work as Source for Health Information by Demographic Variables for Each Survey Year	42
Table 15. Have a Primary Care Physician by Demographic Variables for Each Survey Year	45

Table Title Page Number
Table 16. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year....47
Table 17. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year....49
Table 18. Hospital Emergency Room as Primary Health Care Service by Demographic Variables for Each Survey Year....51
Table 19. Quickcare Clinic (Fastcare Clinic) as Primary Health Care Service by Demographic Variables for Each Survey Year....52
Table 20. Public Health Clinic/Community Health Center as Primary Health Care Service by Demographic Variables for Each Survey Year....54
Table 21. Hospital Outpatient Department as Primary Health Care Service by Demographic Variables for Each Survey Year....55
Table 22. Advance Care Plan by Demographic Variables for Each Survey Year....57
Table 23. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year....61
Table 24. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year....63
Table 25. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year....65
Table 26. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year....66
Table 27. Flu Vaccination in Past Year by Demographic Variables for Each Survey Year....69
Table 28. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year....76
Table 29. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year....78
Table 30. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year....80
Table 31. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year....83
Table 32. Diabetes in Past Three Years by Demographic Variables for Each Survey Year....86
Table 33. Current Asthma by Demographic Variables for Each Survey Year....88
Table 34. Recommended Moderate Physical Activity in a Week by Demographic Variables for Each Survey Year....92
Table 35. Recommended Vigorous Physical Activity in a Week by Demographic Variables for Each Survey Year....94
Table 36. Recommended Moderate or Vigorous Physical Activity in a Week by Demographic Variables for Each Survey Year....97
Table 37. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year....101
Table 38. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year....103
Table 39. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year....107
Table 40. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year....110
Table 41. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year....113
Table 42. Sometimes/Seldom/Never Find Fresh Fruit and Vegetables in Community or Neighborhood by Demographic Variables for 2019....114
Table 43. Sometimes/Seldom/Never Affordable Fresh Fruit and Vegetables by Demographic Variables for 2019 (Of Respondents Who Found Fresh Fruit/Vegetables)....115
Table 44. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year....116
Table 45. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)....120
Table 46. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)....122
Table 47. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)....123
Table 48. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)....126
Table 49. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)....127
Table 50. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)....128
Table 51. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)....129
Table 52. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year....133
Table 53. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year....135

Table Title Page Number
Table 54. Nonsmokers or Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days by Demographic Variables for Each Survey Year 141
Table 55. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year 144
Table 56. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year 145
Table 57. Binge Drinking in Past Month by Demographic Variables for Each Survey Year 149
Table 58. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year 150
Table 59. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year 153
Table 60. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year 157
Table 61. Considered Suicide in Past Year by Demographic Variables for Each Survey Year 159
Table 62. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year 161
Table 63. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year 164
Table 64. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year 165
Table 65. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year 167
Table 66. Child Has Primary Doctor/Nurse by Demographic Variables for Each Survey Year 171
Table 67. Child Went to Primary Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year 172
Table 68. Child's Fruit Intake (Two or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) 177
Table 69. Child's Vegetable Intake (Three or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) 178
Table 70. Child's Fruit or Vegetable Intake (Five or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) 179
Table 71. Child's Physical Activity (Five or More Times for 60 Minutes/Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) 181
Table 72. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) 183
Table 73. Illegal Drug Use as a Top County Health Issue by Demographic Variables for Each Survey Year 187
Table 74. Access to Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year 189
Table 75. Overweight or Obesity as a Top County Health Issue by Demographic Variables for Each Survey Year 190
Table 76. Chronic Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year 192
Table 77. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year 193
Table 78. Tobacco Use as a Top County Health Issue by Demographic Variables for Each Survey Year 195
Table 79. Cancer as a Top County Health Issue by Demographic Variables for Each Survey Year 197
Table 80. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year 198
Table 81. Mental Health or Depression as a Top County Health Issue by Demographic Variables for Each Survey Year 200
Table 82. Violence or Crime as a Top County Health Issue by Demographic Variables for Each Survey Year 201
Table 83. Affordable Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year 202
Table 84. Infectious Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year 203
Table 85. Environmental Issues as a Top County Health Issue by Demographic Variables for Each Survey Year 204

Figure Title Page Number
Figure 1. Rate Own Health for 2019 16
Figure 2. Fair or Poor Health 19
Figure 3. Type of Health Care Coverage for 2019 20
Figure 4. Health Care Coverage 26
Figure 5. Unmet Health Care in Past Year 34
Figure 6. Health Information Source 43
Figure 7. Health Services 58
Figure 8. Routine Procedures 67
Figure 9. Vaccinations 70
Figure 10. Fallen and Injured Self at Home in Past Year (Respondents 60 and Older) 72
Figure 11. Health Conditions in Past Three Years for 2019 73
Figure 12. Health Conditions in Past Three Years 89
Figure 13. Physical Activity/Week for 2019 95
Figure 14. Physical Activity 98
Figure 15. Overweight Status for 2019 99
Figure 16. Overweight Status 104
Figure 17. Nutrition and Food Insecurity 117
Figure 18. Women's Health Tests 124
Figure 19. Colorectal Cancer Screenings (Respondents 50 and Older) 130
Figure 20. Current Tobacco Cigarette Smokers or Current Electronic Vapers 136
Figure 21. Smoking or Vaping Cessation in Past Year (Current Tobacco Smokers or Electronic Vapor Product Users) 138
Figure 22. Nonsmokers/Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days 142
Figure 23. Other Tobacco Product Use in Past Month 146
Figure 24. Alcohol Use in Past Month 151
Figure 25. Household Problems in Past Year 154
Figure 26. Felt Sad, Blue or Depressed in Past Month for 2019 155
Figure 27. Mental Health Status 162
Figure 28. Personal Safety Issues in Past Year 168
Figure 29. Child's Unmet Care in Past Year 174
Figure 30. Child Experienced Bullying in Past Year (Children 5 to 17 Years Old) 184
Figure 31. County Health Issues for 2019 186
Figure 32. Top County Health Issues 205

Purpose

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

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2020 goals.

This report was commissioned by Aurora Health Care, Children's Wisconsin, Froedtert & the Medical College of Wisconsin, Kenosha Community Health Center and Kenosha County Public Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact Kenosha County Public Health Department (262) 605-6700.

Methodology

Data Collection
Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=200). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=200). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between July 15, 2019 and October 26, 2019.

Weighting of Data
For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent, if an adult, was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county.

Margin of Error
With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ±5 percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

What do the Percentages Mean?
In 2018, the Census Bureau estimated 130,705 adult residents lived in Kenosha County. Thus, in this report, one percentage point equals approximately 1,310 adults. So, when 20% of respondents reported their health was fair or poor, this roughly equals 26,200 residents ±6,550 individuals. Therefore, from 19,650 to 32,750 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2017, the Census Bureau estimated 62,950 occupied housing units in Kenosha County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2017 household estimate, each percentage point for household-level data represents approximately 630 households.

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

Marital status: Married respondents were classified as those who reported being married and those who reported to being a member of an unmarried couple. All others were classified as not married.

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of $10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. From 2008 to 2016, the bottom 40% income bracket included survey categories less than $40,001, the middle 20% income bracket was $40,001 to $60,000 and the top 40% income bracket was at least $60,001. In 2019, the bottom 40% income bracket included survey categories less than $50,001, the middle 20% income bracket was $50,001 to $75,000 and the top 40% income bracket was at least $75,001.

Physical activity: The 2008 recommended amount of physical activity by the Centers for Disease Control is moderate activity for at least 30 minutes on five or more days of the week or vigorous activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a typical week.

Overweight status: Calculated using the Center for Disease Control's Body Mass Index (BMI) of kilograms/meter^2. A BMI of 25.0 to 29.9 is considered overweight and 30.0 or more as obese. In this report "overweight" includes both overweight and obese respondents.

Current smoker: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

Binge drinking: The definition for binge drinking varies. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2019, the Community Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. In 2008, the definition was five or more drinks, regardless of gender.

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

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2019 (Q22, Q23, Q75, Q76 & Q83)[1,2]

	Survey Results
TOTAL	100%
Gender	
Male	49%
Female	51
Nonbinary/Other/Not Sure	0
Age	
18 to 34	30%
35 to 44	19
45 to 54	21
55 to 64	15
65 and Older	15
Education	
High School Graduate or Less	29%
Some Post High School	34
College Graduate	38
Household Income	
Bottom 40 Percent Bracket	35%
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	39
Not Sure/No Answer	11
Married	46%

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. [2]Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q73 & Q74).

How to Read the Report

Statistical Significance
The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults in 2008 reporting high blood pressure (21%) and the percentage of adults reporting this in 2019 (29%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation
Data that has been found "statistically significant" and "not statistically significant" are both important for stakeholders to better understand county residents as they work on action plans. Additionally, demographic cross-tabulations provide information on whether or not there are statistically significant differences within the demographic categories (gender, age, education, household income level and marital status). Demographic data cannot be broken

down for race and ethnicity because there are too few cases in the sample. Finally, Healthy People 2020 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup

1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2020 goals, wherever possible. Also included is a summary of the key findings for each topic.
2) Key Findings—The Key Findings are broken down by:
   a. Main Topics—overarching topics such as Overall Health, Health Care Coverage, Health Care Needed, and Health Information. Each main topic starts on a new page and is in **bold** in the report.
   b. Key Findings—The first paragraph summarizes 2019 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2019 percentages statistically changed over time.
   c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, "Personally Not Covered Currently," "Personally Not Covered in Past Year," and "Someone in Household Not Covered in Past Year" are the sub-topics within Health Care Coverage.
      i. Recommendations and/or Healthy People 2020 goals—*italicized* statements immediately after the sub-topic title, where possible.
      ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
      iii. 2019 Findings
         1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
         2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2019. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income and marital status. Overweight status, physical activity and smoking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.
      iv. 2008 (First Year) to 2019 Year Comparisons
         1. First bullet—This bullet statistically compares the 2008 percent (or first year of data collection) to the 2019 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
         2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2008 and/or 2019. Secondly, the bullet includes if there were any changes within the demographic categories from 2008 to 2019. A bullet is omitted if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
      v. 2016 to 2019 Year Comparisons—same format as the 2008 to 2019 Year Comparisons, but compares 2016 to 2019 percentages instead.
      vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for "2019 Findings," "2008 to 2019 Year Comparisons" and "2016 to 2019 Year Comparisons." Statistically significant demographic differences within years are indicated by [1], [2], [3], [4] and/or [5] depending upon the number of years data is available. Statistically significant differences between years are indicated by [a] and/or [b] depending on the number of years of data. The table includes the survey question number in the title.
      vii. Trend Figure—after all survey questions within the main topic are analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

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

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Kenosha County residents. The following data are highlights of the comprehensive study.

	Kenosha					*WI*	*US*
Overall Health	2008	2011	2014	2016	2019	*2018*	*2018*
Excellent/Very Good	54%	51%	50%	54%	50%	*52%*	*51%*
Good	31%	30%	29%	28%	30%	*33%*	*32%*
Fair or Poor	15%	19%	21%	18%	20%	*15%*	*17%*
Health Care Coverage			Kenosha			*WI*	*US*
Not Covered	2008	2011	2014	2016	2019	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	12%	15%	9%	8%	7%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	14%	17%	11%	9%	8%	*11%*	*13%*
Personally (Past Year, 18 and Older)	17%	21%	18%	12%	8%	*NA*	*NA*
Household Member (Past Year)	19%	22%	20%	14%	11%	*NA*	*NA*
			Kenosha			*WI*	*US*
Did Not Receive Care Needed in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	21%	18%	21%	21%	*10%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	13%	13%	15%	11%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]	--	13%	15%	15%	11%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]	--	24%	20%	16%	18%	*NA*	*NA*
Mental Health Care	--	6%	6%	5%	4%	*NA*	*NA*
Health Information			Kenosha			*WI*	*US*
Primary Source of Health Information	2008	2011	2014	2016	2019	*2018*	*2018*
Doctor	--	40%	47%	47%	51%	*NA*	*NA*
Internet	--	35%	25%	29%	27%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	5%	7%	11%	7%	*NA*	*NA*
Work	--	2%	2%	0%	4%	*NA*	*NA*
			Kenosha			*WI*	*US*
Health Services	2008	2011	2014	2016	2019	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	88%	90%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	74%	69%	68%	69%	61%	*NA*	*NA*
Urgent Care Center	5%	5%	8%	13%	15%	*NA*	*NA*
Hospital Emergency Room	5%	7%	8%	6%	7%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	4%	7%	*NA*	*NA*
Public Health Clinic/Com. Health Center	5%	6%	7%	4%	4%	*NA*	*NA*
Hospital Outpatient	5%	5%	5%	1%	3%	*NA*	*NA*
Worksite Clinic	--	--	--	<1%	2%	*NA*	*NA*
No Usual Place	6%	8%	3%	4%	3%	*NA*	*NA*
Advance Care Plan	34%	33%	34%	34%	36%	*NA*	*NA*
			Kenosha			*WI*	*US*
Vaccinations (65 and Older)	2008	2011	2014	2016	2019	*2018*	*2018*
Flu Vaccination (Past Year)	73%	68%	62%	75%	63%	*46%*	*55%*
Pneumonia (Ever) [HP2020 Goal: 90%]	73%	62%	68%	77%	73%	*75%*	*74%*

--Not asked. NA-WI and/or US data not available.

	Kenosha					WI	US
Routine Procedures	2008	2011	2014	2016	2019	2018	2018
Routine Checkup (2 Years Ago or Less)	87%	85%	80%	88%	86%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	72%	76%	74%	75%	77%	83%[1]	86%[1]
Dental Checkup (Past Year) [HP2020 Goal: 49%]	66%	57%	61%	67%	71%	71%	68%
Eye Exam (Past Year)	47%	42%	46%	43%	50%	NA	NA

	Kenosha					WI	US
Mobility	2008	2011	2014	2016	2019	2018	2018
Fallen and Injured Self at Home in Past Year (60 and Older)	--	--	11%	13%	17%	NA	NA

	Kenosha					WI	US
Health Conditions in Past 3 Years	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	23%	27%	28%	26%	28%	NA	NA
Mental Health Condition	18%	18%	25%	18%	22%	NA	NA
High Blood Cholesterol	23%	23%	20%	18%	21%	NA	NA
Heart Disease/Condition	12%	8%	9%	6%	9%	NA	NA
Diabetes	13%	9%	12%	8%	9%	NA	NA
Asthma (Current)	13%	14%	15%	13%	10%	9%	10%

	Kenosha					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	--	90%	91%	95%	96%	NA	NA
Mental Health Condition	--	83%	89%	86%	89%	NA	NA
High Blood Cholesterol	--	78%	90%	83%	83%	NA	NA
Heart Disease/Condition	--	90%	94%	84%	85%	NA	NA
Diabetes	--	92%	89%	94%	97%	NA	NA
Asthma (Current)	--	85%	91%	94%	93%	NA	NA

Physical Activity	Kenosha					WI	US
Physical Activity/Week	2008	2011	2014	2016	2019	2009	2009
Moderate Activity (5 Times/30 Min)	34%	34%	39%	40%	40%	NA	NA
Vigorous Activity (3 Times/20 Min)	24%	34%	29%	31%	37%	NA	NA
Recommended Moderate or Vigorous	44%	48%	49%	49%	52%	53%	51%

Body Weight	Kenosha					WI	US
Overweight Status	2008	2011	2014	2016	2019	2018	2018
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	64%	69%	65%	68%	67%	67%	66%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	31%	35%	33%	33%	36%	32%	31%

	Kenosha					WI	US
Nutrition and Food Security	2008	2011	2014	2016	2019	2009	2009
Fruit Intake (2+ Servings/Day)	59%	56%	58%	65%	51%	NA	NA
Vegetable Intake (3+ Servings/Day)	26%	29%	29%	26%	29%	NA	NA
At Least 5 Fruit/Vegetables/Day	32%	32%	35%	38%	31%	23%	23%
Find Fresh Fruit/Vegetables in Community Sometimes/Seldom/Never	--	--	--	--	6%	NA	NA
Affordable Fresh Fruit/Vegetables Sometimes/Seldom/Never	--	--	--	--	22%	NA	NA
Household Went Hungry (Past Year)	--	--	--	7%	6%	NA	NA

	Kenosha					WI	US
Colorectal Cancer Screenings (50 and Older)	2008	2011	2014	2016	2019	2018	2018
Blood Stool Test (Within Past Year)	--	14%	15%	19%	16%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	13%	11%	9%	10%	8%	3%	2%
Colonoscopy (Within Past 10 Years)	64%	58%	66%	75%	74%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	67%	65%	69%	80%	79%	75%	70%

--Not asked. NA-WI and/or US data not available. [1]WI and US data for cholesterol test is from 2017.

	Kenosha					*WI*	*US*
Women's Health	2008	2011	2014	2016	2019	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	76%	81%	76%	76%	75%	*78%*	*78%*
Bone Density Scan (65 and Older)	71%	74%	80%	91%	82%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	80%	82%	87%	85%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	54%	50%	62%	*NA*	*NA*
Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	85%	89%	86%	*NA*	*NA*

	Kenosha					*WI*	*US*
Tobacco Cigarette Smokers or Vapers	2008	2011	2014	2016	2019	*2018*	*2018*
Current Smokers [HP2020 Goal: 12%]	26%	24%	28%	23%	19%	*17%*	*16%*
Current Vapers (Past Month)	--	--	9%	2%	13%	*5%[1]*	*4%*
Of Current Smokers/Vapers…						*2005*	*2005*
Quit Smoking/Vaping 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	49%	60%	55%	55%	65%	*49%*	*56%*
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	72%	91%	64%	82%	77%	*NA*	*NA*

	Kenosha					*WI*	*US*
Exposure to Smoke/Vapor	2008	2011	2014	2016	2019	*2018*	*2018*
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	28%	21%	21%	17%	14%	*NA*	*NA*

	Kenosha					*WI*	*US*
Other Tobacco Products in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	5%	3%	8%	*4%*	*4%*
Cigars, Cigarillos or Little Cigars	--	--	7%	<1%	3%	*NA*	*NA*

	Kenosha					*WI*	*US*
Alcohol Use in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	23%	28%	32%	30%	33%	*26%*	*16%*
Driver/Passenger When Driver Perhaps Had Too Much to Drink	3%	2%	6%	2%	2%	*NA*	*NA*

	Kenosha					*WI*	*US*
Household Problems Associated With…	2008	2011	2014	2016	2019	*2018*	*2018*
Alcohol (Past Year)	2%	3%	2%	5%	3%	*NA*	*NA*
Marijuana (Past Year)	--	2%	2%	2%	3%	*NA*	*NA*
Cocaine, Meth or Other Street Drugs (Past Year)	--	--	--	--	1%	*NA*	*NA*
Heroin or Other Opioids (Past Year)	--	--	--	--	<1%	*NA*	*NA*

	Kenosha					*WI*	*US*
Personal Safety Issues in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Afraid for Their Safety	5%	5%	4%	4%	5%	*NA*	*NA*
Pushed, Kicked, Slapped, or Hit	2%	3%	5%	2%	4%	*NA*	*NA*
At Least One of the Safety Issues	5%	7%	8%	5%	8%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data.

*In 2008, binge drinking was defined as 5 or more drinks regardless of gender. Since 2011, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Kenosha					*WI*	*US*
Mental Health Status	2008	2011	2014	2016	2019	*2018*	*2018*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	7%	8%	7%	6%	8%	*NA*	*NA*
Considered Suicide (Past Year)	4%	5%	8%	5%	8%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	7%	8%	8%	*NA*	*NA*

	Kenosha					*WI*	*US*
Children in Household	2008	2011	2014	2016	2019	*2018*	*2018*
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	89%	89%	98%	95%	*NA*	*NA*
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	95%	91%	85%	91%	*NA*	*NA*
Did Not Receive Care Needed (Past Year)							
Medical Care	--	5%	4%	4%	<1%	*NA*	*NA*
Dental Care	--	6%	6%	7%	<1%	*NA*	*NA*
Specialist	--	2%	2%	4%	1%	*NA*	*NA*
Current Asthma	--	7%	14%	21%	4%	*NA*	*NA*
Safe in Community/Neighborhood Seldom/Never	--	2%	2%	0%	4%	*NA*	*NA*
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	76%	66%	72%	74%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	--	41%	19%	25%	27%	*NA*	*NA*
5+ Fruit/Vegetables per Day	--	45%	46%	31%	35%	*NA*	*NA*
Physical Activity (60 Min./5 or More Days/Week)	--	64%	67%	47%	74%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	1%	9%	8%	5%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)	--	32%	24%	19%	15%	*NA*	*NA*
Verbally Bullied	--	29%	24%	19%	12%	*NA*	*NA*
Physically Bullied	--	7%	3%	9%	6%	*NA*	*NA*
Cyber Bullied	--	1%	3%	0%	2%	*NA*	*NA*

	Kenosha					*WI*	*US*
Top County Health Issues	2008	2011	2014	2016	2019	*2018*	*2018*
Illegal Drug Use	--	--	--	27%	42%	*NA*	*NA*
Access to Health Care	--	--	--	23%	23%	*NA*	*NA*
Overweight or Obesity	--	--	--	18%	18%	*NA*	*NA*
Chronic Diseases	--	--	--	15%	15%	*NA*	*NA*
Alcohol Use or Abuse	--	--	--	17%	14%	*NA*	*NA*
Tobacco Use	--	--	--	6%	13%	*NA*	*NA*
Cancer	--	--	--	9%	12%	*NA*	*NA*
Prescription or OTC Drug Abuse	--	--	--	7%	11%	*NA*	*NA*
Mental Health or Depression	--	--	--	10%	11%	*NA*	*NA*
Violence or Crime	--	--	--	8%	10%	*NA*	*NA*
Affordable Health Care	--	--	--	6%	8%	*NA*	*NA*
Infectious Diseases	--	--	--	6%	6%	*NA*	*NA*
Environmental Issues	--	--	--	5%	5%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.

*In 2011, 2014 and 2016, the question was asked for children 8 to 17 years old.

General Health
In 2019, 50% of respondents reported their health as excellent or very good; 20% reported fair or poor. Respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor health. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.*

Health Care Coverage
In 2019, 7% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2016 to 2019, there was no statistical change.*

In 2019, 21% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents with some post high school education or less were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 60 percent household income bracket were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed. Four percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care for a household member in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care for someone in the household in the past year while from 2016 to 2019, there was no statistical change.*

Health Care Information
In 2019, 51% of respondents reported they contact a doctor when looking for health information or clarification while 27% reported they look on the Internet. Seven percent reported they were, or a family member was, in the health care field while 4% reported work. Respondents 65 and older were more likely to report they contact a doctor. Respondents who were female, 18 to 34 years old, with a college education or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health field. Respondents who were male, 45 to 54 years old or unmarried were more likely to report work. *From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported the Internet as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no*

statistical change in the overall percent of respondents who reported work as their source of health information/clarification while from 2016 to 2019, there was a statistical increase.

Health Care Services

In 2019, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female or 55 and older were more likely to report a primary care physician. Sixty-one percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 15% reported an urgent care center followed by 7% each who reported hospital emergency room or Quickcare clinic. Four percent reported public health clinic/community health center for health services. Respondents 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Respondents with a high school education or less or in the bottom 60 percent household income bracket were more likely to report a hospital emergency room as their primary health care. Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report a public health clinic/community health center as their primary health care. Thirty-six percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room or a public health clinic/community health center, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department while from 2016 to 2019, there was no statistical change. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.*

Routine Procedures

In 2019, 86% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-one percent of respondents reported a visit to the dentist in the past year while 50% reported an eye exam in the past year. Respondents who were female or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less, a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.*

Vaccinations

In 2019, 41% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the middle 20 percent household income were more likely to report a flu vaccination. Seventy-three percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.*

Mobility
In 2019, 17% of respondents 60 and older reported in the past year they have fallen and injured themselves at home. *From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home, as well as from 2016 to 2019.*

Health Conditions
In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%) a mental health condition (22%) or high blood cholesterol (21%). Respondents 65 and older, with a high school education or less, in the bottom 60 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Respondents who were 55 to 64 years old, overweight or did an insufficient amount of physical activity were more likely to report high blood cholesterol. Nine percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report heart disease/condition. Nine percent of respondents reported diabetes; respondents 65 and older, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report this. Ten percent reported current asthma; respondents 45 to 54 years old were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes and current asthma). Between 80% and 89% of respondents reported the remaining three conditions were controlled. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, a mental health condition, high blood cholesterol, heart disease/condition, diabetes or current asthma, as well as from 2016 to 2019*.

Mental Health Status
In 2019, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life while from 2016 to 2019, there was no statistical change.*

Physical Health
In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 52% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or who were not overweight were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was no statistical change*.

In 2019, 67% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old or inactive were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or less, in the middle 20 percent household income bracket or inactive respondents were more likely to be obese. *From 2008 to 2019, there was no statistical change in the overall percent of respondents being at least overweight or being obese, as well as from 2016 to 2019.*

Nutrition and Food Insecurity

In 2019, 51% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report at least two servings of fruit. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-one percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Six percent of respondents reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood; respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Twenty-two percent of respondents reported when they found fresh fruit and vegetables, they sometimes/seldom/never find the fresh fruit and vegetables affordable; respondents who were female, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health

In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Eighty-two percent of female respondents 65 and older had a bone density scan. Eighty-five percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame, as well as from 2016 to 2019.*

Colorectal Cancer Screening

In 2019, 16% of respondents 50 and older reported a blood stool test within the past year. Eight percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 74% reported a colonoscopy within the past ten years. This results in 79% of respondents meeting the current colorectal cancer screening recommendations. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2016 to 2019, there was no statistical change.*

Alcohol Use

In 2019, 33% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2016 to 2019.*

Tobacco Use

In 2019, 19% of respondents were current tobacco cigarette smokers; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. Thirteen percent of respondents used electronic cigarettes in the past month. Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Sixty-five percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Seventy-seven percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2016 to 2019, there was no statistical change. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical increase. From 2008 to 2019, there was a statistical increase in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, tobacco cessation and health professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.*

In 2019, 14% of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2019, 8% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male or in the top 40 percent household income bracket were more likely to report smokeless tobacco use. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month while from 2016 to 2019, there was a statistical increase.*

Household Problems

In 2019, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year. Three percent of respondents reported someone in their household experienced some kind of problem with marijuana. One percent of respondents reported a household problem in connection with cocaine/meth/other street drugs while less than one percent reported heroin/other opioids. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.*

Personal Safety

In 2019, 5% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 8% reported at least one of these two situations; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety or they were pushed/kicked/slapped/hit in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2016 to 2019.*

Children in Household

In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-five percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 91% reporting their child visited their primary doctor or nurse for preventive care during the past year. One percent of respondents reported in the past year their child did not visit a specialist they needed while less than one percent each reported their child did not receive the medical care needed or their child did not receive the dental care needed. Four percent of respondents reported their child currently had asthma. Four percent of respondents reported their child was seldom/never safe in their community. Seventy-four percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Thirty-five percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Seventy-four percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Five percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 6% physical bullying and 2% reported cyber bullying. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child or had an unmet dental care need, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied, as well as from 2016 to 2019.*

Top County Health Issues

In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (42%), access to health care (23%) or overweight/obesity (18%). Respondents 55 and older or with some post high school education were more likely to report illegal drug use as a top health issue. Respondents who were female or with at least some post high school education were more likely to report access to health care. Respondents 18 to 44 years old, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report overweight or obesity. Fifteen percent of respondents reported chronic diseases as a top issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents were more likely to report alcohol use or abuse; respondents 18 to 34 years old were more likely to report this. Thirteen percent reported tobacco use as a top issue; respondents 18 to 44 years old or 65 and older were more likely to report this. Twelve percent of respondents reported cancer as a top issue; respondents who were male, with a high school education or less, with a college education, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported prescription or over-the-counter drug abuse. Eleven percent of respondents reported mental health/depression; respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported violence or crime; respondents with a high school education or less were more likely to report this. Eight percent of respondents reported affordable health care; respondents who were 45 to 54 years old or married were more likely to report this. Six percent of respondents reported infectious diseases as a top issue; female respondents were more likely to report this. Five percent of respondents reported environmental issues; respondents 55 to 64 years old were more likely to report this. *From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, tobacco use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported access to health care, overweight/obesity, chronic diseases, alcohol use/abuse, cancer, mental health/depression, violence/crime, affordable health care, infectious diseases or environmental issues as one of the top health issues in the county.*

Key Findings

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

KEY FINDINGS: In 2019, 50% of respondents reported their health as excellent or very good; 20% reported fair or poor. Respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor health.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.

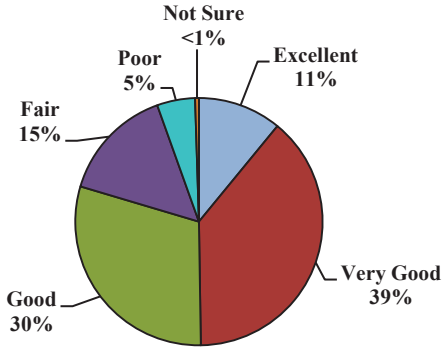
Rating Their Own Health

In 2018, 52% of Wisconsin respondents reported their health as excellent or very good, 33% reported good while 15% reported fair or poor. Fifty-one percent of U.S. respondents reported their health as excellent or very good while 32% reported good and 17% reported fair or poor (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 2)

- Fifty percent of respondents said their own health, generally speaking, was either excellent (11%) or very good (39%). A total of 20% reported their health was fair or poor.

Figure 1. Rate Own Health for 2019 (Q1)



- Thirty-six percent of respondents 55 to 64 years old reported their health was fair or poor compared to 12% of respondents 35 to 44 years old.

- Thirty-three percent of respondents with a high school education or less reported their health was fair or poor compared to 23% of those with some post high school education or 7% of respondents with a college education.

- Thirty-nine percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 10% of those in the middle 20 percent income bracket or 8% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report their health was fair or poor compared to married respondents (24% and 15%, respectively).

- Fifty percent of inactive respondents reported their health was fair or poor compared to 22% of those who did an insufficient amount of physical activity or 13% of respondents who met the recommended amount of physical activity.

2008 to 2019 Year Comparisons (Table 2)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2008, respondents 35 to 44 years old or 55 to 64 years old were more likely to report fair or poor health. In 2019, respondents 55 to 64 years old were more likely to report fair or poor health. From 2008 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting fair or poor health.

- In 2008 and 2019, respondents with a high school education or less were more likely to report fair or poor health. From 2008 to 2019, there was a noted increase in the percent of respondents with a high school education or less reporting fair or poor health.

- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. From 2008 to 2019, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting fair or poor health.

- In 2008 and 2019, unmarried respondents were more likely to report fair or poor health.

- In 2008, overweight respondents were more likely to report fair or poor health. In 2019, overweight status was not a significant variable.

- In 2008 and 2019, inactive respondents were more likely to report fair or poor health. From 2008 to 2019, there was a noted increase in the percent of inactive respondents reporting fair or poor health.

2016 to 2019 Year Comparisons (Table 2)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2016, age was not a significant variable. In 2019, respondents 55 to 64 years old were more likely to report fair or poor health.

- In 2016, respondents with some post high school education or less were more likely to report fair or poor health. In 2019, respondents with a high school education or less were more likely to report fair or poor health.

- In 2016 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report fair or poor health.

- In 2016 and 2019, inactive respondents were more likely to report fair or poor health.

- In 2016, smokers were more likely to report fair or poor health. In 2019, smoking status was not a significant variable.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q1)[①]

	2008	2011	2014	2016	2019
TOTAL	15%	19%	21%	18%	20%
Gender					
Male	14	15	24	16	17
Female	16	22	18	20	23
Age[1,2,3,5]					
18 to 34[a]	7	10	19	13	18
35 to 44	23	24	8	13	12
45 to 54	13	18	27	21	18
55 to 64	25	29	27	27	36
65 and Older	16	23	26	25	20
Education[1,2,4,5]					
High School or Less[a]	22	26	22	24	33
Some Post High School	16	14	22	25	23
College Graduate	7	17	18	8	7
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a]	25	25	30	29	39
Middle 20 Percent Bracket	20	13	27	13	10
Top 40 Percent Bracket	5	12	9	6	8
Marital Status[1,3,5]					
Married	12	17	16	16	15
Not Married	19	20	25	21	24
Overweight Status[1,3]					
Not Overweight	9	17	14	16	15
Overweight	19	20	25	19	22
Physical Activity[1,2,3,4,5]					
Inactive[a]	30	36	43	51	50
Insufficient	15	18	27	14	22
Recommended	11	14	11	15	13
Smoking Status[2,3,4]					
Nonsmoker	14	16	17	16	18
Smoker	18	28	32	26	27

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

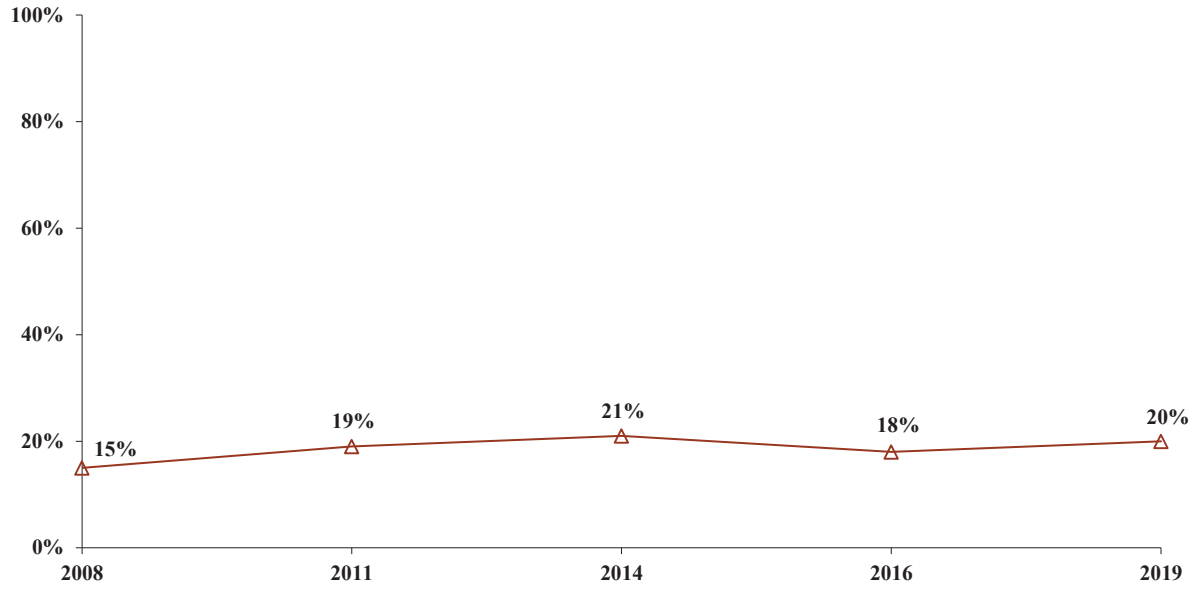
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Rating Their Own Health Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.

Figure 2. Fair or Poor Health (Q1)



Health Care Coverage (Figures 3 & 4; Tables 3 - 5)

KEY FINDINGS: In 2019, 7% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this.

From 2008 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2016 to 2019, there was no statistical change.

Personally Not Covered Currently

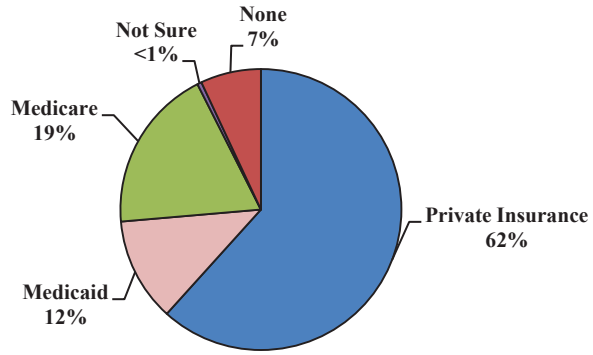
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2018, 10% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Eleven percent of U.S. respondents reported this. Eleven percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 13% of U.S. respondents 18 to 64 years old reported this (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 3)

- Seven percent of respondents reported they were not currently covered by any health care insurance. Sixty-two percent reported private insurance. Twelve percent reported Medicaid, including medical assistance, Title 19 or Badger Care, while 19% reported Medicare.

Figure 3. Type of Health Care Coverage for 2019 (Q2)



- Fourteen percent of respondents 18 to 34 years old reported they were not covered currently by health insurance compared to 4% of those 45 to 54 years old or 0% of respondents 65 and older.

- Twelve percent of respondents with a high school education or less reported they were not covered currently by health insurance compared to 7% of those with some post high school education or 3% of respondents with a college education.

- Twelve percent of respondents in the bottom 40 percent household income bracket reported they were not covered currently by health insurance compared to 2% of respondents in the top 60 percent household income bracket.

    - Of the 246 respondents who reported they had private insurance, 96% reported they received private health insurance through an employer while 1% each reported directly from an insurance company or an exchange.

2008 to 2019 Year Comparisons (Table 3)

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2008, male respondents were more likely to report they were not covered currently by health insurance. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of male respondents reporting they were not currently covered by health insurance.

- In 2008, respondents 18 to 54 years old were more likely to report they were not covered currently by health insurance. In 2019, respondents 18 to 34 years old were more likely to report they were not covered currently by health insurance. From 2008 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old reporting they were not currently covered by health insurance.

- In 2008 and 2019, respondents with a high school education or less were more likely to report they were not covered currently by health insurance.

- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they were not covered currently by health insurance. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they were not currently covered by health insurance.

- In 2008, unmarried respondents were more likely to report they were not covered currently by health insurance. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of unmarried respondents reporting they were not currently covered by health insurance.

2016 to 2019 Year Comparisons (Table 3)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2016, male respondents were more likely to report they were not covered currently by health insurance. In 2019, gender was not a significant variable.

- In 2016, respondents 35 to 44 years old were more likely to report they were not covered currently by health insurance. In 2019, respondents 18 to 34 years old were more likely to report they were not covered currently by health insurance. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they were not currently covered by health insurance.

- In 2016, respondents with some post high school education or less were more likely to report they were not covered currently by health insurance. In 2019, respondents with a high school education or less were more likely to report they were not covered currently by health insurance.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they were not covered currently by health insurance.

- In 2016, unmarried respondents more likely to report they were not covered currently by health insurance. In 2019, marital status was not a significant variable.

Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year (Q2)①

	2008	2011	2014	2016	2019
TOTAL					
All Respondents[a]	12%	15%	9%	8%	7%
Respondents 18 to 64 Years Old[a]	14	17	11	9	8
Gender[1,4]					
Male[a]	19	18	11	13	9
Female	5	12	7	2	4
Age[1,2,3,4,5]					
18 to 34	17	23	17	11	14
35 to 44[b]	14	12	4	19	5
45 to 54[a]	15	19	6	0	4
55 to 64	5	10	14	3	5
65 and Older	0	0	0	0	0
Education[1,2,4,5]					
High School or Less	19	18	12	11	12
Some Post High School	11	19	9	10	7
College Graduate	5	5	7	3	3
Household Income[2,3,5]					
Bottom 40 Percent Bracket	18	17	15	11	12
Middle 20 Percent Bracket	8	19	5	7	2
Top 40 Percent Bracket[a]	9	6	2	5	2
Marital Status[1,2,3,4]					
Married	7	10	4	4	7
Not Married[a]	18	19	13	11	7

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Personally Not Covered in the Past Year

2019 Findings (Table 4)

- Eight percent of respondents reported they were not covered by health insurance at least part of the time in the past year.

- Fifteen percent of respondents 18 to 34 years old reported they were not covered by health insurance at least part of the year compared to 4% of those 45 to 54 years old 2% of respondents 65 and older.

- Fourteen percent of respondents with a high school education or less reported they were not covered by health insurance at least part of the year compared to 8% of those with some post high school education or 3% of respondents with a college education.

- Sixteen percent of respondents in the bottom 40 percent household income bracket reported they were not covered at least part of the year compared to 2% of respondents in the top 60 percent household income bracket.

2008 to 2019 Year Comparisons (Table 4)

- From 2008 to 2019, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past year.

- In 2008, male respondents were more likely to report no coverage at least part of the time in the past year. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of male respondents reporting no coverage.

- In 2008 and 2019, respondents 18 to 34 years old were more likely to report no coverage at least part of the time in the past year. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 54 years old reporting no coverage.

- In 2008 and 2019, respondents with a high school education or less were more likely to report no coverage in the past year. From 2008 to 2019, there was a noted decrease in the percent of respondents with a college education reporting no coverage.

- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report no coverage in the past year. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting no coverage.

- In 2008, unmarried respondents were more likely to report no coverage in the past year. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of unmarried respondents reporting no coverage.

2016 to 2019 Year Comparisons (Table 4)

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported no personal health care coverage at least part of the time in the past year.

- In 2016, male respondents were more likely to report no coverage in the past year. In 2019, gender was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of male respondents reporting no coverage.

- In 2016, respondents 18 to 44 years old were more likely to report no coverage in the past year. In 2019, respondents 18 to 34 years old were more likely to report no coverage in the past year. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting no coverage.

- In 2016, respondents with some post high school education were more likely to report no coverage in the past year. In 2019, respondents with a high school education or less were more likely to report no coverage in the past year. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education reporting no coverage.

- In 2016, respondents in the bottom 60 percent household income bracket were more likely to report no coverage in the past year. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report no coverage. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting no coverage.

- In 2016, unmarried respondents were more likely to report no coverage in the past year. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of unmarried respondents reporting no coverage.

Table 4. Personally Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q4)[①]

	2008	2011	2014	2016	2019
TOTAL[a]	17%	21%	18%	12%	8%
Gender[1,2,4]					
Male[a,b]	22	24	21	16	9
Female	13	16	14	8	7
Age[1,2,3,4,5]					
18 to 34	25	34	29	20	15
35 to 44[a,b]	20	16	12	22	8
45 to 54[a]	17	21	19	1	4
55 to 64	9	15	17	10	7
65 and Older	0	3	0	0	2
Education[1,2,3,4,5]					
High School or Less	24	24	21	13	14
Some Post High School[b]	15	26	21	18	8
College Graduate[a]	11	10	9	7	3
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	25	24	31	19	16
Middle 20 Percent Bracket[a,b]	17	22	10	18	2
Top 40 Percent Bracket[a]	11	10	2	5	2
Marital Status[1,2,3,4]					
Married	11	12	10	5	8
Not Married[a,b]	24	28	23	20	9

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Someone in Household Not Covered in the Past Year

2019 Findings (Table 5)

- Eleven percent of all respondents indicated someone in their household was not covered by insurance at least part of the time in the past year.

- Eighteen percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered in the past year compared to 7% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

2008 to 2019 Year Comparisons (Table 5)

- From 2008 to 2019, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2008 to 2019, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2008, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.

2016 to 2019 Year Comparisons (Table 5)

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2016, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household was not covered in the past year. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2016, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.

Table 5. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q5)[①]

	2008	2011	2014	2016	2019
TOTAL[a]	19%	22%	20%	14%	11%
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a]	29	31	38	23	18
Middle 20 Percent Bracket[a,b]	19	20	10	24	3
Top 40 Percent Bracket	12	12	5	5	7
Marital Status[1,3,4]					
Married	13	18	12	6	11
Not Married[a,b]	25	26	26	24	11

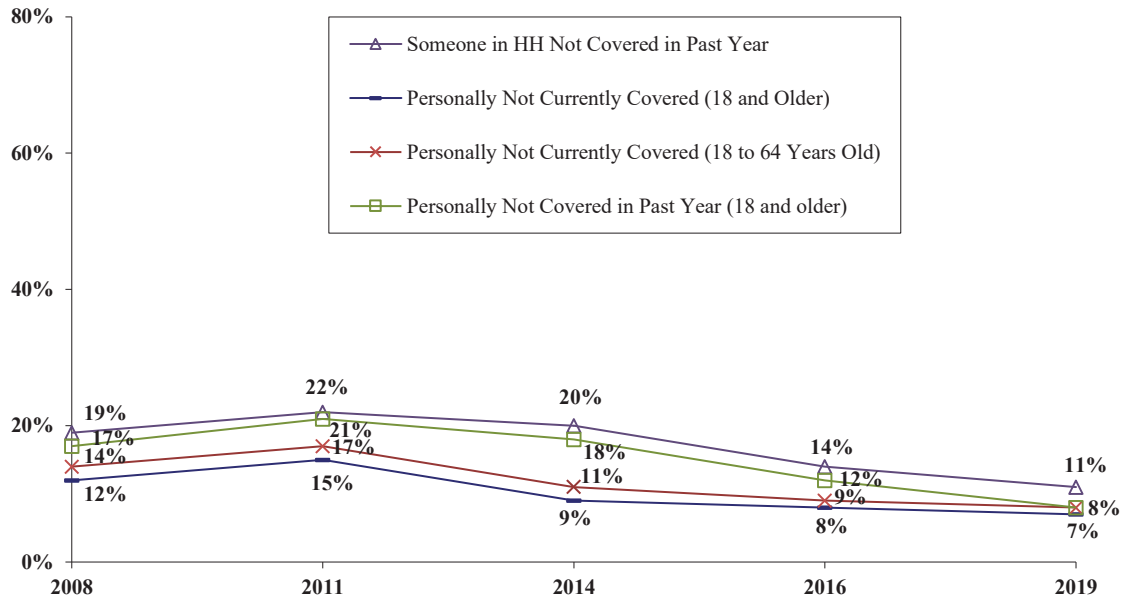
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Health Care Coverage Overall

Year Comparisons

- From 2008 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2016 to 2019, there was no statistical change.

Figure 4. Health Care Coverage (Q2, Q4 and Q5)



Health Care Needed (Figure 5; Tables 6 - 10)

KEY FINDINGS: In 2019, 21% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents with some post high school education or less were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 60 percent household income bracket were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed. Four percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care for a household member in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care for someone in the household in the past year while from 2016 to 2019, there was no statistical change.

Financial Burden of Medical Care

In 2018, 10% of Wisconsin respondents and 12% of U.S. respondents reported in the past year they needed to see a doctor but could not because of cost (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 6)

- Twenty-one percent of respondents reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.

- Twenty-six percent of respondents with a high school education or less and 24% of those with some post high school education reported they delayed or did not seek medical care in the past year compared to 13% of respondents with a college education.

2011 to 2019 Year Comparisons (Table 6)

- From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.

- In 2011, respondents 45 to 54 years old were more likely to report they delayed or did not seek medical care. In 2019, age was not a significant variable.

- In 2011, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to report they delayed or did not seek medical care. From 2011 to 2019, there was a noted decrease in the percent of respondents with a college education reporting they delayed or did not seek medical care in the past year.

2016 to 2019 Year Comparisons (Table 6)

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.

- In 2016, respondents 35 to 44 years old were more likely to report they delayed or did not seek medical care. In 2019, age was not a significant variable.

- In 2016, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to report they delayed or did not seek medical care. From 2016 to 2019, there was a noted decrease in the percent of respondents with a college education reporting they delayed or did not seek medical care in the past year.

Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past Year by Demographic Variables for Each Survey Year (Q6)[①]

	2011	2014	2016	2019
TOTAL	21%	18%	21%	21%
Gender[2]				
Male	18	14	17	20
Female	23	22	25	21
Age[1,2,3]				
18 to 34	18	19	24	23
35 to 44	27	15	28	19
45 to 54	31	29	24	28
55 to 64	20	19	19	21
65 and Older	3	3	5	8
Education[4]				
High School or Less	20	17	19	26
Some Post High School	20	24	23	24
College Graduate[a,b]	22	13	22	13
Household Income[2]				
Bottom 40 Percent Bracket	20	27	23	25
Middle 20 Percent Bracket	22	15	27	22
Top 40 Percent Bracket	17	10	19	16
Marital Status				
Married	19	16	18	21
Not Married	22	20	25	20

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Financial Burden of Prescription Medications

The Healthy People 2020 goal for a family member unable to obtain or having to delay needed prescription medicines in the past 12 months is 3%. (Objective AHS-6.4)

2019 Findings (Table 7)

- Eleven percent of respondents reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.

- Eighteen percent of respondents in the bottom 40 percent household income bracket and 17% of those in the middle 20 percent household income bracket reported someone in their household had not taken their prescribed medication due to prescription costs in the past year compared to 6% of respondents in the top 40 percent household income bracket.

2011 to 2019 Year Comparisons (Table 7)

- From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.

- In 2011, household income was not a significant variable. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year.

2016 to 2019 Year Comparisons (Table 7)

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year.

Table 7. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q7)[①]

	2011	2014	2016	2019
TOTAL	13%	13%	15%	11%
Household Income[2,4]				
Bottom 40 Percent Bracket	16	21	21	18
Middle 20 Percent Bracket	10	13	15	17
Top 40 Percent Bracket	13	7	11	6
Marital Status				
Married	13	14	16	9
Not Married	14	13	13	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Unmet Medical Care

The Healthy People 2020 goal for a family member unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 4%. (Objective AHS-6.2)

2019 Findings (Table 8)

- Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed.

- Twenty percent of respondents in the bottom 40 percent household income bracket reported someone in their household did not receive the medical care needed in the past year compared to 12% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

Of the 11% of respondents who reported an unmet medical care need in the household (n=43)…

  - Of the 43 respondents who reported an unmet medical care need, 39% reported the inability to pay as the reason for the unmet need while 30% reported they were uninsured.

2011 to 2019 Year Comparisons (Table 8)

In 2011, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2011 to 2019, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone did not receive the medical care needed.

- In 2011, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed.

2016 to 2019 Year Comparisons (Table 8)

In 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone did not receive the medical care needed.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report there was a time in the past year someone did not receive the medical care needed. From 2016 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting someone did not receive the medical care needed.

Table 8. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q8)[①,②]

	2011	2014	2016	2019
TOTAL	13%	15%	15%	11%
Household Income[2,4]				
Bottom 40 Percent Bracket	13	21	19	20
Middle 20 Percent Bracket	8	8	17	12
Top 40 Percent Bracket[b]	9	10	11	4
Marital Status				
Married	13	14	14	9
Not Married	12	16	17	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2011, 2014 and 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Unmet Dental Care

The Healthy People 2020 goal for a family member unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 5%. (Objective AHS-6.3)

2019 Findings (Table 9)

- Eighteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed.

- There were no statistically significant differences between demographic variables and responses of reporting someone in the household did not receive the dental care needed in the past year.

Of the 18% of respondents who reported an unmet dental care need in the household (n=73)…

  - Of the 73 respondents who reported not receiving dental care needed, 44% reported they were uninsured as the reason for the unmet need while 39% reported the inability to pay.

2011 to 2019 Year Comparisons (Table 9)

In 2011, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2011 to 2019, the overall percent statistically decreased for respondents who reported there was a time in the past year someone in the household did not receive the dental care needed.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2019, household income was not a significant variable.

2016 to 2019 Year Comparisons (Table 9)

In 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in the household did not receive the dental care needed.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting in the past year someone did not receive the dental care needed.

- In 2016, unmarried respondents were more likely to report in the past year someone did not receive the dental care needed. In 2019, marital status was not a significant variable.

Table 9. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q10)①,②

	2011	2014	2016	2019
TOTAL[a]	24%	20%	16%	18%
Household Income[1,2,3]				
Bottom 40 Percent Bracket	32	34	25	23
Middle 20 Percent Bracket	20	12	17	12
Top 40 Percent Bracket[b]	19	7	5	16
Marital Status[3]				
Married	22	16	12	17
Not Married	26	22	20	19

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②In 2011, 2014 and 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Unmet Mental Health Care

2019 Findings (Table 10)

- Four percent of respondents reported there was a time in the past year someone in the household did not receive the mental health care needed.

- Eight percent of respondents in the bottom 40 percent household income bracket reported there was a time in the past year someone in their household did not receive the mental health care needed compared to 2% of respondents in the top 60 percent household income bracket.

- Unmarried respondents were more likely to report there was a time in the past year someone in their household did not receive the mental health care needed compared to married respondents (6% and 2%, respectively).

Of the 4% of respondents who reported an unmet mental health care need in the household (n=16)…

- Of the 16 respondents who reported not receiving mental health care needed, eight respondents reported the inability to pay as the reason for the unmet need while 4 respondents reported they were uninsured.

2011 to 2019 Year Comparisons (Table 10)

In 2011, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2011 to 2019, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone did not receive the mental health care needed.
- In 2011 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report there was a time in the past year someone in their household did not receive the mental health care needed.
- In 2011, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report there was a time in the past year someone in their household did not receive the mental health care needed. From 2011 to 2019, there was a noted decrease in the percent of married respondents reporting in the past year someone did not receive the mental health care needed.

2016 to 2019 Year Comparisons (Table 10)

In 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.

- From 2016 to 2019, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone did not receive the mental health care needed.
- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report there was a time in the past year someone in their household did not receive the mental health care needed.
- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report there was a time in the past year someone in their household did not receive the mental health care needed.

Table 10. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q12)[①,②]

	2011	2014	2016	2019
TOTAL	6%	6%	5%	4%
Household Income[1,4]				
Bottom 40 Percent Bracket	9	8	6	8
Middle 20 Percent Bracket	0	2	0	2
Top 40 Percent Bracket	4	7	4	2
Marital Status[4]				
Married[a]	8	5	5	2
Not Married	3	7	4	6

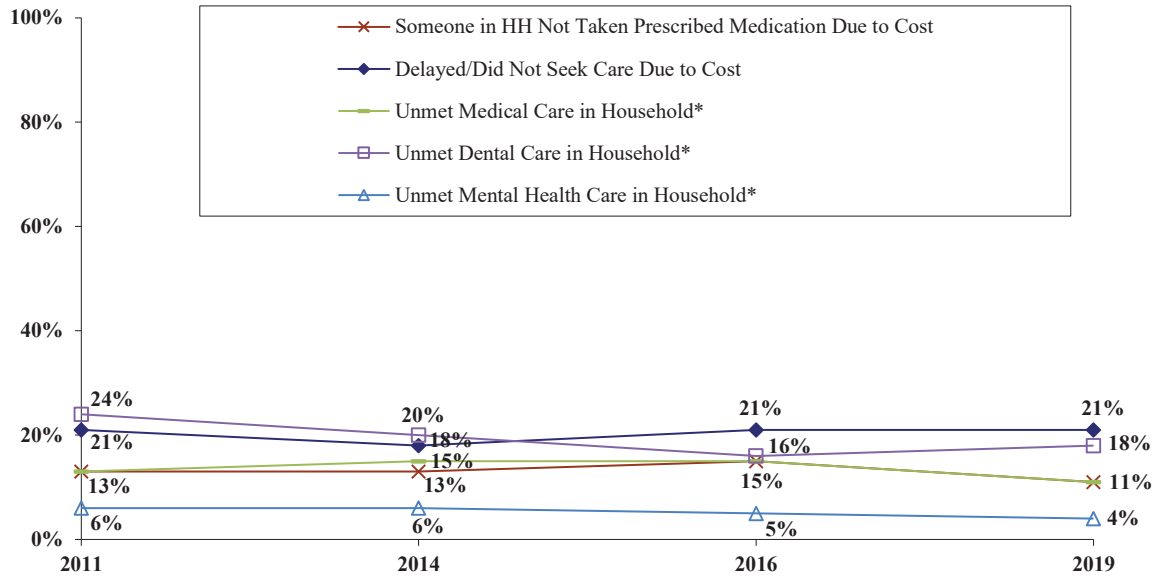
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2011, 2014 and 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Health Care Needed Overall

Year Comparisons

- From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care for a household member in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care for someone in the household in the past year while from 2016 to 2019, there was no statistical change.

Figure 5. Unmet Health Care in Past Year (Q6 - Q8, Q10 & Q12)



*In 2011, 2014 and 2016, the question was asked of respondents only. In 2019, the question was asked about any household member.

Health Information (Figure 6; Tables 11 - 14)

KEY FINDINGS: In 2019, 51% of respondents reported they contact a doctor when looking for health information or clarification while 27% reported they look on the Internet. Seven percent reported they were, or a family member was, in the health care field while 4% reported work. Respondents 65 and older were more likely to report they contact a doctor. Respondents who were female, 18 to 34 years old, with a college education or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field. Respondents who were male, 45 to 54 years old or unmarried were more likely to report work.

From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported the Internet as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported work as their source of health information/clarification while from 2016 to 2019, there was a statistical increase.

Source for Health Information

2019 Findings

- Fifty-one percent of respondents reported they contact a doctor when looking for health information or clarification while 27% reported they look on the Internet. Seven percent reported they were, or a family member was, in the health care field while 4% reported work.

Doctor as Source for Health Information

2019 Findings (Table 11)

- Fifty-one percent of respondents reported they contact their doctor when looking for health information or clarification.

- Respondents 65 and older were more likely to report doctor as their source of health information/clarification (65%) compared to those 35 to 44 years old (47%) or respondents 45 to 54 years old (40%).

2011 to 2019 Year Comparisons (Table 11)

- From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported they contact a doctor when looking for health information or clarification.

- In 2011 and 2019, gender was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of male respondents reporting doctor as their source for health information/clarification.

- In 2011 and 2019, respondents 65 and older were more likely to report doctor as their source for health information/clarification. From 2011 to 2019, there was a noted increase in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting doctor as their source for health information/clarification.

- In 2011 and 2019, education was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of respondents with some post high school education reporting doctor as their source for health information/clarification.

- In 2011 and 2019, household income was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of respondents across household income reporting doctor as their source for health information/clarification.

- In 2011 and 2019, marital status was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of unmarried respondents reporting doctor as their source for health information/clarification.

2016 to 2019 Year Comparisons (Table 11)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they contact a doctor when looking for health information or clarification.

- In 2016, female respondents were more likely to report doctor as their source for health information/clarification. In 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of male respondents reporting doctor as their source for health information/clarification.

- In 2016 and 2019, respondents 65 and older were more likely to report doctor as their source for health information/clarification. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting doctor as their source for health information/clarification.

- In 2016, respondents with some post high school education or less were more likely to report doctor as their source for health information/clarification. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents with a college education reporting doctor as their source for health information/clarification.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting doctor as their source for health information/clarification.

- In 2016, unmarried respondents were more likely to report doctor as their source for health information/clarification. In 2019, marital status was not a significant variable.

Table 11. Doctor as Source for Health Information by Demographic Variables for Each Survey Year (Q15)①

	2011	2014	2016	2019
TOTAL[a]	40%	47%	47%	51%
Gender[3]				
Male[a,b]	38	47	38	52
Female	43	48	56	51
Age[1,3,4]				
18 to 34[a]	28	45	47	49
35 to 44[a,b]	31	43	30	47
45 to 54	53	46	44	40
55 to 64[a]	44	50	54	62
65 and Older	56	58	65	65
Education[3]				
High School or Less	45	49	55	56
Some Post High School[a]	39	49	56	54
College Graduate[b]	36	43	34	46
Household Income				
Bottom 40 Percent Bracket[a]	42	49	52	54
Middle 20 Percent Bracket[a,b]	37	50	36	56
Top 40 Percent Bracket[a]	29	50	42	43
Marital Status[3]				
Married	41	45	40	49
Not Married[a]	39	49	55	53

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Internet as Source for Health Information

2019 Findings (Table 12)

- Twenty-seven percent of respondents reported they go to the Internet when looking for health information or clarification.

- There were no statistically significant differences between demographic variables and responses of reporting the Internet as their source of health information or clarification.

2011 to 2019 Year Comparisons (Table 12)

- From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported they go to the Internet when looking for health information or clarification.

- In 2011, respondents 18 to 34 years old were more likely to report the Internet as their source for health information/clarification. In 2019, age was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old reporting the Internet as their source for health information/clarification.

- In 2011, respondents with a college education were more likely to report the Internet as their source for health information/clarification. In 2019, education was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents with a college education reporting the Internet as their source for health information/clarification.

- In 2011, respondents in the top 40 percent household income bracket were more likely to report the Internet as their source for health information/clarification. In 2019, household income was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting the Internet as their source for health information/clarification.

- In 2011 and 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of unmarried respondents reporting the Internet as their source for health information/clarification.

2016 to 2019 Year Comparisons (Table 12)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they go to the Internet when looking for health information or clarification.

- In 2016, respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet as their source for health information/clarification. In 2019, age was not a significant variable.

- In 2016, respondents with a college education were more likely to report the Internet as their source for health information/clarification. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with a college education reporting the Internet as their source for health information/clarification.

- In 2016, respondents in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information/clarification. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting the Internet as their source for health information/clarification.

Table 12. Internet as Source for Health Information by Demographic Variables for Each Survey Year (Q15)①

	2011	2014	2016	2019
TOTAL[a]	35%	25%	29%	27%
Gender				
Male	34	27	32	26
Female	35	23	27	28
Age[1,2,3]				
18 to 34[a]	48	22	38	30
35 to 44	41	41	27	33
45 to 54	31	32	38	29
55 to 64	26	14	22	24
65 and Older	12	14	11	15
Education[1,3]				
High School or Less	26	19	25	30
Some Post High School	35	26	25	25
College Graduate[a,b]	45	32	37	27
Household Income[1,2,3]				
Bottom 40 Percent Bracket	35	18	24	28
Middle 20 Percent Bracket[b]	27	22	51	30
Top 40 Percent Bracket[a]	46	32	32	30
Marital Status[2]				
Married	36	33	32	31
Not Married[a]	34	20	26	24

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Myself/Family Member in Health Care Field as Source for Health Information

2019 Findings (Table 13)

- Seven percent of respondents reported they were, or a family member was, in the health care field and was their source for health information or clarification.
- Female respondents were more likely to report they were, or a family member was, in the health care field and their source for health information/clarification (10%) compared to male respondents (4%).
- Twelve percent of respondents 18 to 34 years old reported they were, or a family member was, in the health care field and their source for health information/clarification compared to 3% of those 55 to 64 years old or 0% of respondents 65 and older.
- Eleven percent of respondents with a college education reported they were, or a family member was, in the health care field and their source for health information/clarification compared to 5% of those with some post high school education or 2% of respondents with a high school education or less.

- Eleven percent of respondents in the top 40 percent household income bracket reported they were, or a family member was, in the health care field and their source for health information/clarification compared to 5% of those in the middle 20 percent income bracket or 2% of respondents in the bottom 40 percent household income bracket.

2011 to 2019 Year Comparisons (Table 13)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information or clarification.

- In 2011, gender was not a significant variable. In 2019, female respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification, with a noted increase since 2011.

- In 2011, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information/ clarification.

- In 2011, respondents with a high school education or less were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. In 2019, respondents with a college education were more likely to report this. From 2011 to 2019, there was a noted decrease in the percent of respondents with a high school education or less reporting they were, or a family member was, in the health care field and their source for health information/clarification.

- In 2011, respondents in the middle 20 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. In 2019, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification.

2016 to 2019 Year Comparisons (Table 13)

- From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information or clarification.

- In 2016, male respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. In 2019, female respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. From 2016 to 2019, there was a noted decrease in the percent of male respondents reporting they were, or a family member was, in the health care field and was their source for health information/clarification.

- In 2016, respondents 35 to 44 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. In 2019, respondents 18 to 34 years old were more likely to report this. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old or 65 and older reporting they were, or a family member was, in the health care field and was their source for health information/clarification.

- In 2016 and 2019, respondents with a college education were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification.

- In 2016, married respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information/clarification. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting they were, or a family member was, in the health care field and was their source for health information/clarification.

Table 13. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year (Q15)[①]

	2011	2014	2016	2019
TOTAL[b]	5%	7%	11%	7%
Gender[3,4]				
Male[b]	7	5	15	4
Female[a]	3	8	7	10
Age[3,4]				
18 to 34	7	7	6	12
35 to 44[b]	4	5	28	5
45 to 54	8	7	4	7
55 to 64	4	7	12	3
65 and Older[b]	0	5	8	0
Education[1,3,4]				
High School or Less[a]	9	5	3	2
Some Post High School	2	5	10	5
College Graduate	5	11	17	11
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket	2	3	7	2
Middle 20 Percent Bracket	14	14	7	5
Top 40 Percent Bracket	6	8	18	11
Marital Status[3]				
Married[b]	6	6	15	8
Not Married	4	7	5	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Work as Source for Health Information

2019 Findings (Table 14)

- Four percent of respondents reported work as their source for health information or clarification.
- Male respondents were more likely to report work as their source for health information/clarification (6%) compared to female respondents (2%).
- Twelve percent of respondents 45 to 54 years old reported work as their source for health information/clarification compared to 3% of those 18 to 44 years old or 0% of respondents 55 and older.

- Unmarried respondents were more likely to report work as their source for health information/clarification compared to married respondents (6% and 2%, respectively).

2011 to 2019 Year Comparisons (Table 14)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported work when looking for health information or clarification.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported work as their source for health information or clarification in 2011.

2016 to 2019 Year Comparisons (Table 14)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported work when looking for health information or clarification.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported work as their source for health information or clarification in 2016.

Table 14. Work as Source for Health Information by Demographic Variables for Each Survey Year (Q15)[①]

	2011[②]	2014[②]	2016[②]	2019
TOTAL[b]	2%	2%	0%	4%
Gender[4]				
Male	--	--	--	6
Female	--	--	--	2
Age[4]				
18 to 34	--	--	--	3
35 to 44	--	--	--	3
45 to 54	--	--	--	12
55 to 64	--	--	--	0
65 and Older	--	--	--	0
Education				
High School or Less	--	--	--	4
Some Post High School	--	--	--	3
College Graduate	--	--	--	4
Household Income				
Bottom 40 Percent Bracket	--	--	--	5
Middle 20 Percent Bracket	--	--	--	0
Top 40 Percent Bracket	--	--	--	5
Marital Status[4]				
Married	--	--	--	2
Not Married	--	--	--	6

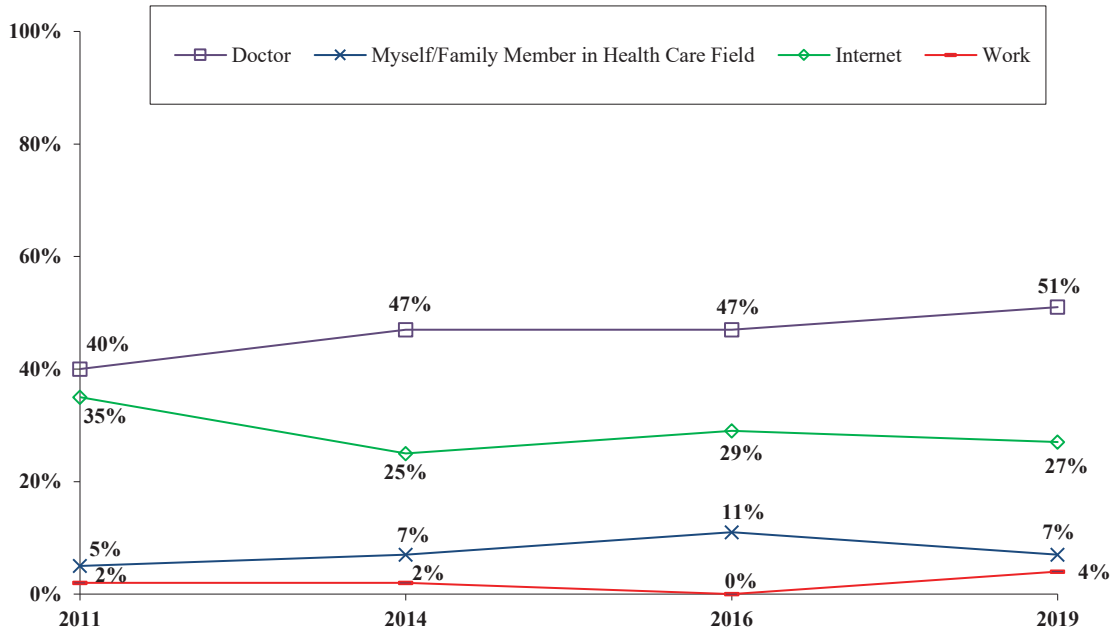
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Health Information Overall

Year Comparisons

- From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported the Internet as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported work as their source of health information/clarification while from 2016 to 2019, there was a statistical increase.

Figure 6. Health Information Source (Q15)



Health Services (Figure 7; Tables 15 - 22)

KEY FINDINGS: In 2019, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female or 55 and older were more likely to report a primary care physician. Sixty-one percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 15% reported an urgent care center followed by 7% each who reported hospital emergency room or Quickcare clinic. Four percent reported public health clinic/community health center for health services. Respondents 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Respondents with a high school education or less or in the bottom 60 percent household income bracket were more likely to report a hospital emergency room as their primary health care. Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report a public health clinic/community health center as their primary health care. Thirty-six percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan.

From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room or a public health clinic/community health center, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department while from 2016 to 2019, there was no statistical change. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.

Primary Care Physician

The Healthy People 2020 goal for persons with a usual primary care provider is 84% (Objective AHS-3).

In 2018, 81% of Wisconsin respondents and 77% of U.S. respondents reported they have at least one person they think of as their personal doctor or health care provider (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 15)

- Ninety percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- Female respondents were more likely to report a primary care physician (95%) compared to male respondents (85%).

- Ninety-eight percent of respondents 65 and older and 97% of those 55 to 64 years old reported a primary care physician compared to 78% of respondents 18 to 34 years old.

2016 to 2019 Year Comparisons (Table 15)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2016 and 2019, female respondents were more likely to report a primary care physician.

- In 2016, respondents 45 and older were more likely to report a primary care physician. In 2019, respondents 55 and older were more likely to report a primary care physician.

- In 2016, married respondents were more likely to report a primary care physician. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of unmarried respondents reporting a primary care physician.

Table 15. Have a Primary Care Physician by Demographic Variables for Each Survey Year (Q14)[①]

	2016	2019
TOTAL	88%	90%
Gender[1,2]		
Male	84	85
Female	92	95
Age[1,2]		
18 to 34	74	78
35 to 44	84	92
45 to 54	98	93
55 to 64	97	97
65 and Older	97	98
Education		
High School or Less	86	89
Some Post High School	89	90
College Graduate	88	90
Household Income		
Bottom 40 Percent Bracket	85	88
Middle 20 Percent Bracket	88	92
Top 40 Percent Bracket	89	90
Marital Status[1]		
Married	92	89
Not Married[a]	84	90

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Primary Health Care Services

2019 Findings

- Sixty-one percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Fifteen percent reported urgent care center while 7% each reported hospital emergency room or Quickcare clinic. Four percent of respondents reported public health clinic/community center followed by 3% who reported hospital outpatient department and 2% who reported worksite clinic.

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

2019 Findings (Table 16)

- Sixty-one percent of respondents reported they go to doctor's or nurse practitioner's office when they are sick.
- Eighty-eight percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 51% of those 45 to 54 years old or 43% of respondents 18 to 34 years old.

2008 to 2019 Year Comparisons (Table 16)

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2008, female respondents were more likely to report a doctor's or nurse practitioner's office. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of female respondents reporting a doctor's or nurse practitioner's office.
- In 2008 and 2019, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2008 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting a doctor's or nurse practitioner's office.
- In 2008, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. In 2019, education was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents with a college education reporting a doctor's or nurse practitioner's office.
- In 2008 and 2019, household income was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2008, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2016 to 2019 Year Comparisons (Table 16)

- From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2016, respondents 45 to 54 years old or 65 and older were more likely to report a doctor's or nurse practitioner's office. In 2019, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2016 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a doctor's or nurse practitioner's office.

- In 2016 and 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with a high school education or less reporting a doctor's or nurse practitioner's office.

- In 2016, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a doctor's or nurse practitioner's office.

- In 2016, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

Table 16. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)①

	2008	2011	2014	2016	2019
TOTAL[a,b]	74%	69%	68%	69%	61%
Gender[1]					
Male	63	64	64	66	57
Female[a]	83	73	71	72	65
Age[1,2,3,4,5]					
18 to 34[a]	65	56	59	41	43
35 to 44	68	69	55	71	67
45 to 54[a,b]	83	62	67	87	51
55 to 64	74	78	81	81	76
65 and Older	89	93	88	85	88
Education[1,2]					
High School or Less[b]	67	67	62	69	57
Some Post High School	72	61	66	65	61
College Graduate[a]	82	81	76	73	64
Household Income[2,3,4]					
Bottom 40 Percent Bracket	69	63	55	67	60
Middle 20 Percent Bracket[b]	76	71	67	83	60
Top 40 Percent Bracket[a]	75	77	84	64	61
Marital Status[1,3,4]					
Married[a,b]	79	73	79	78	65
Not Married[a]	68	64	59	59	57

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Urgent Care Center as Primary Health Care Services

2019 Findings (Table 17)

- Fifteen percent of respondents reported they go to an urgent care center when they are sick.
- Twenty-six percent of respondents 18 to 34 years old reported an urgent care center compared to 7% of those 55 to 64 years old or 5% of respondents 65 and older.
- Twenty-one percent of respondents in the top 40 percent household income bracket reported an urgent care center compared to 18% of those in the middle 20 percent income bracket or 9% of respondents in the bottom 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 17)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.
- In 2008 and 2019, gender was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents across gender reporting an urgent care center.
- In 2008, respondents 35 to 44 years old were more likely to report an urgent care center. In 2019, respondents 18 to 34 years old were more likely to report an urgent care center. From 2008 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting an urgent care center.
- In 2008 and 2019, education was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents with at least some post high school education reporting an urgent care center.
- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report an urgent care center. From 2008 to 2019, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting an urgent care center.
- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents across marital status reporting an urgent care center.

2016 to 2019 Year Comparisons (Table 17)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.
- In 2016 and 2019, respondents 18 to 34 years old were more likely to report an urgent care center. From 2016 to 2019, there was a noted increase in the percent of respondents 45 to 54 years old reporting an urgent care center.
- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to report an urgent care center.

Table 17. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)[①]

	2008	2011	2014	2016	2019
TOTAL[a]	5%	5%	8%	13%	15%
Gender[2]					
Male[a]	4	2	10	13	14
Female[a]	6	7	6	12	15
Age[1,2,3,4,5]					
18 to 34[a]	6	3	5	23	26
35 to 44	13	7	16	15	9
45 to 54[a,b]	4	9	12	5	17
55 to 64	0	2	5	7	7
65 and Older	0	0	0	7	5
Education[3]					
High School or Less	6	7	3	10	12
Some Post High School[a]	3	5	13	15	13
College Graduate[a]	6	3	8	12	19
Household Income[4,5]					
Bottom 40 Percent Bracket	4	5	7	8	9
Middle 20 Percent Bracket[a]	5	10	10	8	18
Top 40 Percent Bracket[a]	5	3	10	18	21
Marital Status[2]					
Married[a]	5	7	9	10	13
Not Married[a]	5	2	8	15	16

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Hospital Emergency Room as Primary Health Care Services

2019 Findings (Table 18)

- Seven percent of respondents reported they go to a hospital emergency room when they are sick.
- Twelve percent of respondents with a high school education or less reported a hospital emergency room compared to 7% of those with some post high school education or 2% of respondents with a college education.
- Eleven percent of respondents in the bottom 40 percent household income bracket and 10% of those in the middle 20 percent income bracket reported a hospital emergency room compared to less than one percent of respondents in the top 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 18)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a hospital emergency room.

- In 2008, male respondents were more likely to report a hospital emergency room. In 2019, gender was not a significant variable.

- In 2008 and 2019, respondents with a high school education or less were more likely to report a hospital emergency room.

- In 2008, respondents in the bottom 40 percent household income bracket were more likely to report a hospital emergency room. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report a hospital emergency room. From 2008 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting a hospital emergency room.

- In 2008, unmarried respondents were more likely to report a hospital emergency room. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of married respondents reporting a hospital emergency room.

2016 to 2019 Year Comparisons (Table 18)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a hospital emergency room.

- In 2016, respondents 18 to 34 years old were more likely to report a hospital emergency room. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 54 years old reporting a hospital emergency room.

- In 2016, education was not a significant variable. In 2019, respondents with a high school education or less were more likely to report a hospital emergency room.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report a hospital emergency room. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report a hospital emergency room.

- In 2016, unmarried respondents were more likely to report a hospital emergency room. In 2019, marital status was not a significant variable.

Table 18. Hospital Emergency Room as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)[①]

	2008	2011	2014	2016	2019
TOTAL	5%	7%	8%	6%	7%
Gender[1]					
Male	8	9	10	5	8
Female	2	5	5	7	5
Age[2,4]					
18 to 34[b]	8	14	9	13	6
35 to 44[b]	5	3	4	0	8
45 to 54[b]	4	6	13	2	11
55 to 64	2	7	4	3	5
65 and Older	2	2	5	5	2
Education[1,3,5]					
High School or Less	8	9	16	6	12
Some Post High School	5	8	4	9	7
College Graduate	2	4	2	3	2
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	10	14	13	12	11
Middle 20 Percent Bracket[a]	0	0	5	2	10
Top 40 Percent Bracket	1	2	2	1	<1
Marital Status[1,3,4]					
Married[a]	2	6	2	3	7
Not Married	9	8	12	9	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Quickcare Clinic (Fastcare Clinic) as Primary Health Care Services

2019 Findings (Table 19)

- Seven percent of respondents reported they go to a Quickcare clinic (Fastcare clinic) when they are sick.
- There were no statistically significant differences between demographic variables and responses of reporting a Quickcare clinic.

2016 to 2019 Year Comparisons (Table 19)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a Quickcare clinic.
- From 2016 to 2019, there were no statistically significant differences between and within demographic variables and responses of reporting a Quickcare clinic.

Table 19. Quickcare Clinic (Fastcare Clinic) as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)[①]

	2016	2019
TOTAL	4%	7%
Gender		
Male	5	8
Female	3	6
Age		
18 to 34	8	10
35 to 44	7	11
45 to 54	1	7
55 to 64	2	3
65 and Older	2	0
Education		
High School or Less	3	6
Some Post High School	5	6
College Graduate	4	9
Household Income		
Bottom 40 Percent Bracket	5	5
Middle 20 Percent Bracket	2	5
Top 40 Percent Bracket	5	11
Marital Status		
Married	4	8
Not Married	4	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Public Health Clinic/Community Health Center as Primary Health Care Services

2019 Findings (Table 20)

- Four percent of respondents reported they go to a public health clinic/community health center when they are sick.
- Eight percent of respondents 18 to 34 years old reported a public health clinic/community health center compared to 2% of those 45 to 64 years old or 0% of respondents 65 and older.
- Six percent of respondents in the bottom 40 percent household income bracket reported a public health clinic/community health center compared to 2% of those in the middle 20 percent income bracket or 0% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report a public health clinic/community health center compared to married respondents (6% and 0%, respectively).

2008 to 2019 Year Comparisons (Table 20)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a public health clinic/community health center.

- In 2008 and 2019, gender was not a significant variable. From 2008 and 2019, there was a noted decrease in the percent of male respondents reporting a public health clinic/community health center.

- In 2008, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report a public health clinic/community health center.

- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report a public health clinic/community health center. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a public health clinic/community health center.

- In 2008, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report a public health clinic/community health center. From 2008 to 2019, there was a noted decrease in the percent of married respondents reporting a public health clinic/community health center.

2016 to 2019 Year Comparisons (Table 20)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a public health clinic/community health center.

- In 2016 and 2019, respondents 18 to 34 years old were more likely to report a public health clinic/community health center.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report a public health clinic/community health center. From 2016 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a public health clinic/community health center.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report a public health clinic/community health center.

Table 20. Public Health Clinic/Community Health Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)[①]

	2008	2011	2014	2016	2019
TOTAL	5%	6%	7%	4%	4%
Gender					
Male[a]	7	7	7	3	2
Female	3	5	7	4	5
Age[2,3,4,5]					
18 to 34	8	2	12	11	8
35 to 44	4	7	7	0	3
45 to 54	4	13	6	0	2
55 to 64	5	7	5	3	2
65 and Older	2	0	0	0	0
Education					
High School or Less	5	5	9	5	4
Some Post High School	8	6	5	5	5
College Graduate	2	6	8	<1	2
Household Income[3,5]					
Bottom 40 Percent Bracket	8	5	15	4	6
Middle 20 Percent Bracket	3	2	5	3	2
Top 40 Percent Bracket[a,b]	4	4	2	3	0
Marital Status[5]					
Married[a]	4	4	5	2	0
Not Married	5	7	9	5	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Hospital Outpatient Department as Primary Health Care Services

2019 Findings (Table 21)

- Three percent of respondents reported they go to a hospital outpatient department when they are sick.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a hospital outpatient department.

2008 to 2019 Year Comparisons (Table 21)

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a hospital outpatient department.
- In 2008, male respondents were more likely to report a hospital outpatient department.

2016 to 2019 Year Comparisons (Table 21)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a hospital outpatient department.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a hospital outpatient department in both study years.

Table 21. Hospital Outpatient Department as Primary Health Care Service by Demographic Variables for Each Survey Year (Q17)①

	2008	2011	2014	2016②	2019②
TOTAL[a]	5%	5%	5%	1%	3%
Gender[1,2]					
Male	9	8	6	--	--
Female	1	2	3	--	--
Age[3]					
18 to 34	8	5	6	--	--
35 to 44	2	9	12	--	--
45 to 54	3	6	0	--	--
55 to 64	9	2	4	--	--
65 and Older	6	2	2	--	--
Education[2]					
High School or Less	6	<1	5	--	--
Some Post High School	3	8	4	--	--
College Graduate	6	6	5	--	--
Household Income					
Bottom 40 Percent Bracket	4	5	6	--	--
Middle 20 Percent Bracket	9	3	10	--	--
Top 40 Percent Bracket	6	9	2	--	--
Marital Status					
Married	5	5	5	--	--
Not Married	6	5	5	--	--

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Advance Care Plan

2019 Findings (Table 22)

- Thirty-six percent of respondents reported they had an advance care plan, living will or health care power of attorney stating their end of life health care wishes.

- Female respondents were more likely to report they had an advance care plan (42%) compared to male respondents (29%).

- Seventy-three percent of respondents 65 and older reported they had an advance care plan compared to 36% of those 35 to 44 years old or 8% of respondents 18 to 34 years old.

- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (43% and 29%, respectively).

2008 to 2019 Year Comparisons (Table 22)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents having an advance care plan.

- In 2008, male respondents were more likely to report having an advance care plan. In 2019, female respondents were more likely to report having an advance care plan, with a noted increase since 2008. From 2008 to 2019, there was a noted decrease in the percent of male respondents reporting an advance care plan.

- In 2008 and 2019, respondents 65 and older were more likely to report having an advance care plan.

- In 2008, marital status was not a significant variable. In 2019, married respondents were more likely to report having an advance care plan.

2016 to 2019 Year Comparisons (Table 22)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents having an advance care plan.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report having an advance care plan.

- In 2016 and 2019, respondents 65 and older were more likely to report having an advance care plan. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting an advance care plan.

- In 2016, respondents with a college education were more likely to report having an advance care plan. In 2019, education was not a significant variable.

- In 2016 and 2019, married respondents were more likely to report having an advance care plan.

Table 22. Advance Care Plan by Demographic Variables for Each Survey Year (Q16)[①]

	2008	2011	2014	2016	2019
TOTAL	34%	33%	34%	34%	36%
Gender[1,5]					
Male[a]	41	36	35	32	29
Female[a]	28	29	33	36	42
Age[1,2,3,4,5]					
18 to 34	14	11	17	13	8
35 to 44[b]	27	28	18	13	36
45 to 54	42	29	38	46	37
55 to 64	37	44	44	46	48
65 and Older	73	77	70	72	73
Education[2,3,4]					
High School or Less	33	34	24	30	32
Some Post High School	31	25	39	24	35
College Graduate	38	42	40	45	40
Household Income[2,3]					
Bottom 40 Percent Bracket	35	29	26	27	32
Middle 20 Percent Bracket	32	47	32	39	37
Top 40 Percent Bracket	32	32	50	36	38
Marital Status[3,4,5]					
Married	38	37	41	39	43
Not Married	30	29	28	27	29

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

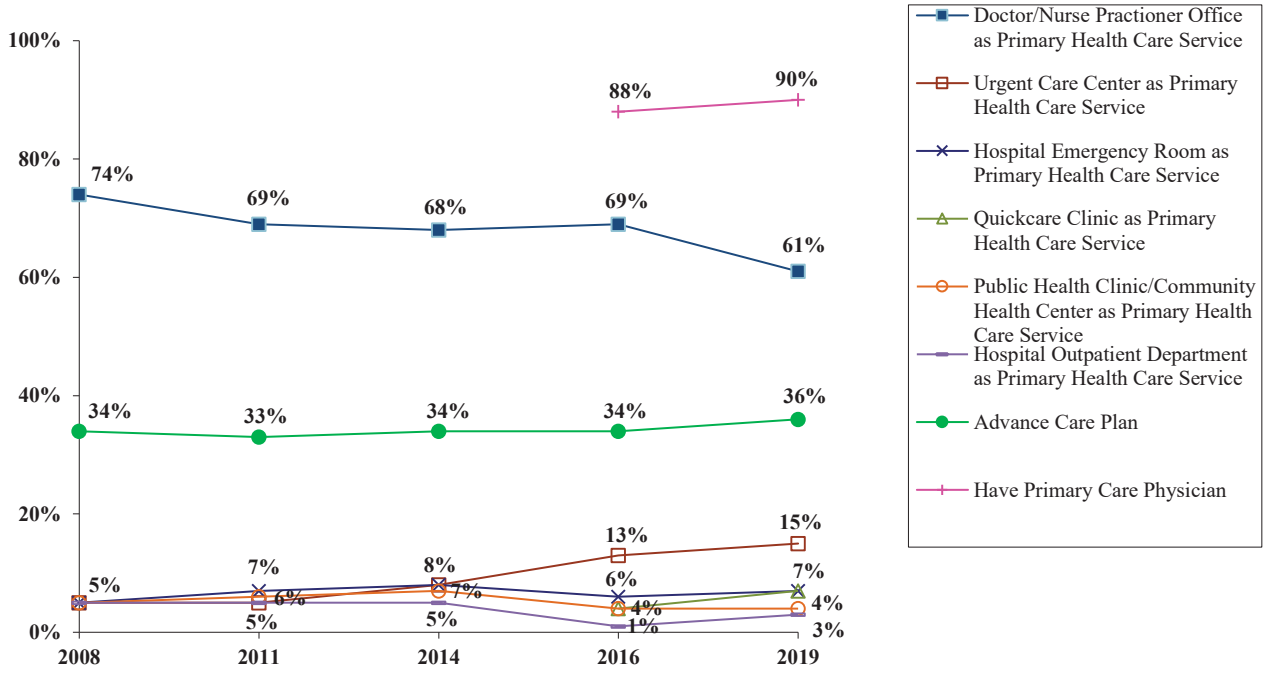
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Health Services Overall

Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room or a public health clinic/community health center, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department while from 2016 to 2019, there was no statistical change. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.

Figure 7. Health Services (Q14, Q16 & Q17)



Routine Procedures (Figure 8; Tables 23 - 26)

KEY FINDINGS: In 2019, 86% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-one percent of respondents reported a visit to the dentist in the past year while 50% reported an eye exam in the past year. Respondents who were female or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less, a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.

Routine Checkup

In 2018, 75% of Wisconsin respondents reported in the past year they had a routine checkup and 12% reported past two years. In 2018, 77% of U.S. respondents reported past year and 11% reported past two years (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 23)

- Eighty-six percent of respondents reported they had a routine checkup in the past two years.
- Female respondents were more likely to report a routine checkup in the past two years (90%) compared to male respondents (82%).
- Ninety-eight percent of respondents 65 and older reported a routine checkup in the past two years compared to 83% of those 18 to 34 years old or 80% of respondents 35 to 44 years old.

2008 to 2019 Year Comparisons (Table 23)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less.
- In 2008, gender was not a significant variable. In 2019, female respondents were more likely to report a routine checkup two years ago or less.
- In 2008, age was not a significant variable. In 2019, respondents 65 and older were more likely to report a routine checkup two years ago or less.
- In 2008, respondents with a college education were more likely to report a routine checkup two years ago or less. In 2019, education was not a significant variable.

2016 to 2019 Year Comparisons (Table 23)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report a routine checkup two years ago or less.

- In 2016, respondents 45 and older were more likely to report a routine checkup two years ago or less. In 2019, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2016 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a routine checkup two years ago or less.

- In 2016, respondents with some post high school education were more likely to report a routine checkup two years ago or less. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education reporting a routine checkup two years ago or less.

- In 2016, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a routine checkup two years ago or less.

- In 2016, married respondents were more likely to report a routine checkup two years ago or less. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting a routine checkup two years ago or less.

Table 23. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year (Q18)[①]

	2008	2011	2014	2016	2019
TOTAL	87%	85%	80%	88%	86%
Gender[5]					
Male	84	82	77	86	82
Female	90	88	83	90	90
Age[3,4,5]					
18 to 34	88	79	70	78	83
35 to 44	86	83	84	82	80
45 to 54[b]	85	88	81	95	84
55 to 64	84	90	83	95	91
65 and Older	92	92	92	97	98
Education[1,2,4]					
High School or Less	88	86	78	79	85
Some Post High School[b]	80	79	81	92	85
College Graduate	94	91	82	90	87
Household Income[2,3,4]					
Bottom 40 Percent Bracket	87	86	72	79	86
Middle 20 Percent Bracket	90	78	80	78	86
Top 40 Percent Bracket[b]	87	93	93	98	84
Marital Status[3,4]					
Married[b]	87	88	85	94	86
Not Married	88	82	76	80	86

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Cholesterol Test

The Healthy People 2020 goal for blood cholesterol screening within the preceding five years is 82%. (Objective HDS-6)

In 2017, 83% of Wisconsin respondents and 86% of U.S. respondents reported they had their cholesterol checked within the past five years (2017 Behavioral Risk Factor Surveillance).

2019 Findings (Table 24)

- Seventy-seven percent of respondents reported having their cholesterol tested four years ago or less. Four percent reported five or more years ago while 15% reported never having their cholesterol tested.
- Female respondents were more likely to report a cholesterol test four years ago or less (83%) compared to male respondents (70%).
- Ninety-two percent of respondents 65 and older reported a cholesterol test four years ago or less compared to 87% of those 35 to 44 years old or 50% of respondents 18 to 34 years old.

- Ninety-one percent of respondents with a college education reported a cholesterol test four years ago or less compared to 72% of those with some post high school education or 64% of respondents with a high school education or less.

- Ninety-two percent of respondents in the middle 20 percent household income bracket reported a cholesterol test four years ago or less compared to 83% of those in the top 40 percent income bracket or 65% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report a cholesterol test four years ago or less compared to unmarried respondents (86% and 69%, respectively).

2008 to 2019 Year Comparisons (Table 24)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2008, gender was not a significant variable. In 2019, female respondents were more likely to report a cholesterol test four years ago or less, with a noted increase since 2008.

- In 2008, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less. In 2019, respondents 65 and older were more likely to report a cholesterol test four years ago or less.

- In 2008 and 2019, respondents with a college education were more likely to report a cholesterol test four years ago or less.

- In 2008, respondents in the top 60 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a cholesterol test four years ago or less, with a noted increase since 2008.

- In 2008 and 2019, married respondents were more likely to report a cholesterol test four years ago or less. From 2008 to 2019, there was a noted increase in the percent of married respondents reporting a cholesterol test four years ago or less.

2016 to 2019 Year Comparisons (Table 24)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report a cholesterol test four years ago or less, with a noted increase since 2016.

- In 2016, respondents 45 and older were more likely to report a cholesterol test four years ago or less. In 2019, respondents 65 and older were more likely to report a cholesterol test four years ago or less. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting a cholesterol test four years ago or less.

- In 2016 and 2019, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2016 to 2019, there was a noted increase in the percent of respondents with a high school education or less reporting a cholesterol test four years ago or less.

- In 2016, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a cholesterol test four years ago or less, with a noted increase since 2016.

- In 2016 and 2019, married respondents were more likely to report a cholesterol test four years ago or less.

Table 24. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year (Q19)[①]

	2008	2011	2014	2016	2019
TOTAL	72%	76%	74%	75%	77%
Gender[5]					
Male	73	78	74	74	70
Female[a,b]	72	75	74	75	83
Age[1,2,3,4,5]					
18 to 34	47	53	46	50	50
35 to 44[b]	81	83	92	73	87
45 to 54	84	89	82	89	89
55 to 64	95	85	84	90	90
65 and Older	79	88	90	88	92
Education[1,2,3,4,5]					
High School or Less[b]	61	70	66	51	64
Some Post High School	71	70	73	79	72
College Graduate	87	92	87	88	91
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	62	78	63	69	65
Middle 20 Percent Bracket[a,b]	76	71	78	70	92
Top 40 Percent Bracket	77	88	90	84	83
Marital Status[1,2,3,4,5]					
Married[a]	78	83	92	85	86
Not Married	65	70	61	62	69

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Dental Checkup

Counseling patients to visit a dental care provider on a regular basis as well as floss, use fluoride properly, et cetera is recommended.[1]

The Healthy People 2020 goal for an oral health care system visit in the past 12 months is 49%. (Objective OH-7)

In 2018, 71% of Wisconsin respondents and 68% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2018 Behavioral Risk Factor Surveillance).

[1] "Chapter 61: Counseling to Prevent Dental and Periodontal Diseases." U.S. Preventive Services Task Force: Guide to Clinical Preventive Services. 2nd ed. Baltimore: Williams & Wilkins, 1996. Page 711.

2019 Findings (Table 25)

- Seventy-one percent of respondents reported a dental visit in the past year. An additional 15% had a visit in the past one to two years.

- Seventy-eight percent of respondents with a college education reported a dental checkup in the past year compared to 71% of those with some post high school education or 62% of respondents with a high school education or less.

- Eighty-six percent of respondents in the middle 20 percent household income bracket reported a dental checkup in the past year compared to 78% of those in the top 40 percent income bracket or 60% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report a dental checkup in the past year compared to unmarried respondents (78% and 65%, respectively).

2008 to 2019 Year Comparisons (Table 25)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year.

- In 2008 and 2019, age was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.

- In 2008 and 2019, respondents with a college education were more likely to report a dental checkup in the past year.

- In 2008, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year. From 2008 to 2019, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a dental checkup in the past year.

- In 2008 and 2019, married respondents were more likely to report a dental checkup in the past year.

2016 to 2019 Year Comparisons (Table 25)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year.

- In 2016, female respondents were more likely to report a dental checkup in the past year. In 2019, gender was not a significant variable.

- In 2016 and 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.

- In 2016 and 2019, respondents with a college education were more likely to report a dental checkup in the past year. From 2016 to 2019, there was a noted increase in the percent of respondents with some post high school education reporting a dental checkup in the past year.

- In 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year. From 2016 to 2019, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a dental checkup in the past year.

- In 2016 and 2019, married respondents were more likely to report a dental checkup in the past year.

Table 25. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year (Q20)[①]

	2008	2011	2014	2016	2019
TOTAL	66%	57%	61%	67%	71%
Gender[4]					
Male	63	55	56	62	70
Female	69	61	66	71	72
Age					
18 to 34	67	49	61	61	68
35 to 44[a,b]	64	59	57	61	78
45 to 54	73	64	60	73	73
55 to 64	70	62	71	73	71
65 and Older	59	58	57	69	66
Education[1,2,3,4,5]					
High School or Less	61	50	52	64	62
Some Post High School[b]	60	49	58	53	71
College Graduate	78	78	76	81	78
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a,b]	47	46	38	46	60
Middle 20 Percent Bracket[a]	67	58	70	73	86
Top 40 Percent Bracket	86	81	84	85	78
Marital Status[1,2,3,4,5]					
Married	72	65	67	72	78
Not Married	60	50	57	60	65

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Eye Exam

2019 Findings (Table 26)

- Fifty percent of respondents had an eye exam in the past year while 26% reported one to two years ago.
- Female respondents were more likely to report an eye exam in the past year (57%) compared to male respondents (41%).
- Seventy-three percent of respondents 65 and older reported an eye exam in the past year compared to 43% of those 18 to 34 years old or 32% of respondents 35 to 44 years old.

2008 to 2019 Year Comparisons (Table 26)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2008, gender was not a significant variable. In 2019, female respondents were more likely to report an eye exam less than a year ago, with a noted increase since 2008.

- In 2008, age was not a significant variable. In 2019, respondents 65 and older were more likely to report an eye exam less than a year ago, with a noted increase since 2008.

- In 2008, respondents with a college education were more likely to report an eye exam less than a year ago. In 2019, education was not a significant variable.

2016 to 2019 Year Comparisons (Table 26)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2016 and 2019, female respondents were more likely to report an eye exam less than a year ago.

- In 2016 and 2019, respondents 65 and older were more likely to report an eye exam less than a year ago. From 2016 to 2019, there was a noted increase in the percent of respondents 55 to 64 years old reporting an eye exam less than a year ago.

Table 26. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year (Q21)[①]

	2008	2011	2014	2016	2019
TOTAL[b]	47%	42%	46%	43%	50%
Gender[4,5]					
Male	48	39	46	33	41
Female[a]	47	45	46	51	57
Age[2,3,4,5]					
18 to 34	49	31	40	45	43
35 to 44	41	45	34	31	32
45 to 54	41	39	55	37	48
55 to 64[b]	56	41	43	36	61
65 and Older[a]	56	66	64	63	73
Education[1]					
High School or Less	49	38	51	42	49
Some Post High School	38	43	42	39	44
College Graduate	54	45	45	45	55
Household Income[3]					
Bottom 40 Percent Bracket	44	38	43	43	46
Middle 20 Percent Bracket	45	47	30	37	54
Top 40 Percent Bracket	44	48	56	40	49
Marital Status					
Married	46	41	47	43	53
Not Married	48	42	46	41	47

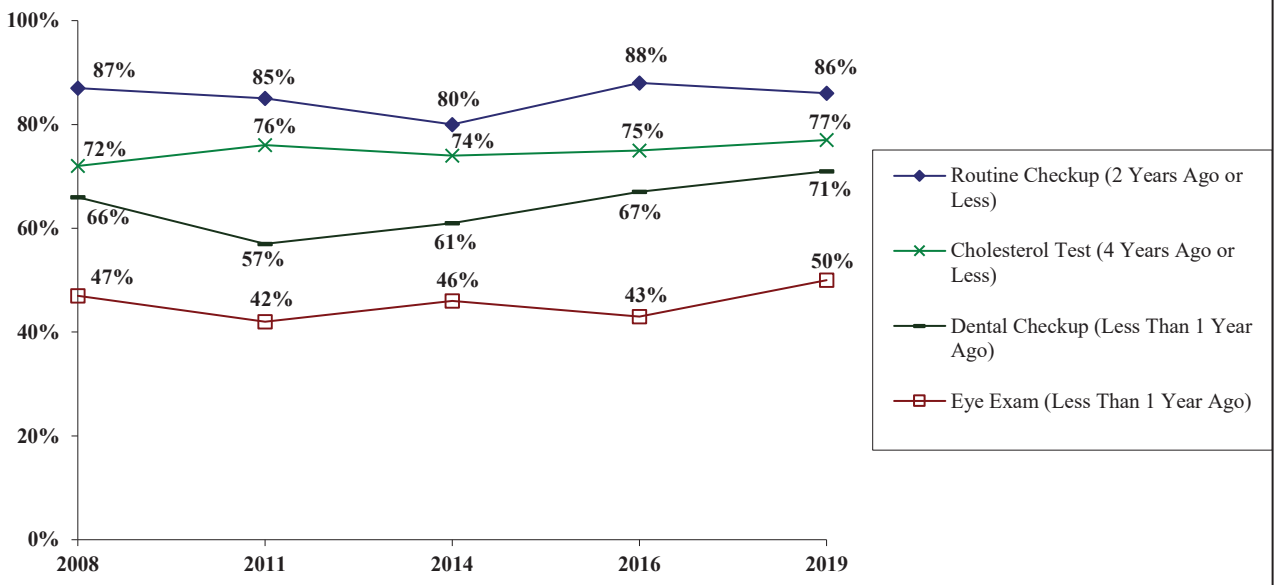
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Routine Procedures Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less, a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.

Figure 8. Routine Procedures (Q18 - Q21)



Vaccinations (Figure 9; Table 27)

KEY FINDINGS: In 2019, 41% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the middle 20 percent household income were more likely to report a flu vaccination. Seventy-three percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.

Flu Vaccination

The Healthy People 2020 goal for adults 18 and older having an annual influenza vaccination is 70%. (Objective IID-12.8)

In 2018, 46% of Wisconsin respondents and 55% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 27)

- Forty-one percent of respondents had a flu shot or flu vaccine that was sprayed in their nose in the past year.
- Sixty-three percent of respondents 65 and older reported receiving a flu vaccination in the past year compared to 35% of those 35 to 44 years old or 33% of respondents 18 to 34 years old.
- Sixty-five percent of respondents in the middle 20 percent household income bracket reported receiving a flu vaccination in the past year compared to 38% of those in the bottom 40 percent income bracket or 35% of respondents in the top 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 27)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past year.
- In 2008 and 2019, respondents 65 and older were more likely to report a flu vaccination. From 2008 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting a flu vaccination.
- In 2008, household income was not a significant variable. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a flu vaccination, with a noted increase since 2008.

2016 to 2019 Year Comparisons (Table 27)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past year.
- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of female respondents reporting a flu vaccination in the past year.
- In 2016 and 2019, respondents 65 and older were more likely to report a flu vaccination.
- In 2016, household income was not a significant variable. In 2019, respondents in the middle 20 percent household income bracket were more likely to report a flu vaccination, with a noted increase since 2016.

- In 2016, married respondents were more likely to report a flu vaccination. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting a flu vaccination.

Table 27. Flu Vaccination in Past Year by Demographic Variables for Each Survey Year (Q24)[①]

	2008	2011	2014	2016	2019
TOTAL	37%	37%	40%	44%	41%
Gender					
Male	35	35	36	39	44
Female[b]	39	39	43	49	39
Age[1,2,3,4,5]					
18 to 34[a]	22	26	32	33	33
35 to 44	28	33	36	35	35
45 to 54	38	33	35	43	45
55 to 64	49	40	42	51	38
65 and Older	73	68	62	75	63
Education[2]					
High School or Less	39	37	36	47	38
Some Post High School	32	31	37	40	43
College Graduate	40	47	47	45	42
Household Income[3,5]					
Bottom 40 Percent Bracket	38	44	37	44	38
Middle 20 Percent Bracket[a,b]	36	30	27	40	65
Top 40 Percent Bracket	34	33	52	46	35
Marital Status[3,4]					
Married[b]	40	41	46	50	39
Not Married	34	34	35	38	43

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Pneumonia Vaccination

The Healthy People 2020 goal for persons 65 and older ever having a pneumococcal vaccine is 90%. (Objective IID-13.1)

In 2018, 75% of Wisconsin respondents and 74% of U.S. respondents 65 and older reported they received a pneumonia shot (2018 Behavioral Risk Factor Surveillance).

2019 Findings

- Seventy-three percent of respondents 65 and older reported they received a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2008 to 2019 Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.

- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.

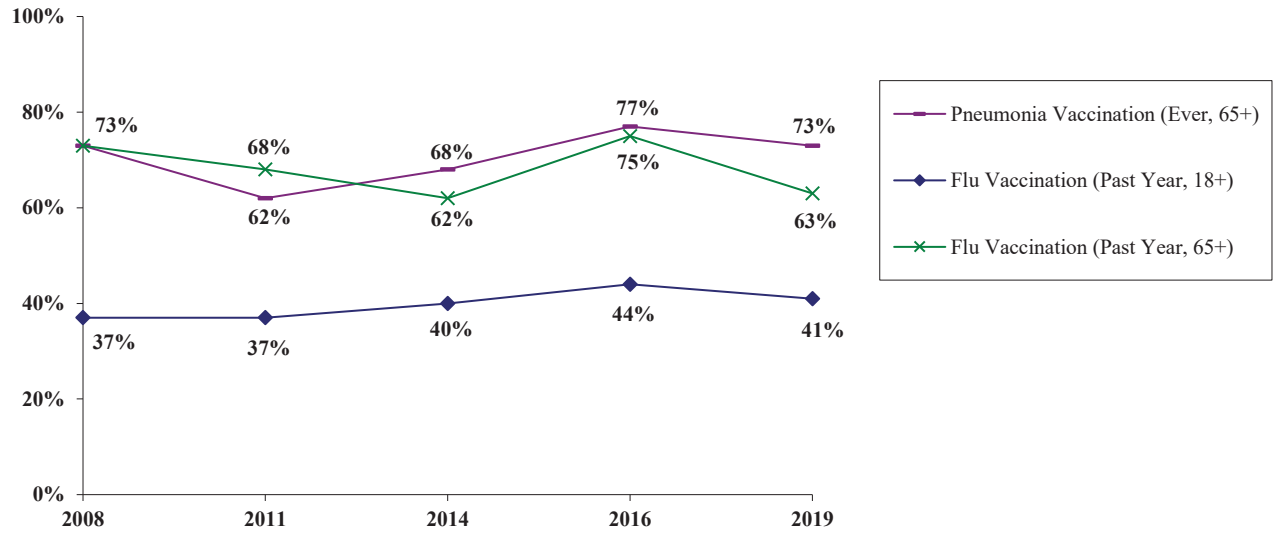
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both years.

Vaccinations Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.

Figure 9. Vaccinations (Q24 & Q25)



Mobility (Figure 10)

KEY FINDINGS: In 2019, 17% of respondents 60 and older reported in the past year they have fallen and injured themselves at home.

From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home, as well as from 2016 to 2019.

2019 Findings

- Seventeen percent of the 84 respondents 60 and older reported in the past year they have fallen and injured themselves at home.
- No demographic comparisons were conducted as a result of the low number of respondents who were asked this question.

Of the 14 respondents 60 and older who fell and injured themselves…

- As a result of the last injury due to a fall, one of the 14 respondents reported they were hospitalized.

2014 to 2019 Year Comparisons

- From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home.
- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

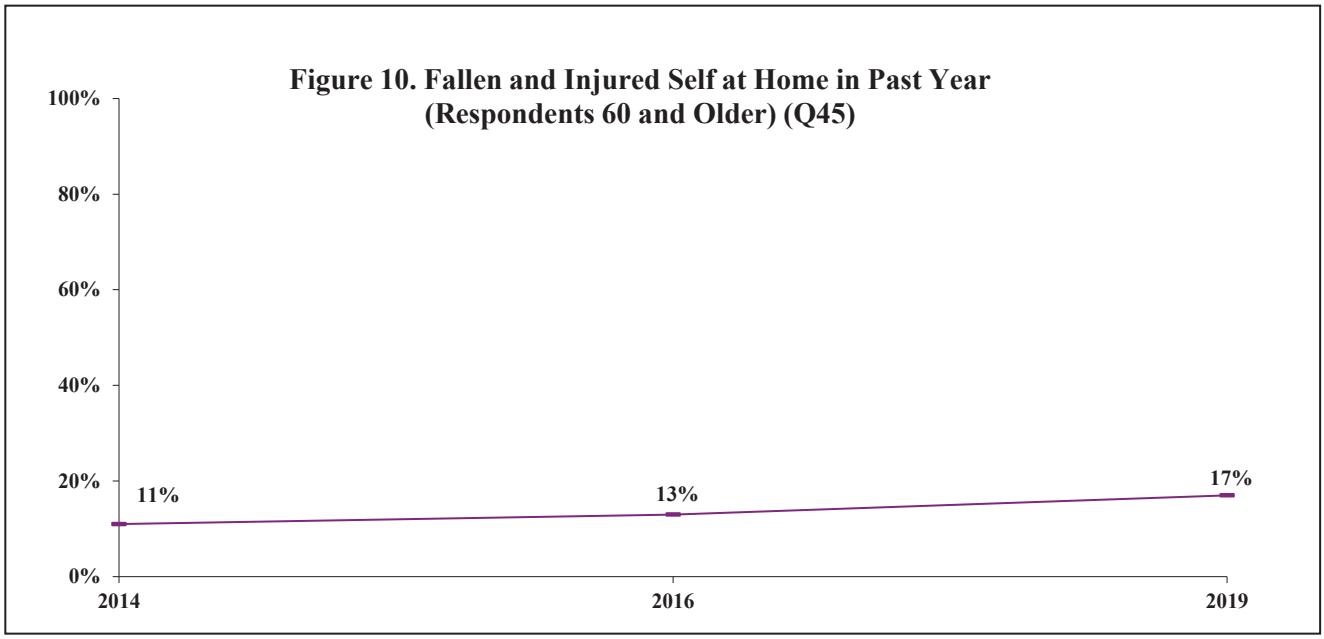
2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home.
- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

Mobility Overall

Year Comparisons

- From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home, as well as from 2016 to 2019.



Prevalence of Select Health Conditions (Figures 11 & 12; Tables 28 - 33)

Respondents were asked a series of questions regarding if they were diagnosed with, or treated for, certain health conditions in the past three years. Current diagnosis of asthma was asked.

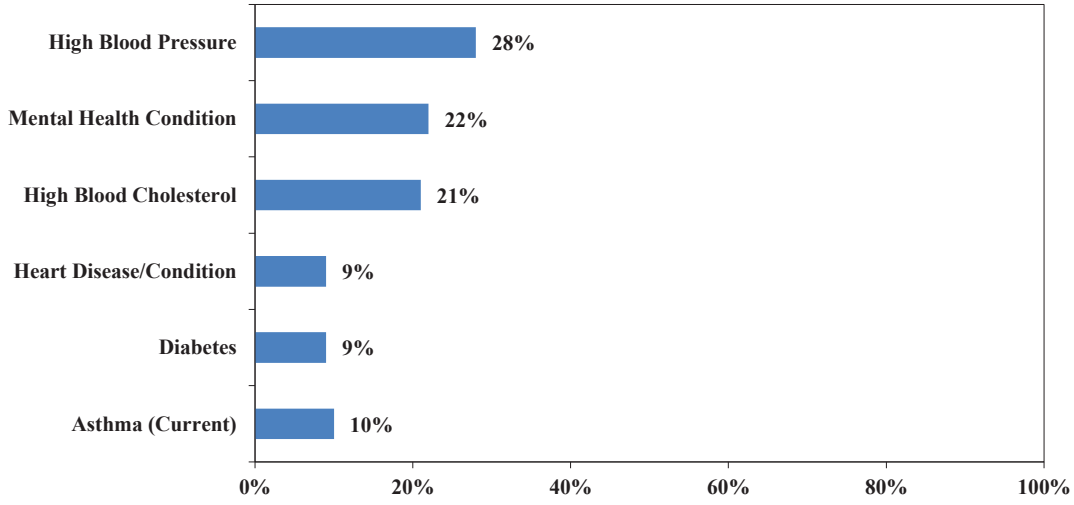
KEY FINDINGS: In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%) a mental health condition (22%) or high blood cholesterol (21%). Respondents 65 and older, with a high school education or less, in the bottom 60 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Respondents who were 55 to 64 years old, overweight or did an insufficient amount of physical activity were more likely to report high blood cholesterol. Nine percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report heart disease/condition. Nine percent of respondents reported diabetes; respondents 65 and older, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report this. Ten percent reported current asthma; respondents 45 to 54 years old were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes and current asthma). Between 80% and 89% of respondents reported the remaining three conditions were controlled.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, a mental health condition, high blood cholesterol, heart disease/condition, diabetes or current asthma, as well as from 2016 to 2019.

<u>2019 Findings</u>

- Respondents were more likely to report high blood pressure (28%), a mental health condition (22%) or high blood cholesterol (21%) in the past three years out of six health conditions listed.

Figure 11. Health Conditions in Past Three Years for 2019 (Q26, Q28, Q30, Q32, Q34 & Q36)



High Blood Pressure

2019 Findings (Table 28)

- Twenty-eight percent of respondents reported high blood pressure in the past three years.
- Respondents 65 and older were more likely to report high blood pressure in the past three years (53%) compared to those 35 to 44 years old (22%) or respondents 18 to 34 years old (6%).
- Thirty-eight percent of respondents with a high school education or less reported high blood pressure compared to 30% of those with some post high school education or 17% of respondents with a college education.
- Thirty-six percent of respondents in the middle 20 percent household income bracket and 35% of those in the bottom 40 percent income bracket reported high blood pressure compared to 20% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report high blood pressure (31%) compared to respondents who were not overweight (18%).
- Inactive respondents were more likely to report high blood pressure (51%) compared to those who did an insufficient amount of physical activity (32%) or respondents who met the recommended amount of physical activity (20%).
    - Of the 111 respondents who reported high blood pressure, 96% had it under control through medication, exercise or lifestyle changes.

2008 to 2019 Year Comparisons (Table 28)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.
- In 2008 and 2019, respondents 65 and older were more likely to report high blood pressure.
- In 2008, education was not a significant variable. In 2019, respondents with a high school education or less were more likely to report high blood pressure. From 2008 to 2019, there was a noted increase in the percent of respondents with some post high school education reporting high blood pressure.
- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report high blood pressure.
- In 2008 and 2019, overweight respondents were more likely to report high blood pressure.
- In 2008 and 2019, inactive respondents were more likely to report high blood pressure. From 2008 to 2019, there was a noted increase in the percent of inactive respondents reporting high blood pressure.

2016 to 2019 Year Comparisons (Table 28)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years. From 2016 to 2019, there was no statistical change in the overall percent of respondents with high blood pressure who reported it was under control through medication, exercise or lifestyle changes (95% and 96%, respectively).

- In 2016 and 2019, respondents 65 and older were more likely to report high blood pressure. From 2016 to 2019, there was a statistical increase in the overall percent of respondents 35 to 44 years old reporting high blood pressure.

- In 2016 and 2019, respondents with a high school education or less were more likely to report high blood pressure.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. In 2019, respondents in the bottom 60 percent household income bracket were more likely to report high blood pressure.

- In 2016, overweight status was not a significant variable. In 2019, overweight respondents were more likely to report high blood pressure.

- In 2016 and 2019, inactive respondents were more likely to report high blood pressure.

Table 28. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q26)[①]

	2008	2011	2014	2016	2019
TOTAL	23%	27%	28%	26%	28%
Gender[3]					
Male	24	28	37	25	30
Female	22	27	19	26	26
Age[1,2,3,4,5]					
18 to 34	4	8	10	5	6
35 to 44[b]	21	20	19	8	22
45 to 54	28	25	26	33	31
55 to 64	42	49	43	43	50
65 and Older	47	58	60	60	53
Education[2,4,5]					
High School or Less	29	36	28	34	38
Some Post High School[a]	19	19	27	26	30
College Graduate	21	27	28	19	17
Household Income[4,5]					
Bottom 40 Percent Bracket	25	29	32	33	35
Middle 20 Percent Bracket	29	20	35	20	36
Top 40 Percent Bracket	15	27	23	20	20
Marital Status					
Married	20	26	31	28	27
Not Married	26	28	25	23	28
Overweight Status[1,3,5]					
Not Overweight	10	25	13	20	18
Overweight	31	27	34	29	31
Physical Activity[1,2,3,4,5]					
Inactive[a]	31	43	44	53	51
Insufficient	25	25	30	25	32
Recommended	17	24	22	21	20
Smoking Status					
Nonsmoker	25	29	27	26	29
Smoker	18	22	29	24	24

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Mental Health Condition

2019 Findings (Table 29)

- Twenty-two percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.

- Female respondents were more likely to report a mental health condition in the past three years (27%) compared to male respondents (16%).

- Thirty-three percent of respondents 18 to 34 years old reported a mental health condition compared to 14% of those 35 to 44 years old or 13% of respondents 65 and older.

- Twenty-eight percent of respondents with some post high school education and 27% of those with a high school education or less reported a mental health condition compared to 12% of respondents with a college education.

- Thirty-two percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 15% of those in the middle 20 percent income bracket or 14% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report a mental health condition compared to married respondents (28% and 15%, respectively).

    - Of the 87 respondents who reported a mental health condition, 89% had it under control through medication, therapy or lifestyle changes.

2008 to 2019 Year Comparisons (Table 29)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years.

- In 2008 and 2019, female respondents were more likely to report a mental health condition.

- In 2008, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2008.

- In 2008, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to report a mental health condition. From 2008 to 2019, there was a noted increase in the percent of respondents with a high school education or less reporting a mental health condition.

- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.

- In 2008, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report a mental health condition, with a noted increase since 2008.

2016 to 2019 Year Comparisons (Table 29)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years. From 2016 to 2019, there was no statistical change in the overall percent of respondents with a mental health condition who reported it was under control through medication, therapy or lifestyle changes (86% and 89%, respectively).

- In 2016 and 2019, female respondents were more likely to report a mental health condition.

- In 2016, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2016.

- In 2016, respondents with some post high school education were more likely to report a mental health condition. In 2019, respondents with some post high school education or less were more likely to report a mental health condition.

- In 2016 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report a mental health condition.

Table 29. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q32)[①]

	2008	2011	2014	2016	2019
TOTAL	18%	18%	25%	18%	22%
Gender[1,3,4,5]					
Male	13	17	15	12	16
Female	22	18	34	23	27
Age[5]					
18 to 34[a,b]	19	16	25	20	33
35 to 44	23	21	27	18	14
45 to 54	13	21	31	20	19
55 to 64	18	24	25	17	24
65 and Older	13	7	13	10	13
Education[4,5]					
High School or Less[a]	13	16	22	22	27
Some Post High School	24	19	31	27	28
College Graduate	17	19	21	6	12
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket	23	26	34	31	32
Middle 20 Percent Bracket	17	10	25	8	15
Top 40 Percent Bracket	18	14	14	8	14
Marital Status[3,5]					
Married	17	18	15	16	15
Not Married[a]	19	17	32	20	28

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

High Blood Cholesterol

2019 Findings (Table 30)

- Twenty-one percent of respondents reported high blood cholesterol in the past three years.
- Forty percent of respondents 55 to 64 years old reported high blood cholesterol in the past three years compared to 8% of those 35 to 44 years old or 5% of respondents 18 to 34 years old.
- Overweight respondents were more likely to report high blood cholesterol (24%) compared to respondents who were not overweight (11%).
- Respondents who did an insufficient amount of physical activity were more likely to report high blood cholesterol (30%) compared to respondents who were inactive (23%) or respondents who met the recommended amount of physical activity (14%).
    - Of the 83 respondents who reported high blood cholesterol, 83% had it under control through medication, exercise or lifestyle changes.

2008 to 2019 Year Comparisons (Table 30)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.
- In 2008 and 2019, respondents 55 to 64 years old were more likely to report high blood cholesterol. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting high blood cholesterol.
- In 2008 and 2019, overweight respondents were more likely to report high blood cholesterol.
- In 2008, physical activity was not a significant variable. In 2019, respondents who did an insufficient amount of physical activity were more likely to report high blood cholesterol.
- In 2008, nonsmokers were more likely to report high blood cholesterol. In 2019, smoking status was not a significant variable.

2016 to 2019 Year Comparisons (Table 30)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years. From 2016 to 2019, there was no statistical change in the overall percent of respondents with high blood cholesterol who reported it was under control through medication, exercise or lifestyle changes (83% and 83%, respectively).
- In 2016 and 2019, respondents 55 to 64 years old were more likely to report high blood cholesterol.
- In 2016, married respondents were more likely to report high blood cholesterol. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of unmarried respondents reporting high blood cholesterol.
- In 2016, overweight status was not a significant variable. In 2019, overweight respondents were more likely to report high blood cholesterol, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents who were not overweight reporting high blood cholesterol.

- In 2016, physical activity was not a significant variable. In 2019, respondents who did an insufficient amount of physical activity were more likely to report high blood cholesterol.

Table 30. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q28)[①]

	2008	2011	2014	2016	2019
TOTAL	23%	23%	20%	18%	21%
Gender					
Male	23	25	19	18	24
Female	23	22	22	18	18
Age[1,2,3,4,5]					
18 to 34	2	4	3	5	5
35 to 44[a]	28	16	16	7	8
45 to 54	20	28	13	20	32
55 to 64	48	41	48	42	40
65 and Older	44	48	43	34	33
Education[2]					
High School or Less	23	30	23	18	23
Some Post High School	24	16	20	21	25
College Graduate	22	26	18	16	15
Household Income					
Bottom 40 Percent Bracket	27	25	20	17	24
Middle 20 Percent Bracket	25	24	20	22	30
Top 40 Percent Bracket	16	27	21	15	16
Marital Status[4]					
Married	22	26	23	23	20
Not Married[b]	24	20	18	12	21
Overweight Status[1,3,5]					
Not Overweight[b]	13	19	7	20	11
Overweight[b]	28	25	27	17	24
Physical Activity[3,5]					
Inactive	35	30	39	20	23
Insufficient	24	24	22	22	30
Recommended	19	21	14	15	14
Smoking Status[1,3]					
Nonsmoker	26	23	24	17	21
Smoker	15	26	10	20	19

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Heart Disease/Condition

2019 Findings (Table 31)

- Nine percent of respondents reported heart disease or condition in the past three years.
- Twenty-five percent of respondents 65 and older reported heart disease/condition in the past three years compared to 4% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.
- Twelve percent of respondents with a high school education or less and 11% of those with some post high school education reported heart disease/condition compared to 3% of respondents with a college education.
- Thirteen percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition compared to 8% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to report heart disease/condition (20%) compared to those who did an insufficient amount of physical activity (9%) or respondents who met the recommended amount of physical activity (5%).
    - Of the 33 respondents who reported heart disease/condition, 85% had it under control through medication, exercise or lifestyle changes.

2008 to 2019 Year Comparisons (Table 31)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.
- In 2008 and 2019, gender was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of male respondents reporting heart disease/condition.
- In 2008 and 2019, respondents 65 and older were more likely to report heart disease/condition. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting heart disease/condition.
- In 2008, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to report heart disease/condition. From 2008 to 2019, there was a noted decrease in the percent of respondents with a college education reporting heart disease/condition.
- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition.
- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of unmarried respondents reporting heart disease/condition.
- In 2008 and 2019, inactive respondents were more likely to report heart disease/condition.
- In 2008, nonsmokers were more likely to report heart disease/condition. In 2019, smoking status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of nonsmokers reporting heart disease/condition.

2016 to 2019 Year Comparisons (Table 31)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years. From 2016 to 2019, there was no statistical change in the overall percent of respondents with a heart disease/condition who reported it was under control through medication, exercise or lifestyle changes (84% and 85%, respectively).

- In 2016, female respondents were more likely to report heart disease/condition. In 2019, gender was not a significant variable.

- In 2016 and 2019, respondents 65 and older were more likely to report heart disease/condition.

- In 2016, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to report heart disease/condition. From 2016 to 2019, there was a noted increase in the percent of respondents with some post high school education reporting heart disease/condition.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition.

- In 2016, physical activity was not a significant variable. In 2019, inactive respondents were more likely to report heart disease/condition.

- In 2016, nonsmokers were more likely to report heart disease/condition. In 2019, smoking status was not a significant variable.

Table 31. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year (Q30)[①]

	2008	2011	2014	2016	2019
TOTAL	12%	8%	9%	6%	9%
Gender[4]					
Male[a]	14	8	10	4	7
Female	10	8	7	9	10
Age[1,2,3,4,5]					
18 to 34	2	0	4	<1	0
35 to 44[a]	20	8	0	0	4
45 to 54	3	8	9	1	6
55 to 64	18	7	7	12	17
65 and Older	25	22	28	25	25
Education[2,3,5]					
High School or Less	10	12	11	8	12
Some Post High School[b]	14	5	11	5	11
College Graduate[a]	12	6	3	6	3
Household Income[1,3,5]					
Bottom 40 Percent Bracket	18	9	14	8	13
Middle 20 Percent Bracket	7	10	3	3	8
Top 40 Percent Bracket	9	4	5	3	4
Marital Status					
Married	9	9	8	6	9
Not Married[a]	15	6	9	7	7
Overweight Status[3]					
Not Overweight	7	7	4	5	5
Overweight	13	7	11	7	10
Physical Activity[1,2,3,5]					
Inactive	20	22	19	7	20
Insufficient	12	6	11	6	9
Recommended	8	4	4	7	5
Smoking Status[1,4]					
Nonsmoker[a]	14	8	9	8	9
Smoker	3	7	6	1	7

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Diabetes

2019 Findings (Table 32)

- Nine percent of respondents reported diabetes in the past three years.
- Twenty-seven percent of respondents 65 and older reported diabetes in the past three years compared to 3% of those 35 to 44 years old or less than one percent of respondents 18 to 34 years old.
- Sixteen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 7% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report diabetes (11%) compared to respondents who were not overweight (5%).
- Inactive respondents were more likely to report diabetes (20%) compared to those who did an insufficient amount of physical activity (13%) or respondents who met the recommended amount of physical activity (3%).
    - Of the 35 respondents who reported diabetes, 97% had it under control through medication, exercise or lifestyle changes.

2008 to 2019 Year Comparisons (Table 32)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.
- In 2008, respondents 35 to 44 years old or 65 and older were more likely to report diabetes. In 2019, respondents 65 and older were more likely to report diabetes. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting diabetes.
- In 2008 and 2019, education was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents with a college education reporting diabetes.
- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.
- In 2008 and 2019, overweight respondents were more likely to report diabetes.
- In 2008, physical activity was not a significant variable. In 2019, inactive respondents were more likely to report diabetes. From 2008 to 2019, there was a noted decrease in the percent of respondents who met the recommended amount of physical activity reporting diabetes.

2016 to 2019 Year Comparisons (Table 32)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years. From 2016 to 2019, there was no statistical change in the overall percent of respondents with diabetes who reported it was under control through medication, exercise or lifestyle changes (94% and 97%, respectively).
- In 2016 and 2019, respondents 65 and older were more likely to report diabetes.

- In 2016, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.

- In 2016 and 2019, overweight respondents were more likely to report diabetes.

- In 2016, physical activity was not a significant variable. In 2019, inactive respondents were more likely to report diabetes.

- In 2016, nonsmokers were more likely to report diabetes. In 2019, smoking status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of smokers reporting diabetes.

Table 32. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q34)[①]

	2008	2011	2014	2016	2019
TOTAL	13%	9%	12%	8%	9%
Gender[3]					
Male	16	9	17	7	10
Female	11	9	6	9	7
Age[1,2,3,4,5]					
18 to 34	5	<1	0	0	<1
35 to 44[a]	22	13	7	7	3
45 to 54	8	8	16	7	8
55 to 64	18	12	24	15	14
65 and Older	21	18	20	21	27
Education					
High School or Less	17	10	13	6	12
Some Post High School	9	11	11	12	10
College Graduate[a]	13	5	10	6	5
Household Income[3,5]					
Bottom 40 Percent Bracket	17	12	17	9	16
Middle 20 Percent Bracket	17	10	7	8	7
Top 40 Percent Bracket	6	6	7	5	2
Marital Status					
Married	12	11	9	10	7
Not Married	15	7	14	5	10
Overweight Status[1,2,3,4,5]					
Not Overweight	9	4	1	2	5
Overweight	16	11	16	11	11
Physical Activity[3,5]					
Inactive	13	12	16	13	20
Insufficient	15	9	18	10	13
Recommended[a]	12	9	6	5	3
Smoking Status[3,4]					
Nonsmoker	13	10	14	10	8
Smoker[b]	13	6	5	2	11

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Current Asthma

In 2018, 9% of Wisconsin respondents and 10% of U.S. respondents reported they were told they currently have asthma (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 33)

- Ten percent of respondents reported they currently have asthma.
- Eighteen percent of respondents 45 to 54 years old reported current asthma compared to 7% of those 18 to 34 years old or 3% of respondents 35 to 44 years old.
    - Of the 41 respondents who reported current asthma, 93% had it under control through medication, therapy or lifestyle changes.

2008 to 2019 Year Comparisons (Table 33)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2008, age was not a significant variable. In 2019, respondents 45 to 54 years old were more likely to report current asthma, with a noted increase since 2008. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting current asthma.
- In 2008, respondents with a college education were more likely to report current asthma. In 2019, education was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents with a college education reporting current asthma.
- In 2008, unmarried respondents were more likely to report current asthma. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of married respondents and a noted decrease in the percent of unmarried respondents reporting current asthma.

2016 to 2019 Year Comparisons (Table 33)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported current asthma. From 2016 to 2019, there was no statistical change in the overall percent of respondents with current asthma who reported it was under control through medication, therapy or lifestyle changes (94% and 93%, respectively).
- In 2016 and 2019, respondents 45 to 54 years old were more likely to report current asthma. From 2016 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old reporting current asthma.
- In 2016 and 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with a college education reporting current asthma.

Table 33. Current Asthma by Demographic Variables for Each Survey Year (Q36)[①]

	2008	2011	2014	2016	2019
TOTAL	13%	14%	15%	13%	10%
Gender[2]					
Male	10	6	12	10	11
Female	15	21	17	15	9
Age[4,5]					
18 to 34	13	14	14	8	7
35 to 44[a]	15	19	15	7	3
45 to 54[a,b]	6	15	21	31	18
55 to 64	23	14	9	9	10
65 and Older	8	5	11	7	15
Education[1,2,3]					
High School or Less	6	14	10	12	13
Some Post High School	14	9	23	12	11
College Graduate[a,b]	17	20	10	14	7
Household Income					
Bottom 40 Percent Bracket	17	17	13	16	11
Middle 20 Percent Bracket	16	12	18	18	17
Top 40 Percent Bracket	9	13	19	9	6
Marital Status[1]					
Married[a]	5	14	13	12	12
Not Married[a]	21	13	16	13	9

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

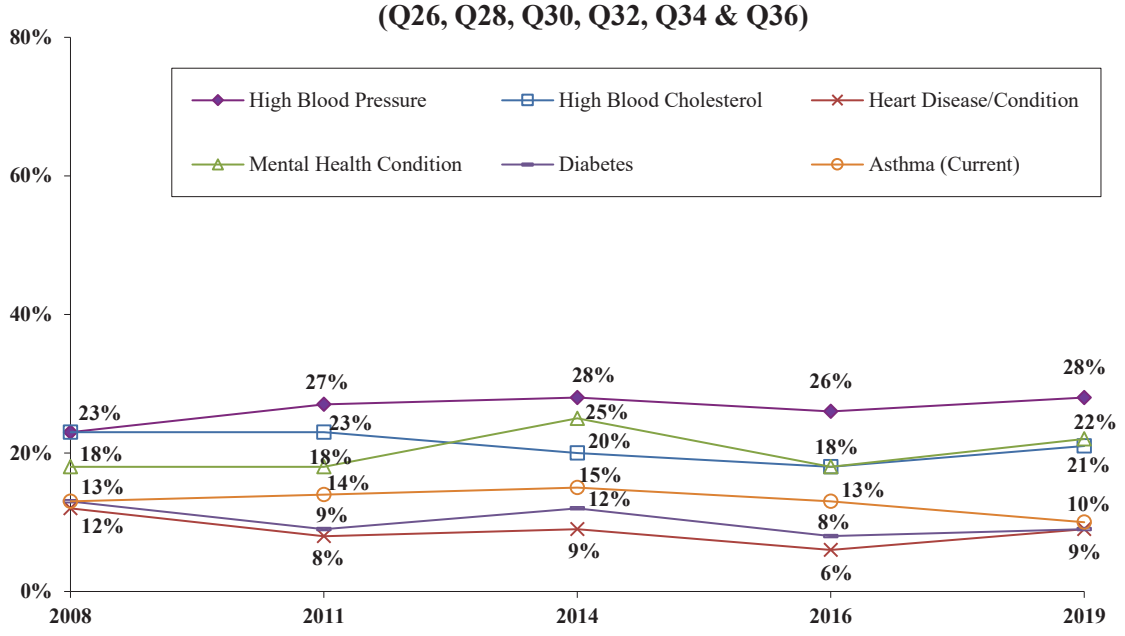
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Health Conditions Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, a mental health condition, high blood cholesterol, heart disease/condition, diabetes or current asthma, as well as from 2016 to 2019.

Figure 12. Health Conditions in Past Three Years (Q26, Q28, Q30, Q32, Q34 & Q36)



Physical Activity (Figures 13 & 14; Tables 34 - 36)

KEY FINDINGS: In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 52% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or who were not overweight were more likely to report this.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was no statistical change.

Moderate Physical Activity in Usual Week

Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate.

In 2005, 42% of Wisconsin respondents and 33% of U.S. respondents did moderate physical activity at least five times a week for 30 or more minutes (2005 Behavioral Risk Factor Surveillance).

2019 Findings (Table 34)

- Forty percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Forty-eight percent did some moderate activity while 12% did not do any moderate physical activity.

- Forty-eight percent of respondents 18 to 34 years old met the recommended amount of moderate physical activity in a week compared to 32% of those 65 and older or 26% of respondents 55 to 64 years old.

- Forty-seven percent of respondents in the top 40 percent household income bracket met the recommended amount of moderate physical activity compared to 36% of those in the middle 20 percent income bracket or 28% of respondents in the bottom 40 percent household income bracket.

- Respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity in a week (52%) compared to overweight respondents (34%).

2008 to 2019 Year Comparisons (Table 34)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2008, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity.

- In 2008 and 2019, education was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents with a college education meeting the recommended amount of moderate physical activity.

- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2008.

- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of married respondents meeting the recommended amount of moderate physical activity.

- In 2008 and 2019, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity.

2016 to 2019 Year Comparisons (Table 34)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2016, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old meeting the recommended amount of moderate physical activity.

- In 2016, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. From 2016 to 2019, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of moderate physical activity.

- In 2016, overweight status was not a significant variable. In 2019, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2016.

Table 34. Recommended Moderate Physical Activity in a Week by Demographic Variables for Each Survey Year (Q43)[①,②]

	2008	2011	2014	2016	2019
TOTAL	34%	34%	39%	40%	40%
Gender[2]					
Male	34	39	36	39	41
Female	33	29	43	40	38
Age[3,5]					
18 to 34	40	38	53	46	48
35 to 44[b]	30	31	53	26	42
45 to 54	25	31	18	43	39
55 to 64	43	42	36	42	26
65 and Older	29	27	28	36	32
Education[3]					
High School or Less	36	36	31	44	37
Some Post High School	34	34	46	37	36
College Graduate[a]	30	32	41	39	45
Household Income[3,5]					
Bottom 40 Percent Bracket[b]	37	36	30	40	28
Middle 20 Percent Bracket	46	44	50	32	36
Top 40 Percent Bracket[a]	28	29	40	43	47
Marital Status					
Married[a]	31	32	35	38	43
Not Married	36	36	43	42	37
Overweight Status[1,3,5]					
Not Overweight[b]	47	37	54	38	52
Overweight	26	33	33	41	34

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Recommended moderate physical activity is 5 times/30+ minutes in a week.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Vigorous Physical Activity in Usual Week

Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.

In 2009, 31% of Wisconsin respondents and 29% of U.S. respondents did vigorous physical activity at least three times a week for 20 or more minutes (2009 Behavioral Risk Factor Surveillance).

2019 Findings (Table 35)

- Thirty-seven percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Twenty-nine percent did some vigorous physical activity while 34% did not do any vigorous physical activity.

- Fifty-four percent of respondents 18 to 34 years old met the recommended amount of vigorous physical activity in a week compared to 23% of those 65 and older or 22% of respondents 55 to 64 years old.

- Forty-eight percent of respondents in the top 40 percent household income bracket met the recommended amount of vigorous physical activity in a week compared to 24% of those in the bottom 40 percent income bracket or 17% of respondents in the middle 20 percent household income bracket.

- Respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity in a week (56%) compared to overweight respondents (27%).

2008 to 2019 Year Comparisons (Table 35)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2008 and 2019, gender was not a significant variable. From 2008 and 2019, there was a noted increase in the percent of respondents across gender meeting the recommended amount of vigorous physical activity.

- In 2008 and 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2019, there was a noted increase in the percent of respondents 18 to 44 years old meeting the recommended amount of vigorous physical activity.

- In 2008, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. In 2019, education was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents with some post high school education or less meeting the recommended amount of vigorous physical activity.

- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2008.

- In 2008, married respondents were more likely to meet the recommended amount of vigorous physical activity. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents across marital status meeting the recommended amount of vigorous physical activity.

- In 2008 and 2019, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2019, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of vigorous physical activity.

2016 to 2019 Year Comparisons (Table 35)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2016, male respondents were more likely to meet the recommended amount of vigorous physical activity. In 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of female respondents meeting the recommended amount of vigorous physical activity.

- In 2016 and 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity.

- In 2016, overweight status was not a significant variable. In 2019, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2016.

Table 35. Recommended Vigorous Physical Activity in a Week by Demographic Variables for Each Survey Year (Q44)[①,②]

	2008	2011	2014	2016	2019
TOTAL[a]	24%	34%	29%	31%	37%
Gender[2,4]					
Male[a]	27	42	31	40	41
Female[a,b]	20	26	27	23	33
Age[1,2,3,4,5]					
18 to 34[a]	35	40	45	50	54
35 to 44[a]	18	43	35	31	43
45 to 54	15	42	20	25	24
55 to 64	19	19	22	19	22
65 and Older	19	13	8	13	23
Education[1]					
High School or Less[a]	19	30	22	23	30
Some Post High School[a]	18	37	34	34	35
College Graduate	33	35	32	35	43
Household Income[2,4,5]					
Bottom 40 Percent Bracket	20	31	23	19	24
Middle 20 Percent Bracket	27	49	27	24	17
Top 40 Percent Bracket[a]	24	34	34	47	48
Marital Status[1]					
Married[a]	27	35	30	33	38
Not Married[a]	19	33	28	30	35
Overweight Status[1,3,5]					
Not Overweight[a,b]	33	34	45	31	56
Overweight[a]	18	34	22	32	27

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Recommended vigorous physical activity is 3 times/20+ minutes in a week.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Combined Recommended Amount of Physical Activity in Typical Week

The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a typical week.

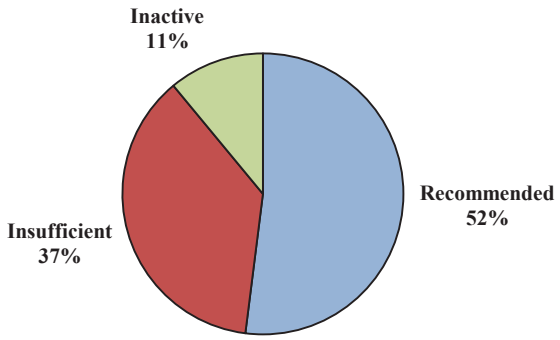
The Healthy People 2020 goal for persons reporting no moderate or vigorous activity is 33% (Objective PA-1).

In 2009, 53% of Wisconsin respondents and 51% of U.S. respondents met the recommended amount of physical activity (30+ minutes of moderate physical activity five days per week or 20+ minutes of vigorous physical activity three days per week) (2009 Behavioral Risk Factor Surveillance).

2019 Findings (Table 36)

- Fifty-two percent of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times/week for 30 minutes or vigorous activity 3 times/week for 20 minutes). Thirty-seven percent did an insufficient amount of physical activity while 11% did no physical activity in a typical week.

Figure 13. Physical Activity/Week for 2019 (Q43 & Q44)*



*Recommended physical activity is moderate activity 5 times/30+ minutes in a week or vigorous activity 3 times/20+ minutes in a week.

- Sixty-three percent of respondents 18 to 34 years old met the recommended amount of physical activity in a week compared to 40% of those 65 and older or 34% of respondents 55 to 64 years old.

- Sixty percent of respondents with a college education met the recommended amount of physical activity in a week compared to 49% of those with some post high school education or 44% of respondents with a high school education or less.

- Sixty-two percent of respondents in the top 40 percent household income bracket met the recommended amount of physical activity in a week compared to 42% of those in the middle 20 percent income bracket or 38% of respondents in the bottom 40 percent household income bracket.

- Respondents who were not overweight were more likely to meet the recommended amount of physical activity in a week (67%) compared to overweight respondents (44%).

2008 to 2019 Year Comparisons (Table 36)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2008 and 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. From 2008 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old meeting the recommended amount of physical activity.

- In 2008, education was not a significant variable. In 2019, respondents with a college education were more likely to meet the recommended amount of physical activity, with a noted increase since 2008.

- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity, with a noted increase since 2008.

- In 2008 and 2019, respondents who were not overweight were more likely to meet the recommended amount of physical activity.

2016 to 2019 Year Comparisons (Table 36)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2016, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity.

- In 2016, education was not a significant variable. In 2019, respondents with a college education were more likely to meet the recommended amount of physical activity.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity.

- In 2016, overweight status was not a significant variable. In 2019, respondents who were not overweight were more likely to meet the recommended amount of physical activity, with a noted increase since 2016.

Table 36. Recommended Moderate or Vigorous Physical Activity in a Week by Demographic Variables for Each Survey Year (Q43 & Q44)[①,②]

	2008	2011	2014	2016	2019
TOTAL[a]	44%	48%	49%	49%	52%
Gender[2]					
Male	47	54	49	54	55
Female	42	42	50	46	48
Age[1,3,5]					
18 to 34	55	47	66	58	63
35 to 44[a]	39	53	63	47	60
45 to 54	36	53	35	45	48
55 to 64	49	44	40	47	34
65 and Older	36	38	32	40	40
Education[3,5]					
High School or Less	46	47	37	48	44
Some Post High School	39	48	58	47	49
College Graduate[a]	48	47	53	52	60
Household Income[4,5]					
Bottom 40 Percent Bracket	46	47	44	42	38
Middle 20 Percent Bracket	53	62	55	35	42
Top 40 Percent Bracket[a]	40	46	51	65	62
Marital Status					
Married	46	48	46	50	54
Not Married	42	47	52	49	50
Overweight Status[1,3,5]					
Not Overweight[b]	59	51	64	46	67
Overweight	37	47	43	51	44

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

[②]Recommended moderate physical activity is 5 times/30+ minutes in a week and recommended vigorous physical activity is 3 times/20+ minutes in a week.

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

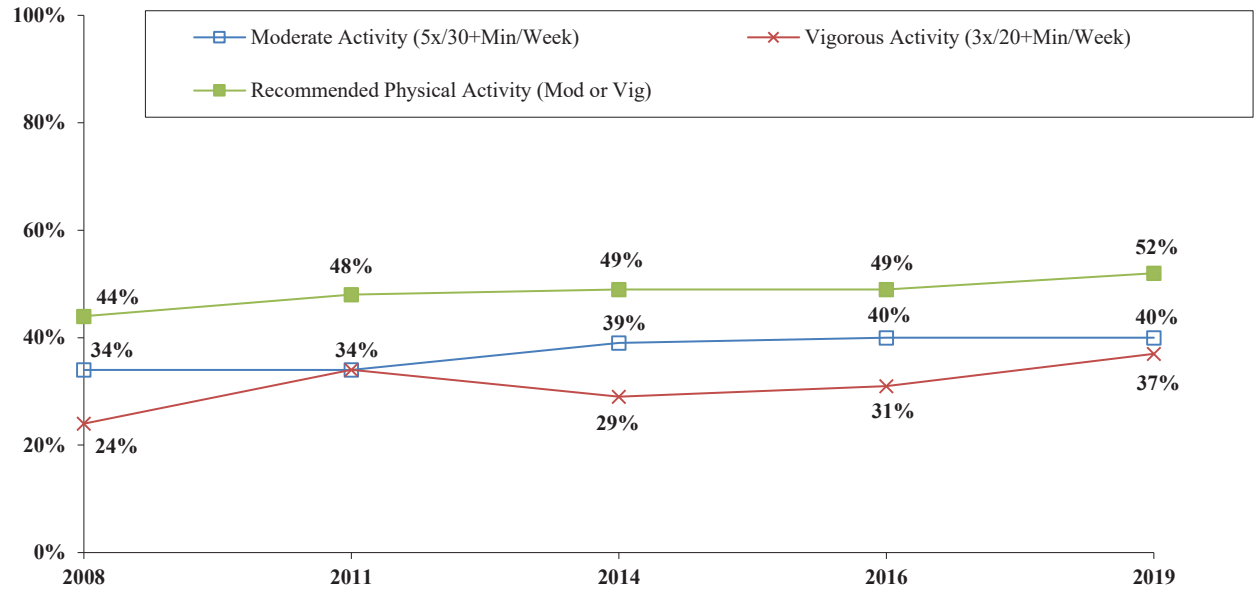
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Physical Activity Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was no statistical change.

Figure 14. Physical Activity (Q43 & Q44)



Body Weight (Figures 15 & 16; Tables 37 & 38)

KEY FINDINGS: In 2019, 67% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old or inactive were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or less, in the middle 20 percent household income bracket or inactive respondents were more likely to be obese.

From 2008 to 2019, there was no statistical change in the overall percent of respondents being at least overweight or being obese, as well as from 2016 to 2019.

At Least Overweight

Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter^2.

The Healthy People 2020 goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66%. (Objective NWS-8)

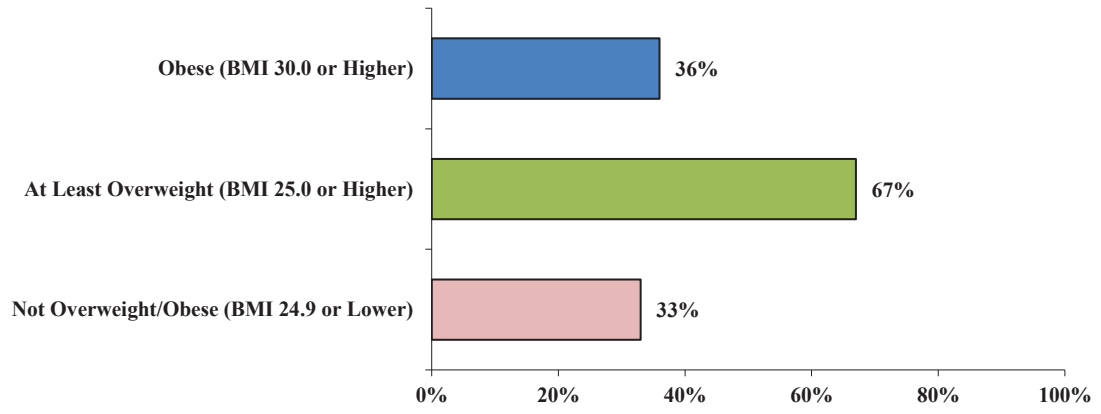
The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)

In 2018, 67% of Wisconsin respondents were classified as at least overweight (35% overweight, 32% obese). In the U.S., 66% were classified as at least overweight (35% overweight and 31% obese) (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 37)

- According to the definition, 67% of respondents were at least overweight.

Figure 15. Overweight Status for 2019 (Q71 & Q72)



- Eighty-four percent of respondents 45 to 54 years old were at least overweight compared to 58% of those 18 to 34 years old or 55% of respondents 35 to 44 years old.

- Inactive respondents were more likely to be at least overweight (88%) compared to those who did an insufficient amount of physical activity (75%) or respondents who met the recommended amount of physical activity (58%).

2008 to 2019 Year Comparisons (Table 37)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who were overweight.

- In 2008, respondents 35 and older were more likely to be classified as overweight. In 2019, respondents 45 to 54 years old were more likely to be overweight, with a noted increase since 2008. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old who were overweight.

- In 2008 and 2019, education was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents with some post high school education who were overweight.

- In 2008, married respondents were more likely to be overweight. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of unmarried respondents who were overweight.

- In 2008, respondents who did not meet the recommended amount of physical activity were more likely to be overweight. In 2019, inactive respondents were more likely to be overweight.

2016 to 2019 Year Comparisons (Table 37)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who were overweight.

- In 2016, age was not a significant variable. In 2019, respondents 45 to 54 years old were more likely to be overweight. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old who were overweight.

- In 2016, respondents with a high school education or less were more likely to be overweight. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with a high school education or less who were overweight.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to be overweight. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket who were overweight.

- In 2016, physical activity was not a significant variable. In 2019, inactive respondents were more likely to be overweight, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents who met the recommended amount of physical activity who were overweight.

Table 37. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q71 & Q72)[①]

	2008	2011	2014	2016	2019
TOTAL	64%	69%	65%	68%	67%
Gender[2]					
Male	68	80	69	68	71
Female	61	58	62	68	64
Age[1,3,5]					
18 to 34	52	63	40	61	58
35 to 44[a,b]	70	69	75	78	55
45 to 54[a]	70	77	80	71	84
55 to 64	72	69	71	65	77
65 and Older	69	66	79	68	71
Education[3,4]					
High School or Less[b]	64	70	60	76	63
Some Post High School[a]	58	69	63	61	71
College Graduate	71	66	75	67	68
Household Income[2,4]					
Bottom 40 Percent Bracket	58	74	66	74	66
Middle 20 Percent Bracket[b]	69	71	71	55	76
Top 40 Percent Bracket	68	57	68	66	68
Marital Status[1,3]					
Married	71	72	72	71	68
Not Married[a]	58	65	60	64	67
Physical Activity[1,3,5]					
Inactive[b]	75	72	77	55	88
Insufficient	72	70	74	68	75
Recommended[b]	53	67	55	70	58

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Obese

In 2018, 32% of Wisconsin and 31% of U.S. respondents were classified as obese (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 38)

- Thirty-six percent of respondents were classified as obese (BMI 30.0 or higher).
- Male respondents were more likely to be obese (41%) compared to female respondents (30%).
- Fifty-five percent of respondents 45 to 54 years old were obese compared to 34% of those 65 and older or 17% of respondents 18 to 34 years old.

- Forty-one percent of respondents with some post high school education or less were obese compared to 27% of respondents with a college education.

- Fifty-three percent of respondents in the middle 20 percent household income bracket were obese compared to 38% of those in the bottom 40 percent income bracket or 28% of respondents in the top 40 percent household income bracket.

- Inactive respondents were more likely to be obese (67%) compared to those who did an insufficient amount of physical activity (45%) or respondents who met the recommended amount of physical activity (23%).

2008 to 2019 Year Comparisons (Table 38)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who were obese.

- In 2008, gender was not a significant variable. In 2019, male respondents were more likely to be obese, with a noted increase since 2008.

- In 2008, respondents 35 to 44 years old were more likely to be obese. In 2019, respondents 45 to 54 years old were more likely to be obese, with a noted increase since 2008.

- In 2008, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to be obese. From 2008 to 2019, there was a noted increase in the percent of respondents with some post high school education who were obese.

- In 2008, household income was not a significant variable. In 2019, respondents in the middle 20 percent household income bracket were more likely to be obese, with a noted increase since 2008.

- In 2008, married respondents were more likely to be obese. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of unmarried respondents who were obese.

- In 2008 and 2019, inactive respondents were more likely to be obese. From 2008 to 2019, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity who were obese.

2016 to 2019 Year Comparisons (Table 38)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who were obese.

- In 2016, gender was not a significant variable. In 2019, male respondents were more likely to be classified as obese, with a noted increase since 2016.

- In 2016 and 2019, respondents 45 to 54 years old were more likely to be obese. From 2016 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 44 years old who were obese.

- In 2016, education was not a significant variable. In 2019, respondents with some post high school education or less were more likely to be obese. From 2016 to 2019, there was a noted increase in the percent of respondents with some post high school education who were obese.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to be obese. In 2019, respondents in the middle 20 percent household income bracket were more likely to be obese, with a noted increase since 2016.

- In 2016, physical activity was not a significant variable. In 2019, inactive respondents were more likely to be obese, with a noted increase since 2016.

Table 38. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q71 & Q72)[①]

	2008	2011	2014	2016	2019
TOTAL	31%	35%	33%	33%	36%
Gender[5]					
Male[a,b]	30	38	35	30	41
Female	31	32	32	35	30
Age[1,3,4,5]					
18 to 34[b]	19	34	14	29	17
35 to 44[b]	41	45	51	20	36
45 to 54[a]	32	33	42	48	55
55 to 64	33	38	32	34	51
65 and Older	37	22	41	33	34
Education[5]					
High School or Less	33	34	28	41	41
Some Post High School[a,b]	26	34	32	29	41
College Graduate	33	37	40	29	27
Household Income[2,4,5]					
Bottom 40 Percent Bracket	30	48	39	42	38
Middle 20 Percent Bracket[a,b]	24	36	31	22	53
Top 40 Percent Bracket	32	26	35	26	28
Marital Status[1,3]					
Married	37	34	39	31	36
Not Married[a]	23	35	29	34	36
Physical Activity[1,3,5]					
Inactive[b]	54	36	54	40	67
Insufficient[a]	33	40	40	35	45
Recommended	21	30	23	29	23

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

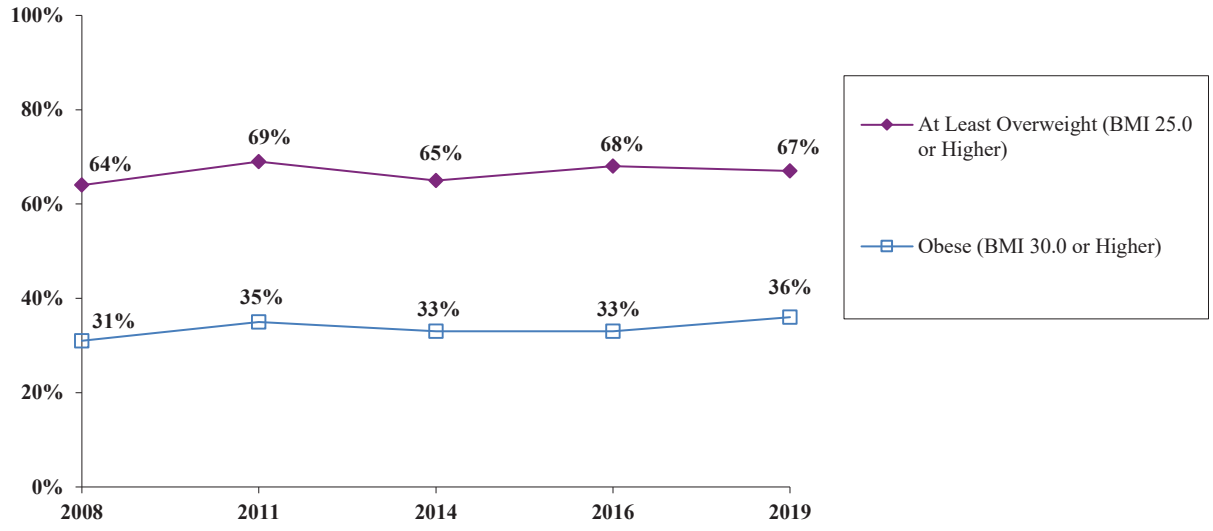
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Body Weight Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents being at least overweight or being obese, as well as from 2016 to 2019.

Figure 16. Overweight Status (Q71 & Q72)



Nutrition and Food Insecurity (Figure 17; Tables 39 - 44)

KEY FINDINGS: In 2019, 51% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report at least two servings of fruit. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-one percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Six percent of respondents reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood; respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Twenty-two percent of respondents reported when they found fresh fruit and vegetables, they sometimes/seldom/never find the fresh fruit and vegetables affordable; respondents who were female, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.

Fruit Consumption

Based on the USDA dietary guidelines, at a minimum, adults should have two servings of fruit each day. Age, gender and activity level may increase the recommended number of servings.

2019 Findings (Table 39)

- Fifty-one percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit on an average day (60%) compared to male respondents (42%).
- Sixty-four percent of respondents with a college education reported at least two servings of fruit a day compared to 47% of those with some post high school education or 39% of respondents with a high school education or less.
- Sixty-one percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 50% of those in the middle 20 percent income bracket or 43% of respondents in the bottom 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 39)

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.

- In 2008, gender was not a significant variable. In 2019, female respondents were more likely to report at least two servings of fruit per day. From 2008 to 2019, there was a noted decrease in the percent of male respondents reporting at least two servings of fruit per day.

- In 2008 and 2019, age was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least two servings of fruit per day.

- In 2008 and 2019, respondents with a college education were more likely to report two or more servings of fruit per day.

- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit per day.

- In 2008 and 2019, overweight status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents who were not overweight reporting at least two servings of fruit per day.

- In 2008, respondents who met the recommended amount of physical activity were more likely to report at least two servings of fruit per day. In 2019, physical activity was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting at least two servings of fruit per day.

2016 to 2019 Year Comparisons (Table 39)

- From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report at least two servings of fruit per day. From 2016 to 2019, there was a noted decrease in the percent of male respondents reporting at least two servings of fruit per day.

- In 2016, respondents 35 to 54 years old were more likely to report at least two servings of fruit per day. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents 18 to 54 years old reporting at least two servings of fruit per day.

- In 2016 and 2019, respondents with a college education were more likely to report two or more servings of fruit per day. From 2016 to 2019, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting at least two servings of fruit per day.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit per day. From 2016 to 2019, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting at least two servings of fruit per day.

- In 2016, married respondents were more likely to report two or more servings of fruit per day. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting at least two servings of fruit per day.

- In 2016, overweight respondents were more likely to report at least two servings of fruit per day. In 2019, overweight status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of overweight respondents reporting at least two servings of fruit per day.

- In 2016, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit per day. In 2019, physical activity was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents who did at least some physical activity reporting at least two servings of fruit per day.

Table 39. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year (Q38)[①]

	2008	2011	2014	2016	2019
TOTAL[a,b]	59%	56%	58%	65%	51%
Gender[3,5]					
Male[a,b]	55	55	51	64	42
Female	63	56	64	66	60
Age[2,4]					
18 to 34[a,b]	65	67	62	64	47
35 to 44[b]	47	47	53	73	55
45 to 54[b]	64	54	54	75	50
55 to 64	57	48	59	56	60
65 and Older	57	54	60	49	52
Education[1,4,5]					
High School or Less[b]	50	50	50	59	39
Some Post High School	59	60	62	58	47
College Graduate[b]	68	58	61	75	64
Household Income[2,4,5]					
Bottom 40 Percent Bracket[b]	52	48	51	59	43
Middle 20 Percent Bracket	62	44	56	62	50
Top 40 Percent Bracket[b]	61	71	62	74	61
Marital Status[4]					
Married[b]	62	55	57	72	55
Not Married	55	57	58	56	48
Overweight Status[4]					
Not Overweight[a]	62	59	61	53	44
Overweight[b]	57	55	56	70	54
Physical Activity[1,2,3,4]					
Inactive	39	35	36	42	48
Insufficient[a,b]	57	62	54	60	45
Recommended[b]	66	56	68	73	57

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Vegetable Consumption

Based on the USDA dietary guidelines, at a minimum, adults should have three servings of vegetables each day. Age, gender and activity level may increase the recommended number of servings.

2019 Findings (Table 40)

- Twenty-nine percent of respondents reported three or more servings of vegetables on an average day.
- Forty-five percent of respondents 35 to 44 years old reported at least three servings of vegetables on an average day compared to 26% of those 55 to 64 years old or 22% of respondents 65 and older.
- Forty-one percent of respondents with a college education reported at least three servings of vegetables a day compared to 26% of those with some post high school education or 19% of respondents with a high school education or less.
- Forty-three percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 24% of those in the middle 20 percent income bracket or 19% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to report at least three servings of vegetables a day (37%) compared to overweight respondents (26%).
- Forty-two percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 17% of those who did an insufficient amount of physical activity or 11% of respondents who were inactive.

2008 to 2019 Year Comparisons (Table 40)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2008, respondents 18 to 34 years old were more likely to report at least three vegetable servings per day. In 2019, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2008.
- In 2008 and 2019, respondents with a college education were more likely to report at least three servings of vegetables per day.
- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report at least three vegetable servings per day.
- In 2008, married respondents were more likely to report at least three vegetable servings per day. In 2019, marital status was not a significant variable.
- In 2008, overweight status was not a significant variable. In 2019, respondents who were not overweight were more likely to report at least three servings of vegetables per day.
- In 2008, physical activity was not a significant variable. In 2019, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables per day, with a noted increase since 2008.

2016 to 2019 Year Comparisons (Table 40)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.

- In 2016, female respondents were more likely to report at least three vegetable servings per day. In 2019, gender was not a significant variable.

- In 2016 and 2019, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day. From 2016 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting at least three vegetable servings per day.

- In 2016 and 2019, respondents with a college education were more likely to report at least three servings of vegetables per day.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables per day.

- In 2016, married respondents were more likely to report at least three servings of vegetables per day. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of unmarried respondents reporting at least three vegetable servings per day.

- In 2016, overweight status was not a significant variable. In 2019, respondents who were not overweight were more likely to report at least three servings of vegetables per day, with a noted increase since 2016.

- In 2016 and 2019, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables per day. From 2016 to 2019, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting at least three vegetable servings per day.

Table 40. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year (Q39)[①]

	2008	2011	2014	2016	2019
TOTAL	26%	29%	29%	26%	29%
Gender[3,4]					
Male	24	26	17	21	25
Female	28	31	41	32	33
Age[1,2,4,5]					
18 to 34[b]	38	28	36	16	28
35 to 44[a]	18	28	24	41	45
45 to 54	25	41	33	35	27
55 to 64	25	24	23	28	26
65 and Older	18	15	21	17	22
Education[1,2,3,4,5]					
High School or Less	16	22	13	16	19
Some Post High School	29	22	35	23	26
College Graduate	35	43	42	36	41
Household Income[3,4,5]					
Bottom 40 Percent Bracket	20	25	22	16	19
Middle 20 Percent Bracket	28	23	35	25	24
Top 40 Percent Bracket	33	35	38	41	43
Marital Status[1,3,4]					
Married	31	32	35	35	33
Not Married[b]	21	25	25	16	26
Overweight Status[5]					
Not Overweight[b]	32	24	32	24	37
Overweight	23	31	27	28	26
Physical Activity[2,3,4,5]					
Inactive	18	14	16	3	11
Insufficient	25	32	19	26	17
Recommended[a,b]	30	29	41	31	42

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Five or More Fruit or Vegetables per Day

In 2009, 23% of Wisconsin respondents and 23% of U.S. respondents reported they ate at least five servings of fruit or vegetables per day (2009 Behavioral Risk Factor Surveillance).

2019 Findings (Table 41)

- Thirty-one percent of respondents reported five or more servings of fruit/vegetables on an average day.
- Female respondents were more likely to report at least five servings of fruit/vegetables on an average day (38%) compared to male respondents (24%).
- Forty percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 25% of respondents with some post high school education or less.
- Forty-two percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 31% of those in the middle 20 percent income bracket or 21% of respondents in the bottom 40 percent household income bracket.
- Forty percent of respondents who met the recommended amount of physical activity reported at least five servings of fruit/vegetables a day compared to 22% of those who did an insufficient amount of physical activity or 18% of respondents who were inactive.

2008 to 2019 Year Comparisons (Table 41)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2008, gender was not a significant variable. In 2019, female respondents were more likely to report at least five fruit/vegetable servings per day.
- In 2008, respondents 18 to 34 years old were more likely to report at least five fruit/vegetable servings per day. In 2019, age was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting at least five servings of fruit/vegetables per day.
- In 2008 and 2019, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.
- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day.
- In 2008, physical activity was not a significant variable. In 2019, respondents who met the recommended amount of physical activity were more likely to report at least five fruit/vegetable servings per day.

2016 to 2019 Year Comparisons (Table 41)

- From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2016 to 2019, there was a noted decrease in the percent of male respondents reporting at least five fruit/vegetable servings per day.

- In 2016, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 54 years old reporting at least five fruit/vegetable servings per day.

- In 2016 and 2019, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.

- In 2016 and 2019, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day. From 2016 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least five fruit/vegetable servings per day.

- In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting at least five fruit/vegetable servings per day.

- In 2016 and 2019, overweight status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of overweight respondents reporting at least five fruit/vegetable servings per day.

- In 2016 and 2019, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day. From 2016 to 2019, there was a noted decrease in the percent of respondent who did an insufficient amount of physical activity reporting at least five fruit/vegetable servings per day.

Table 41. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year (Q38 & Q39)①

	2008	2011	2014	2016	2019
TOTAL[b]	32%	32%	35%	38%	31%
Gender[3,5]					
Male[b]	28	29	26	36	24
Female	36	35	45	41	38
Age[1,4]					
18 to 34	42	37	42	29	31
35 to 44[a,b]	21	25	31	58	39
45 to 54[b]	37	38	33	43	26
55 to 64	29	33	33	34	36
65 and Older	28	23	33	27	24
Education[1,3,4,5]					
High School or Less	24	27	17	29	25
Some Post High School	32	31	41	31	25
College Graduate	43	39	51	51	40
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket	25	29	29	30	21
Middle 20 Percent Bracket	36	18	36	25	31
Top 40 Percent Bracket[b]	39	45	48	57	42
Marital Status[4]					
Married[b]	36	34	38	46	35
Not Married	28	31	33	29	27
Overweight Status					
Not Overweight	33	33	39	32	33
Overweight[b]	33	32	33	41	30
Physical Activity[3,4,5]					
Inactive	22	22	22	11	18
Insufficient[b]	32	37	23	35	22
Recommended	36	31	48	46	40

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Availability of Fresh Fruit and Vegetables in Community or Neighborhood

2019 Findings (Table 42)

- A total of 6% of respondents reported they sometimes, seldom or never find fresh fruit and vegetables in their community or neighborhood. Eighty-one percent of respondents reported they always find fresh fruit and vegetables while an additional 12% reported nearly always.

- Female respondents were more likely to report they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood (8%) compared to male respondents (3%).

- Ten percent of respondents with some post high school education reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood compared to 4% of those with a high school education or less or 2% of respondents with a college education.

- Twelve percent of respondents in the bottom 40 percent household income bracket reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood compared to less than one percent of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.

Table 42. Sometimes/Seldom/Never Find Fresh Fruit and Vegetables in Community or Neighborhood by Demographic Variables for 2019 (Q41)[①]

	2019
TOTAL	6%
Gender[1]	
Male	3
Female	8
Age	
18 to 34	3
35 to 44	9
45 to 54	5
55 to 64	7
65 and Older	3
Education[1]	
High School or Less	4
Some Post High School	10
College Graduate	2
Household Income[1]	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	<1
Marital Status	
Married	3
Not Married	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2019

Affordability of Fresh Fruit and Vegetables in Community or Neighborhood

2019 Findings (Table 43)

- A total of 22% of respondents reported when they found fresh fruit and vegetables, they sometimes/seldom/never find the fresh fruit and vegetables affordable. Fifty-six percent of respondents reported they always find the fresh fruit and vegetables affordable while 22% reported nearly always.

- Female respondents were more likely to report they sometimes/seldom/never find fresh fruit and vegetables affordable (28%) compared to male respondents (15%).

- Thirty-six percent of respondents with a high school education or less reported they sometimes/seldom/never find fresh fruit and vegetables affordable compared to 25% of those with some post high school education or 8% of respondents with a college education.

- Forty-two percent of respondents in the bottom 40 percent household income bracket reported they sometimes/seldom/never find fresh fruit and vegetables affordable compared to 16% of those in the middle 20 percent income bracket or 7% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they sometimes/seldom/never find fresh fruit and vegetables affordable (30%) compared to married respondents (12%).

Table 43. Sometimes/Seldom/Never Affordable Fresh Fruit and Vegetables by Demographic Variables for 2019 (Of Respondents Who Found Fresh Fruit/Vegetables) (Q42)[①]

	2019
TOTAL	22%
Gender[1]	
Male	15
Female	28
Age	
18 to 34	25
35 to 44	24
45 to 54	19
55 to 64	23
65 and Older	12
Education[1]	
High School or Less	36
Some Post High School	25
College Graduate	8
Household Income[1]	
Bottom 40 Percent Bracket	42
Middle 20 Percent Bracket	16
Top 40 Percent Bracket	7
Marital Status[1]	
Married	12
Not Married	30

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2019

Food Insecurity

2019 Findings (Table 44)

- Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past year.

- Fifteen percent of respondents in the bottom 40 percent household income bracket reported they couldn't afford enough food in the past year compared to 0% of respondents in the top 60 percent household income bracket.

- Unmarried respondents were more likely to report they couldn't afford enough food in the past year compared to married respondents (9% and 2%, respectively).

2016 to 2019 Year Comparisons (Table 44)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they couldn't afford enough food in the past year.

- In 2016 to 2019, respondents in the bottom 40 percent household income bracket were more likely to report they couldn't afford enough food. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they couldn't afford enough food.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report they couldn't afford enough food. From 2016 to 2019, there was a noted decrease in the percent of married respondents reporting they couldn't afford enough food.

Table 44. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year (Q40)[Φ]

	2016	2019
TOTAL	7%	6%
Household Income[1,2]		
Bottom 40 Percent Bracket	14	15
Middle 20 Percent Bracket[a]	8	0
Top 40 Percent Bracket	1	0
Marital Status[2]		
Married[a]	8	2
Not Married	7	9
Children in Household		
Yes	8	7
No	7	4

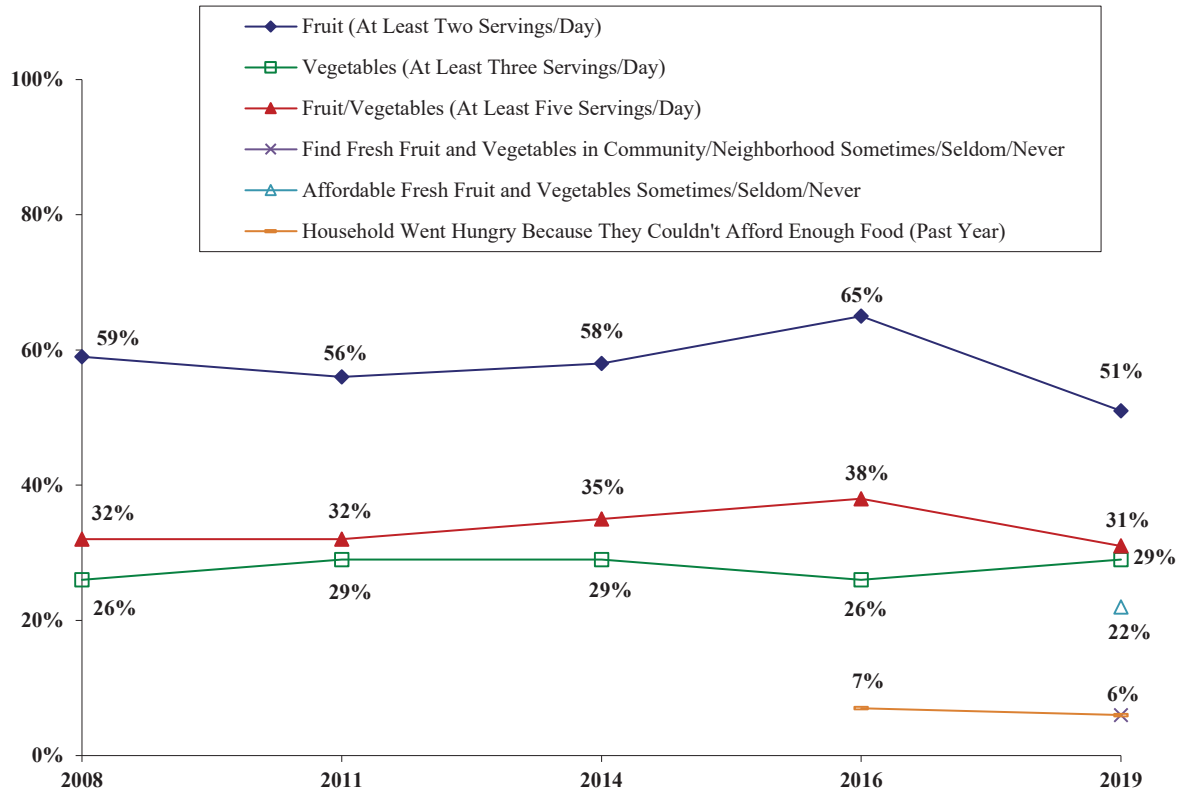
[Φ]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.

Figure 17. Nutrition and Food Insecurity (Q38 - Q42)



Women's Health (Figure 18; Tables 45 - 47)

KEY FINDINGS: In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Eighty-two percent of female respondents 65 and older had a bone density scan. Eighty-five percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or married respondents were more likely to report a cervical cancer screen within the recommended time frame.

From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame, as well as from 2016 to 2019.

Mammogram

Routine screening for breast cancer every one to two years with mammography is recommended for women 50 to 74 years old.[2]

In 2018, 78% of Wisconsin women and 78% of U.S. women 50 and older reported a mammogram within the past two years (2018 Behavioral Risk Factor Surveillance).

2019 Findings

- Seventy-five percent of the 85 female respondents 50 and older had a mammogram within the past two years.
- No demographic comparisons were conducted as a result of the number of women who were asked this question.

2008 to 2019 Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

[2]"Screening for Breast Cancer." U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2009. Agency for Healthcare Research and Quality, 2009.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Bone Density Scan

2019 Findings

- Eighty-two percent of the 34 female respondents 65 and older had a bone density scan to determine if they are at risk for fractures or are in the early stages of osteoporosis.
- No demographic comparisons were conducted as a result of the number of women who were asked this question.

2008 to 2019 Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Pap Smear

The Healthy People 2020 goal for women 21 to 65 years old having a pap test within the past three years is 93%. (Objective C-15)

In 2018, 81% of Wisconsin women and 80% of U.S. women 18 and older reported a pap smear within the past three years (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 45)

- Eighty-five percent of the 156 respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.
- Ninety-six percent of respondents with a college education reported a pap smear within the past three years compared to 76% of respondents with some post high school education or less.
- Married respondents were more likely to report a pap smear within the past three years compared to unmarried respondents (91% and 78%, respectively).

2008 to 2019 Year Comparisons (Table 45)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2008, education was not a significant variable. In 2019, respondents with a college education were more likely to report a pap smear within the past three years. From 2008 to 2019, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear within the past three years.
- In 2008, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years. In 2019, household income was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a pap smear within the past three years.
- In 2008, marital status was not a significant variable. In 2019, married respondents were more likely to report a pap smear within the past three years.

2016 to 2019 Year Comparisons (Table 45)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2016, education was not a significant variable. In 2019, respondents with a college education were more likely to report a pap smear within the past three years. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear within the past three years.
- In 2016, marital status was not a significant variable. In 2019, married respondents were more likely to report a pap smear within the past three years.

Table 45. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q49)①

	2008	2011	2014	2016	2019
TOTAL	90%	80%	82%	87%	85%
Education[2,5]					
Some Post High School or Less[a,b]	90	74	80	88	76
College Graduate	92	93	88	86	96
Household Income[1,2]					
Bottom 60 Percent Bracket	89	77	75	88	87
Top 40 Percent Bracket[a]	100	92	87	87	85
Marital Status[2,3,5]					
Married	92	89	92	93	91
Not Married	88	72	74	83	78

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

HPV Test

An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear.

2019 Findings (Table 46)

- Sixty-two percent of the 156 respondents 18 to 65 years old reported they had an HPV test within the past five years.

- Seventy-one percent of respondents with a college education reported an HPV test within the past five years compared to 55% of respondents with some post high school education or less.

2014 to 2019 Year Comparisons (Table 46)

- From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported they had an HPV test within the past five years.

- In 2014, education was not a significant variable. In 2019, respondents with a college education were more likely to report an HPV test within the past five years, with a noted increase since 2014.

- In 2014 and 2019, household income was not a significant variable. From 2014 to 2019, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting an HPV test within the past five years.

2016 to 2019 Year Comparisons (Table 46)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported they had an HPV test within the past five years.

- In 2016, education was not a significant variable. In 2019, respondents with a college education were more likely to report an HPV test within the past five years, with a noted increase since 2016.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting an HPV test within the past five years.

- In 2016, unmarried respondents were more likely to report an HPV test within the past five years. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of married respondents reporting an HPV test within the past five years.

Table 46. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q50)①

	2014	2016	2019
TOTAL[b]	54%	50%	62%
Education[3]			
Some Post High School or Less	54	51	55
College Graduate[a,b]	54	47	71
Household Income			
Bottom 60 Percent Bracket[a]	51	54	67
Top 40 Percent Bracket[b]	57	49	68
Marital Status[2]			
Married[b]	53	40	65
Not Married	54	57	59

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2014 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Cervical Cancer Screening in Recommended Time Frame

Routine screening for cervical cancer in women 21 to 65 years old with a pap smear every three years is recommended. For women 30 to 65 years old who want to lengthen the screening interval, a pap smear in combination with an HPV test every five years is recommended.[3]

2019 Findings (Table 47)

- Eighty-six percent of the 156 respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every 3 years for ages 18 to 29 years old; pap smear and HPV test every 5 years or pap smear only every 3 years for ages 30 to 65 years old).
- Ninety-seven percent of respondents with a college education reported a cervical cancer screen within the recommended time frame compared to 77% of respondents with some post high school education or less.
- Married respondents were more likely to report a cervical cancer screen within the recommended time frame compared to unmarried respondents (95% and 78%, respectively).

2014 to 2019 Year Comparisons (Table 47)

- From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported they had a cervical cancer screen within the recommended time frame.
- In 2014, education was not a significant variable. In 2019, respondents with a college education were more likely to report a cervical cancer screen within the recommended time frame.
- In 2014 and 2019, married respondents were more likely to report a cervical cancer screen within the recommended time frame.

[3]"Screening for Cervical Cancer." U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2012. Agency for Healthcare Research and Quality, 2012.

2016 to 2019 Year Comparisons (Table 47)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they had a cervical cancer screen within the recommended time frame.

- In 2016, education was not a significant variable. In 2019, respondents with a college education were more likely to report a cervical cancer screen within the recommended time frame. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education or less reporting a cervical cancer screen within the recommended time frame.

- In 2016 and 2019, married respondents were more likely to report a cervical cancer screen within the recommended time frame.

Table 47. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q49 & Q50)①

	2014	2016	2019
TOTAL	85%	89%	86%
Education[3]			
Some Post High School or Less[b]	82	89	77
College Graduate	90	90	97
Household Income			
Bottom 60 Percent Bracket	78	89	90
Top 40 Percent Bracket	88	91	86
Marital Status[1,2,3]			
Married	95	96	95
Not Married	78	84	78

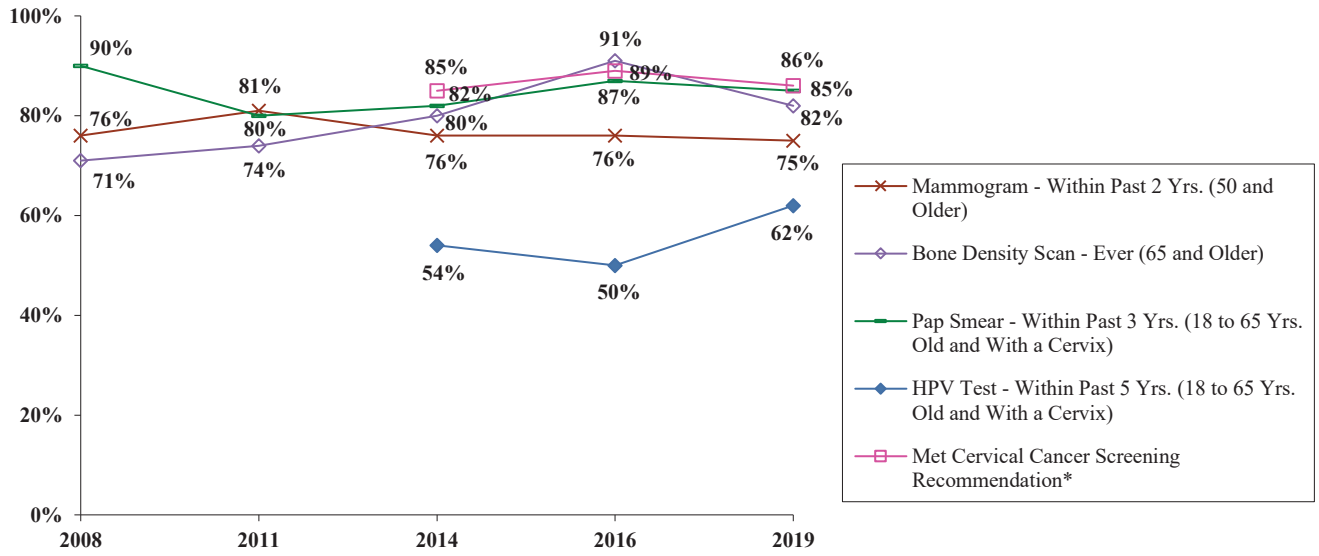
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2014 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Women's Health Tests Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame, as well as from 2016 to 2019.

Figure 18. Women's Health Tests (Q47 - Q50)



*Recommended time frame: pap smear every 3 years for ages 18 to 29 years old; pap smear and HPV test every 5 years or pap smear only every 3 years for ages 30 to 65 years old.

Colorectal Cancer Screening (Figure 19; Tables 48 - 51)

KEY FINDINGS: In 2019, 16% of respondents 50 and older reported a blood stool test within the past year. Eight percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 74% reported a colonoscopy within the past ten years. This results in 79% of respondents meeting the current colorectal cancer screening recommendations.

From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2016 to 2019, there was no statistical change.

Blood Stool Test

In 2018, 7% of Wisconsin respondents and 9% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 48)

- Sixteen percent of the 159 respondents 50 and older had a blood stool test within the past year. Fifty-one percent reported never while 8% were not sure.
- There were no statistically significant differences between demographic variables and responses of having a blood stool test within the past year.

2011 to 2019 Year Comparisons (Table 48)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- From 2011 to 2019, there were no statistically significant differences between and within demographic variables and responses of having a blood stool test within the past year.

2016 to 2019 Year Comparisons (Table 48)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- From 2016 to 2019, there were no statistically significant differences between and within demographic variables and responses of having a blood stool test within the past year.

Table 48. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q51)[①]

	2011	2014	2016	2019
TOTAL	14%	15%	19%	16%
Gender[2]				
Male	13	22	23	21
Female	15	9	16	12
Education				
Some Post High School or Less	15	18	21	18
College Graduate	12	9	16	11
Household Income				
Bottom 60 Percent Bracket	16	14	23	16
Top 40 Percent Bracket	11	15	14	11
Marital Status				
Married	12	15	21	19
Not Married	19	15	16	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Sigmoidoscopy

A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.[4]

In 2018, 3% of Wisconsin respondents and 2% of U.S. respondents 50 to 75 years old reported a sigmoidoscopy in the past five years (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 49)

- Eight percent of the 159 respondents 50 and older reported their last sigmoidoscopy was within the past five years. Eighty-one percent reported never.
- There were no statistically significant differences between demographic variables and responses of reporting a sigmoidoscopy within the past five years.

2008 to 2019 Year Comparisons (Table 49)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- From 2008 to 2019, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy within the past five years.

[4]"Screening for Colorectal Cancer." U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2005. Agency for Healthcare Research and Quality, 2005. Pages 32 - 35.

2016 to 2019 Year Comparisons (Table 49)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

- In 2016, male respondents were more likely to report a sigmoidoscopy within the past five years. In 2019, gender was not a significant variable.

Table 49. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q52)①

	2008	2011	2014	2016	2019
TOTAL	13%	11%	9%	10%	8%
Gender[3,4]					
Male	15	11	18	17	12
Female	12	11	3	4	5
Education					
Some Post High School or Less	12	14	8	9	9
College Graduate	15	6	13	13	6
Household Income[3]					
Bottom 60 Percent Bracket	11	10	4	13	10
Top 40 Percent Bracket	24	7	17	8	6
Marital Status					
Married	18	7	14	9	8
Not Married	9	15	6	12	9

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Colonoscopy

A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.[5]

In 2018, 71% of Wisconsin respondents and 64% of U.S. respondents 50 to 75 years old reported a colonoscopy in the past ten years (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 50)

- Seventy-four percent of the 159 respondents 50 and older had a colonoscopy within the past ten years. Twenty-one percent reported never.

- There were no statistically significant differences between demographic variables and responses of having a colonoscopy within the past ten years.

[5]"Screening for Colorectal Cancer." U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2005. Agency for Healthcare Research and Quality, 2005. Pages 32 - 35.

2008 to 2019 Year Comparisons (Table 50)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of unmarried respondents having a colonoscopy within the past ten years.

2016 to 2019 Year Comparisons (Table 50)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

- From 2016 to 2019, there were no statistically significant differences between and within demographic variables and responses of having a colonoscopy within the past ten years.

Table 50. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q53)[①]

	2008	2011	2014	2016	2019
TOTAL	64%	58%	66%	75%	74%
Gender[3]					
Male	68	56	79	79	74
Female	60	59	54	71	73
Education					
Some Post High School or Less	62	53	64	76	70
College Graduate	66	67	68	73	83
Household Income[2]					
Bottom 60 Percent Bracket	63	54	61	70	73
Top 40 Percent Bracket	72	73	74	81	77
Marital Status[2,3]					
Married	65	65	73	76	68
Not Married[a]	63	49	58	74	80

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Colorectal Cancer Screening Recommendation Met

The Healthy People 2020 goal for meeting the colorectal cancer screening recommendation is 71%. (Objective C-16)

In 2018, 75% of Wisconsin respondents and 70% of U.S. respondents 50 to 75 years old had one of the three tests in the time frame recommended (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 51)

- Seventy-nine percent of the 159 respondents 50 and older had one of the three tests in the time frame recommended (blood stool test within the past year, sigmoidoscopy within the past five years, or colonoscopy within the past 10 years).

- There were no statistically significant differences between demographic variables and responses of a colorectal cancer screen in the recommended time frame.

2008 to 2019 Year Comparisons (Table 51)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of unmarried respondents reporting a colorectal cancer screen in the recommended time frame.

2016 to 2019 Year Comparisons (Table 51)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- From 2016 to 2019, there were no statistically significant differences between and within demographic variables and responses of a colorectal cancer screen in the recommended time frame.

Table 51. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q51 – Q53)[①,②]

	2008	2011	2014	2016	2019
TOTAL[a]	67%	65%	69%	80%	79%
Gender[3]					
Male	71	64	84	85	82
Female	63	66	58	78	76
Education					
Some Post High School or Less	65	63	70	83	77
College Graduate	71	70	70	75	83
Household Income					
Bottom 60 Percent Bracket	66	62	67	78	78
Top 40 Percent Bracket	83	74	74	84	80
Marital Status[3]					
Married	69	69	78	83	74
Not Married[a]	66	61	62	75	84

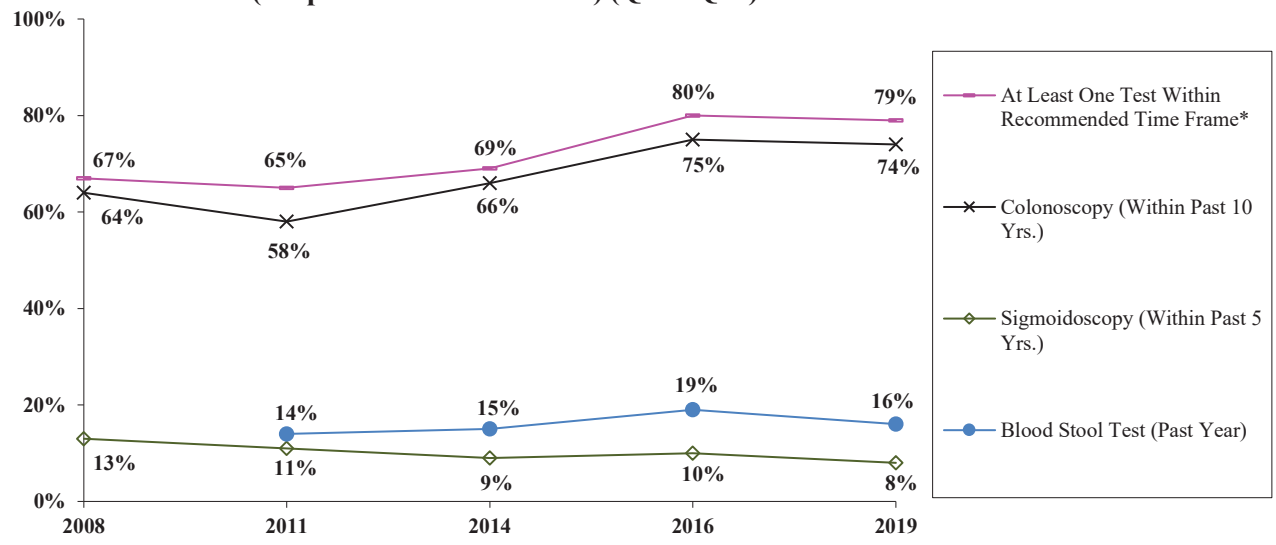
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2008, blood stool test was not asked.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2016 to 2019, there was no statistical change.

Figure 19. Colorectal Cancer Screenings (Respondents 50 and Older) (Q51 - Q53)



*In 2008, blood stool test was not asked.

Tobacco Cigarette Smoking or Electronic Vaping (Figures 20 & 21; Tables 52 & 53)

KEY FINDINGS: In 2019, 19% of respondents were current tobacco cigarette smokers; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. Thirteen percent of respondents used electronic cigarettes in the past month. Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Sixty-five percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Seventy-seven percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping.

From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2016 to 2019, there was no statistical change. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical increase. From 2008 to 2019, there was a statistical increase in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, tobacco cessation and health professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.

Current Cigarette Smokers

The Healthy People 2020 goal for adult smoking is 12%. (Objective TU-1.1)

In 2018, 17% of Wisconsin respondents and 16% of U.S. respondents were current smokers (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 52)

- Nineteen percent of respondents were current tobacco cigarette smokers; 5% smoked some days and 14% smoked every day.
- Twenty-five percent of respondents with a high school education or less were current smokers compared to 22% of those with some post high school education or 11% of respondents with a college education.
- Twenty-six percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 15% of those in the middle 20 percent income bracket or 12% of respondents in the top 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 52)

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2008 and 2019, gender was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of male respondents who were current smokers.

- In 2008, respondents 18 to 34 years old or 45 to 54 years old were more likely to be a current smoker. In 2019, age was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old who were current smokers.

- In 2008, respondents with some post high school education or less were more likely to be a current smoker. In 2019, respondents with a high school education or less were more likely to be a current smoker.

- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.

- In 2008 and 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of unmarried respondents who were current smokers.

2016 to 2019 Year Comparisons (Table 52)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of male respondents who were current smokers.

- In 2016 and 2019, respondents with a high school education or less were more likely to be a current smoker. From 2016 to 2019, there was a noted decrease in the percent of respondents with a high school education or less who were current smokers.

- In 2016 and 2019, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.

- In 2016, unmarried respondents were more likely to be a current smoker. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of unmarried respondents who were current smokers.

Table 52. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year (Q66)①

	2008	2011	2014	2016	2019
TOTAL[a]	26%	24%	28%	23%	19%
Gender[3]					
Male[a,b]	30	28	36	27	18
Female	22	21	20	20	19
Age[1,2,3]					
18 to 34	32	23	36	31	23
35 to 44	26	37	35	24	24
45 to 54[a]	31	21	25	20	17
55 to 64	25	26	21	20	19
65 and Older	8	13	13	13	8
Education[1,2,3,4,5]					
High School or Less[b]	31	34	36	39	25
Some Post High School	30	26	34	29	22
College Graduate	15	11	13	5	11
Household Income[1,3,4,5]					
Bottom 40 Percent Bracket	35	27	39	35	26
Middle 20 Percent Bracket	29	28	43	27	15
Top 40 Percent Bracket	20	20	9	11	12
Marital Status[3,4]					
Married	23	23	18	17	17
Not Married[a,b]	28	25	36	30	19

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Electronic Vapers

In 2017, 5% of Wisconsin respondents currently used electronic cigarettes. In 2018, 4% of U.S. respondents currently used electronic cigarettes (2017 & 2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 53)

- Thirteen percent of respondents used electronic cigarettes in the past month.
- Twenty-nine percent of respondents 18 to 34 years old used electronic cigarettes in the past month compared to 2% of those 55 to 64 years old or 0% of respondents 65 and older.
- Twenty percent of respondents with a high school education or less used electronic cigarettes in the past month compared to 16% of those with some post high school education or 3% of respondents with a college education.
- Sixteen percent of respondents in the bottom 40 percent household income bracket used electronic cigarettes in the past month compared to 13% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to use electronic cigarettes in the past month compared to married respondents (19% and 4%, respectively).

2014 to 2019 Year Comparisons (Table 53)

- From 2014 to 2019, there was no statistical change in the overall percent of respondents who used electronic cigarettes in the past month.

- In 2014 and 2019, respondents 18 to 34 years old were more likely to use electronic cigarettes in the past month.

- In 2014, respondents with some post high school education or less were more likely to use electronic cigarettes in the past month. In 2019, respondents with a high school education or less were more likely to use electronic cigarettes in the past month, with a noted increase since 2014.

- In 2014, respondents in the middle 20 percent household income bracket were more likely to use electronic cigarettes in the past month. In 2019, respondents in the bottom 40 percent household income bracket were more likely to use electronic cigarettes in the past month, with a noted increase since 2014. From 2014 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting electronic cigarette use in the past month.

- In 2014 and 2019, unmarried respondents were more likely to use electronic cigarettes in the past month.

2016 to 2019 Year Comparisons (Table 53)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who used electronic cigarettes in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they used electronic cigarettes in 2016.

Table 53. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year (Q65)[①]

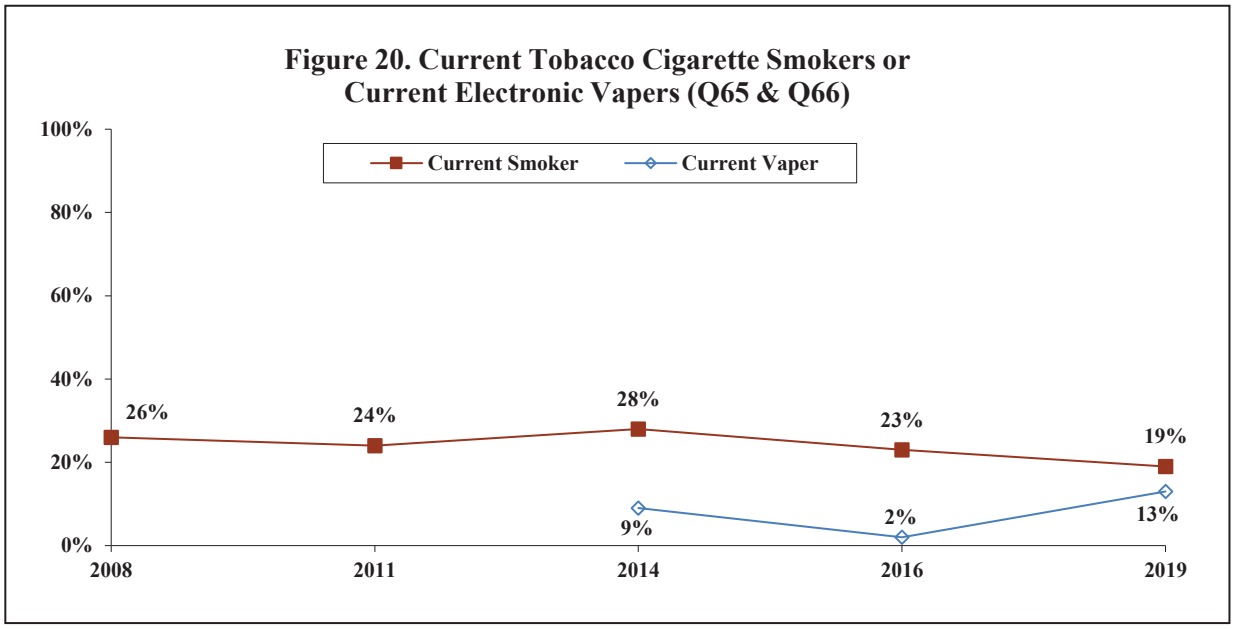
	2014	2016[②]	2019
TOTAL[b]	9%	2%	13%
Gender			
Male	11	--	13
Female	7	--	12
Age[1,3]			
18 to 34	20	--	29
35 to 44	4	--	7
45 to 54	5	--	11
55 to 64	5	--	2
65 and Older	2	--	0
Education[1,3]			
High School or Less[a]	11	--	20
Some Post High School	11	--	16
College Graduate	3	--	3
Household Income[1,3]			
Bottom 40 Percent Bracket[a]	8	--	16
Middle 20 Percent Bracket[a]	17	--	3
Top 40 Percent Bracket[a]	2	--	13
Marital Status[1,3]			
Married	3	--	4
Not Married	13	--	19

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2014 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Tobacco Cigarette Smoking or Vaping Overall

Year Comparisons

- From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2016 to 2019, there was no statistical change. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical increase.



Quit Smoking or Vaping for at Least One Day in Past Year as a Result of Trying to Quit

The Healthy People 2020 goal for current smokers to have tried quitting for at least one day is 80%. (Objective TU-4.1)

In 2005, 49% of Wisconsin respondents reported they quit smoking for at least one day because they were trying to quit while 56% of U.S. respondents reported a cessation attempt for at least one day (2005 Behavioral Risk Factor Surveillance).

2019 Findings

Of the 103 current tobacco cigarette smokers or electronic vapers…

- Sixty-five percent of the 103 current smokers or vapers reported they quit smoking or vaping for one day or longer in the past year because they were trying to quit.

- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2008 to 2019 Year Comparisons

In 2008, the tobacco cessation question was of current smokers only. In 2019, it included current smokers and current vapers.

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they quit smoking or vaping for one day or longer in the past year because they were trying to quit.

- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question.

2016 to 2019 Year Comparisons

In 2016, the tobacco cessation question was of current smokers only. In 2019, it included current smokers and current vapers.

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they quit smoking or vaping for one day or longer in the past year because they were trying to quit.

- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question.

Doctor, Nurse or Other Health Professional Advised Respondent to Quit

2019 Findings

Of the 78 current smokers or vapers who have seen a health professional in the past year…

- Seventy-seven percent of the 78 current smokers or vapers who have seen a health professional in the past year reported their health professional advised them to quit smoking or vaping.

- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2008 to 2019 Year Comparisons

In 2008, the advising to quit question was asked of current smokers only. In 2019, it included current smokers and current vapers.

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their health professional advised them to quit smoking or vaping.

- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

2016 to 2019 Year Comparisons

In 2016, advising to quit was asked of current smokers only. In 2019, it included current smokers and current vapers.

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their health professional advised them to quit smoking or vaping.

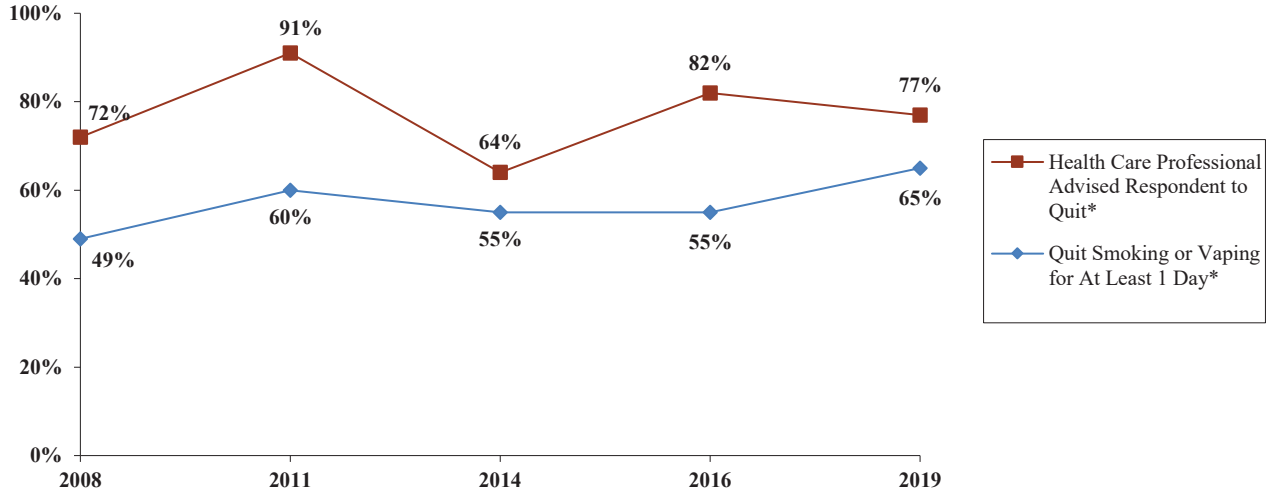
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

Smoking or Vaping Cessation Overall

Year Comparisons

- From 2008 to 2019, there was a statistical increase in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, tobacco cessation and health professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.

Figure 21. Smoking or Vaping Cessation in Past Year (Current Tobacco Smokers or Electronic Vapor Product Users) (Q67 & Q69)



*In 2019, tobacco cessation and health professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.

Exposure to Cigarette Smoke or Electronic Vapor (Figure 22; Table 54)

KEY FINDINGS: In 2019, 14% of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.

Exposure to Second-Hand Smoke or Vaping in Past Seven Days (Nonsmokers or Nonvapers)

The Healthy People 2020 goal for nonsmokers exposed to second-hand smoke is 34%. (Objective TU-11.3)

2019 Findings (Table 54)

Of 296 nonsmoking or nonvaping respondents…

- Fourteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor on at least one day in the past seven days while they rode in a car or were in the same room with a person who was smoking or vaping.

- Male respondents were more likely to report second-hand smoke or vapor exposure in the past seven days (18%) compared to female respondents (9%).

- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported second-hand smoke or vapor exposure compared to 13% of those in the middle 20 percent income bracket or 9% of respondents with a college education.

- Unmarried respondents were more likely to report second-hand smoke or vapor exposure in the past seven days compared to married respondents (20% and 8%, respectively).

2008 to 2019 Year Comparisons (Table 54)

In 2008, the question was asked of nonsmoking respondents only. In 2019, the question was asked of nonsmoking and nonvaping respondents.

- From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking/nonvaping respondents who reported exposure to second-hand smoke or vapor in the past seven days.

- In 2008 and 2019, male respondents were more likely to report second-hand smoke or vapor exposure in the past seven days. From 2008 to 2019, there was a noted decrease in the percent of respondents across gender reporting exposure to second-hand smoke or vapor.

- In 2008, respondents 35 to 44 years old were more likely to report second-hand smoke or vapor exposure. In 2019, age was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting exposure.

- In 2008, respondents with some post high school education were more likely to report exposure to second-hand smoke or vapor. In 2019, education was not a significant variable. From 2008 to 2019, there was a noted decrease in the percent of respondents with some post high school education reporting exposure.

- In 2008, respondents in the top 40 percent household income bracket were more likely to report exposure to second-hand smoke or vapor. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke or vapor. From 2008 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting exposure.

- In 2008 and 2019, unmarried respondents were more likely to report second-hand smoke or vapor exposure. From 2008 to 2019, there was a noted decrease in the percent of respondents across marital status reporting exposure to second-hand smoke or vapor.

2016 to 2019 Year Comparisons (Table 54)

In 2016, the question was asked of nonsmoking respondents only. In 2019, the question was asked of nonsmoking and nonvaping respondents.

- From 2016 to 2019, there was no statistical change in the overall percent of nonsmoking/nonvaping respondents who reported exposure to second-hand smoke or vapor in the past seven days.

- In 2016, gender was not a significant variable. In 2019, male respondents were more likely to report second-hand smoke or vapor exposure. From 2016 to 2019, there was a noted decrease in the percent of female respondents reporting exposure.

- In 2016, respondents 35 to 44 years old were more likely to report second-hand smoke or vapor exposure. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 45 to 54 years old reporting exposure.

- In 2016, respondents with some post high school education were more likely to report exposure to second-hand smoke or vapor. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education reporting exposure.

- In 2016 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke or vapor.

- In 2016 and 2019, unmarried respondents were more like to report exposure to second-hand smoke or vapor.

Table 54. Nonsmokers or Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days by Demographic Variables for Each Survey Year (Q70)[①,②]

	2008	2011	2014	2016	2019
TOTAL[a]	28%	21%	21%	17%	14%
Gender[1,5]					
Male[a]	36	20	24	15	18
Female[a,b]	21	23	19	20	9
Age[1,2,3,4]					
18 to 34	34	39	55	29	22
35 to 44[a,b]	39	13	10	32	9
45 to 54[b]	16	16	11	2	11
55 to 64	25	16	7	11	20
65 and Older	17	8	6	9	9
Education[1,2,3,4]					
High School or Less	31	28	36	23	22
Some Post High School[a,b]	40	27	20	27	12
College Graduate	15	9	10	9	11
Household Income[1,4,5]					
Bottom 40 Percent Bracket	34	27	18	27	24
Middle 20 Percent Bracket	15	21	18	2	13
Top 40 Percent Bracket[a]	39	17	13	16	9
Marital Status[1,2,3,4,5]					
Married[a]	21	12	10	11	8
Not Married[a]	37	31	31	26	20

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

[②]In 2019, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmoking respondents only.

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

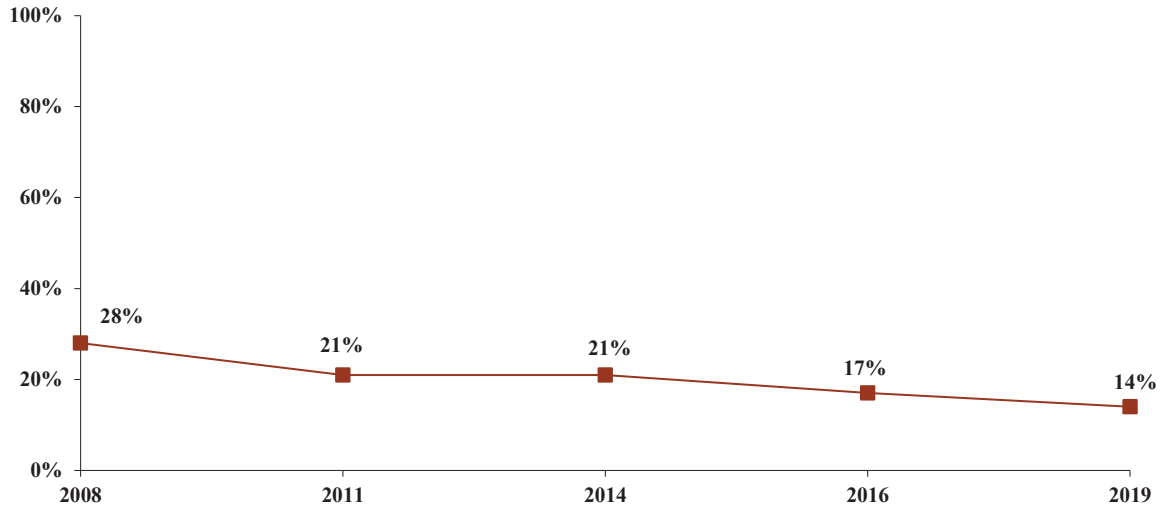
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Exposure to Cigarette Smoke or Electronic Vapor Overall

Year Comparisons

- From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.

Figure 22. Nonsmokers/Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days (Q70)



*In 2019, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmoking respondents only.

Other Tobacco Products (Figure 23; Tables 55 & 56)

KEY FINDINGS: In 2019, 8% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male or in the top 40 percent household income bracket were more likely to report smokeless tobacco use.

From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month while from 2016 to 2019, there was a statistical increase.

Smokeless Tobacco

The Healthy People 2020 goal for current smokeless tobacco users is 0.2% (Objective TU-1.2).

In 2018, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 55)

- Eight percent of respondents used smokeless tobacco in the past month.
- Male respondents were more likely to report smokeless tobacco use in the past month (11%) compared to female respondents (5%).
- Sixteen percent of respondents in the top 40 percent household income bracket reported smokeless tobacco use in the past month compared to 4% of those in the bottom 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

2014 to 2019 Year Comparisons (Table 55)

- From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.
- In 2014 and 2019, male respondents were more likely to report smokeless tobacco use. From 2014 to 2019, there was a noted increase in the percent of female respondents reporting smokeless tobacco use.
- In 2014, respondents 18 to 34 years old were more likely to report smokeless tobacco use. In 2019, age was not a significant variable. From 2014 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting smokeless tobacco use.
- In 2014 and 2019, education was not a significant variable. From 2014 to 2019, there was a noted increase in the percent of respondents with a college education reporting smokeless tobacco use.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report smokeless tobacco use. In 2019, respondents in the top 40 percent household income bracket were more likely to report smokeless tobacco use, with a noted increase since 2014.
- In 2014, unmarried respondents were more likely to report smokeless tobacco use. In 2019, marital status was not a significant variable.

2016 to 2019 Year Comparisons (Table 55)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who used smokeless tobacco in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported smokeless tobacco use in 2016.

Table 55. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year (Q63)①

	2014	2016②	2019
TOTAL[b]	5%	3%	8%
Gender[1,3]			
Male	10	--	11
Female[a]	<1	--	5
Age[1]			
18 to 34	10	--	8
35 to 44[a]	0	--	11
45 to 54	7	--	11
55 to 64	2	--	9
65 and Older	2	--	0
Education			
High School or Less	6	--	4
Some Post High School	6	--	9
College Graduate[a]	3	--	10
Household Income[1,3]			
Bottom 40 Percent Bracket	4	--	4
Middle 20 Percent Bracket	13	--	3
Top 40 Percent Bracket[a]	3	--	16
Marital Status[1]			
Married	2	--	6
Not Married	7	--	9

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2014 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Cigars, Cigarillos or Little Cigars

2019 Findings (Table 56)

- Three percent of respondents used cigars, cigarillos or little cigars in the past month.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used cigars, cigarillos or little cigars in the past month.

2014 to 2019 Year Comparisons (Table 56)

- From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- In 2014, male respondents were more likely to report they used cigars, cigarillos or little cigars in the past month.

2016 to 2019 Year Comparisons (Table 56)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they used cigars, cigarillos or little cigars in both study years.

Table 56. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year (Q64)①

	2014	2016②	2019②
TOTAL[a,b]	7%	<1%	3%
Gender[1]			
Male	13	--	--
Female	<1	--	--
Age			
18 to 34	8	--	--
35 to 44	5	--	--
45 to 54	6	--	--
55 to 64	12	--	--
65 and Older	2	--	--
Education			
High School or Less	10	--	--
Some Post High School	4	--	--
College Graduate	5	--	--
Household Income			
Bottom 40 Percent Bracket	8	--	--
Middle 20 Percent Bracket	2	--	--
Top 40 Percent Bracket	7	--	--
Marital Status			
Married	8	--	--
Not Married	6	--	--

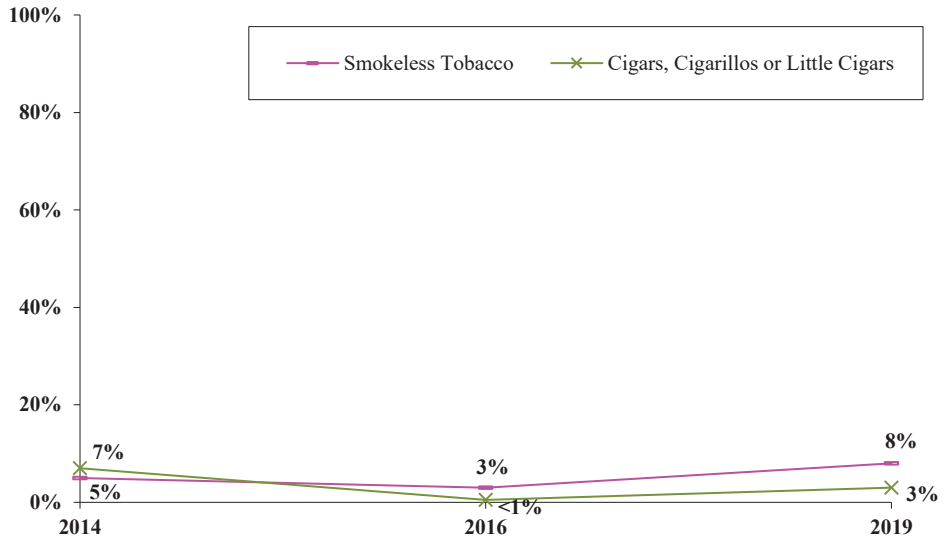
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2014 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Other Tobacco Products Overall

Year Comparisons

- From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month while from 2016 to 2019, there was a statistical increase.

Figure 23. Other Tobacco Product Use in Past Month (Q63 & Q64)



Alcohol Use (Figure 24; Tables 57 & 58)

KEY FINDINGS: In 2019, 33% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month.

From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2016 to 2019.

Binge Drinking in Past Month

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2019, Kenosha County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2020 goal for adult binge drinking (5 or more drinks) is 24%. (Objective SA-14.3)

In 2018, 26% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Sixteen percent of U.S. respondents reported binge drinking in the past month (2018 Behavioral Risk Factor Surveillance).

2019 Findings (Table 57)

- Thirty-three percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).

- Respondents 18 to 34 years old were more likely to have binged in the past month (53%) compared to those 55 to 64 years old (21%) or respondents 65 and older (8%).

- Forty percent of respondents with some post high school education binged in the past month compared to 32% of those with a college education or 25% of respondents with a high school education or less.

- Forty-two percent of respondents in with top 40 percent household income bracket binged in the past month compared to 34% of those in the middle 20 percent income bracket or 26% of respondents in the bottom 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 57)

In 2011, 2014, 2016 and 2019, the Kenosha County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males. In 2008, the definition was five or more drinks, regardless of gender.

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who binged in the past month.

- In 2008, male respondents were more likely to have binged. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of female respondents reporting binge drinking.

- In 2008, respondents 18 to 44 years old were more likely to have binged. In 2019, respondents 18 to 34 years old were more likely to have binged, with a noted increase since 2008.

- In 2008 and 2019, respondents with some post high school education were more likely to have binged. From 2008 to 2019, there was a noted increase in the percent of respondents with a college education reporting binge drinking.

- In 2008, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to have binged, with a noted increase since 2008.

- In 2008, unmarried respondents were more likely to have binged. In 2019, marital status was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of married respondents reporting binge drinking.

2016 to 2019 Year Comparisons (Table 57)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who binged in the past month.

- In 2016, respondents 35 to 44 years old were more likely to have binged. In 2019, respondents 18 to 34 years old were more likely to have binged.

- In 2016, education was not a significant variable. In 2019, respondents with some post high school education were more likely to have binged.

- In 2016, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to have binged.

Table 57. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q57)[①,②]

	2008	2011	2014	2016	2019
TOTAL[a]	23%	28%	32%	30%	33%
Gender[1,3]					
Male	31	32	39	32	36
Female[a]	15	25	26	27	29
Age[1,2,3,4,5]					
18 to 34[a]	29	46	58	41	53
35 to 44	29	33	25	45	41
45 to 54	21	22	24	15	22
55 to 64	12	15	24	27	21
65 and Older	10	7	12	12	8
Education[1,2,5]					
High School or Less	20	33	37	30	25
Some Post High School	33	33	32	33	40
College Graduate[a]	15	18	28	26	32
Household Income[3,5]					
Bottom 40 Percent Bracket	23	32	26	30	26
Middle 20 Percent Bracket	21	32	25	27	34
Top 40 Percent Bracket[a]	29	27	43	33	42
Marital Status[1]					
Married[a]	17	24	34	28	30
Not Married	28	32	31	32	34

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2011, 2014, 2016 and 2019, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2008, "5 or more drinks on an occasion" was used for both males and females.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month

2019 Findings (Table 58)

- Two percent of respondents reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink in the past month.

2008 to 2019 Year Comparisons (Table 58)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in both study years.

2016 to 2019 Year Comparisons (Table 58)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in both study years.

Table 58. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year (Q58)[①]

	2008[②]	2011[②]	2014	2016[②]	2019[②]
TOTAL	3%	2%	6%	2%	2%
Gender					
Male	--	--	8	--	--
Female	--	--	4	--	--
Age[3]					
18 to 34	--	--	12	--	--
35 to 44	--	--	8	--	--
45 to 54	--	--	4	--	--
55 to 64	--	--	0	--	--
65 and Older	--	--	0	--	--
Education					
High School or Less	--	--	6	--	--
Some Post High School	--	--	7	--	--
College Graduate	--	--	5	--	--
Household Income					
Bottom 40 Percent Bracket	--	--	3	--	--
Middle 20 Percent Bracket	--	--	8	--	--
Top 40 Percent Bracket	--	--	8	--	--
Marital Status					
Married	--	--	5	--	--
Not Married	--	--	7	--	--

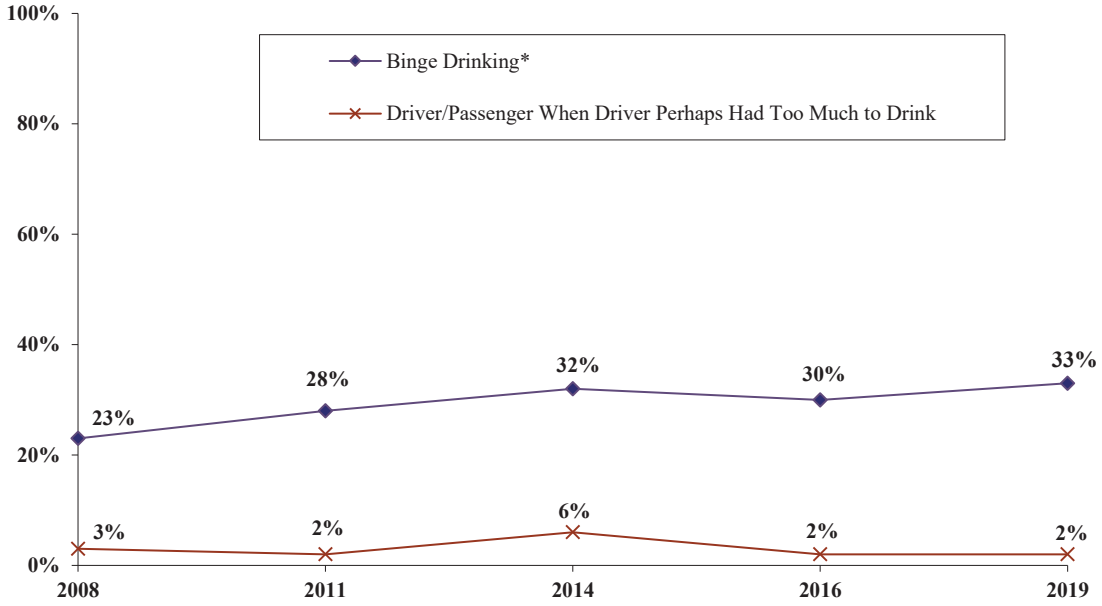
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Alcohol Use Overall

Year Comparisons

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2016 to 2019.

Figure 24. Alcohol Use in Past Month (Q57 & Q58)



*In 2011, 2014, 2016 and 2019, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2008, "5 or more drinks on an occasion" was used for both males and females.

Household Problems (Figure 25; Table 59)

KEY FINDINGS: In 2019, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year. Three percent of respondents reported someone in their household experienced some kind of problem with marijuana. One percent of respondents reported a household problem in connection with cocaine/meth/other street drugs while less than one percent reported heroin/other opioids.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.

Household Problem Associated with Alcohol in Past Year

2019 Findings (Table 59)

- Three percent of respondents reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol in the past year.

2008 to 2019 Year Comparisons (Table 59)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol in both study years.

2016 to 2019 Year Comparisons (Table 59)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol in 2019.

Table 59. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year (Q59)[①]

	2008[②]	2011[②]	2014[②]	2016	2019[②]
TOTAL	2%	3%	2%	5%	3%
Household Income					
Bottom 40 Percent Bracket	--	--	--	8	--
Middle 20 Percent Bracket	--	--	--	0	--
Top 40 Percent Bracket	--	--	--	4	--
Marital Status					
Married	--	--	--	5	--
Not Married	--	--	--	4	--
Children in Household					
Yes	--	--	--	3	--
No	--	--	--	6	--

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Household Problem Associated with Marijuana in Past Year

2019 Findings

- Three percent of respondents reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal, physical or medical in connection with marijuana in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a household problem with marijuana in the past year.

2011 to 2019 Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal, physical or medical in connection with marijuana in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem with marijuana in both study years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with marijuana in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem with marijuana in both study years.

Other Household Problems in Past Year

2019 Findings

- One percent of respondents reported someone in their household experienced some kind of problem with cocaine/meth/other street drugs in the past year while less than one percent reported heroin/other opioids.

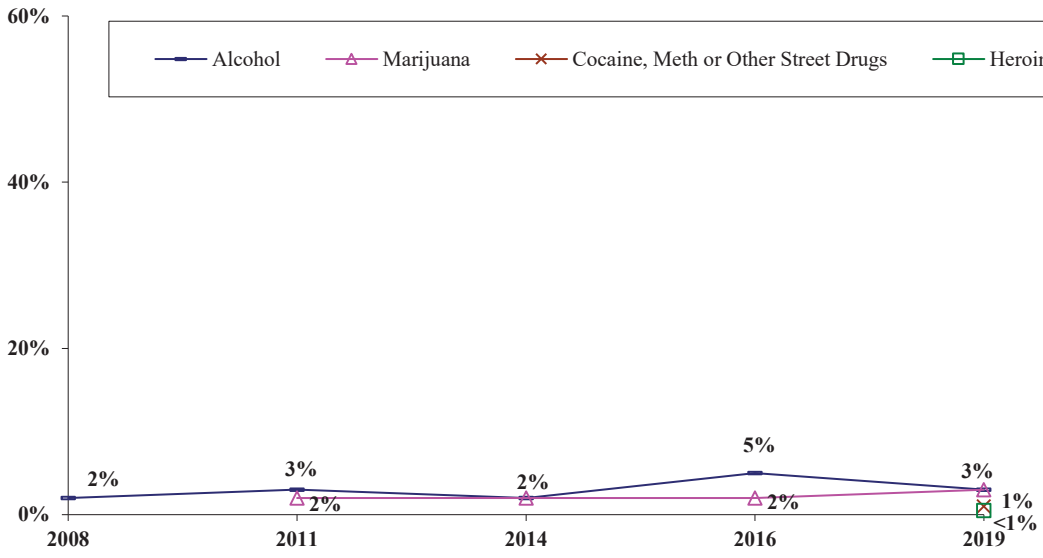
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a problem associated with each of the other household problems in the past year.

Household Problems Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.

Figure 25. Household Problems in Past Year (Q59 - Q62)



Mental Health Status (Figures 26 & 27; Tables 60 - 62)

KEY FINDINGS: In 2019, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

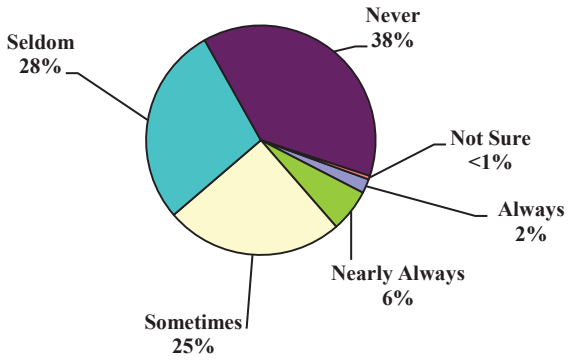
From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life while from 2016 to 2019, there was no statistical change.

Felt Sad, Blue or Depressed

2019 Findings (Table 60)

- Eight percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 17,030 residents.

Figure 26. Felt Sad, Blue or Depressed in Past Month for 2019 (Q54)



- Sixteen percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed in the past month compared to 5% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month compared to married respondents (12% and 4%, respectively).

2008 to 2019 Year Comparisons (Table 60)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- In 2008 and 2019, age was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting always or nearly always.

- In 2008 and 2019, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.

- In 2008, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

2016 to 2019 Year Comparisons (Table 60)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of female respondents reporting always or nearly always.

- In 2016, respondents 55 to 64 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting always or nearly always.

- In 2016, respondents with some post high school education or less were more likely to report they always or nearly always felt sad, blue or depressed. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents with a college education reporting always or nearly always.

- In 2016, respondents in the bottom 60 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2016.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 60. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year (Q54)[①]

	2008	2011	2014	2016	2019
TOTAL	7%	8%	7%	6%	8%
Gender[3]					
Male	6	9	4	7	6
Female[b]	8	6	10	4	10
Age[2,4]					
18 to 34[a,b]	3	7	2	3	10
35 to 44	10	12	11	5	7
45 to 54	4	4	11	7	7
55 to 64	12	14	7	14	14
65 and Older	10	2	7	2	2
Education[4]					
High School or Less	9	11	11	9	9
Some Post High School	8	7	6	8	10
College Graduate[b]	3	4	5	1	6
Household Income[1,3,4,5]					
Bottom 40 Percent Bracket[b]	13	11	10	8	16
Middle 20 Percent Bracket	7	5	5	7	5
Top 40 Percent Bracket	3	5	2	1	2
Marital Status[2,3,5]					
Married	5	3	4	5	4
Not Married	10	12	10	7	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Considered Suicide

All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

2019 Findings (Table 61)

- Eight percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 17,030 residents who may have considered suicide in the past year.
- Respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide (21%) compared to those 45 to 54 years old (1%) or respondents 65 and older (0%).
- Fourteen percent of respondents with a high school education or less reported they felt so overwhelmed in the past year that they considered suicide compared to 11% of those with some post high school education or 2% of respondents with a college education.

- Unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide compared to married respondents (13% and 3%, respectively).

2008 to 2019 Year Comparisons (Table 61)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.

- In 2008, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2008.

- In 2008, education was not a significant variable. In 2019, respondents with a high school education or less were more likely to report they felt so overwhelmed that they considered suicide. From 2008 to 2019, there was a noted increase in the percent of respondents with some post high school education or less reporting they considered suicide.

- In 2008 and 2019, unmarried respondents were more likely to report they felt so overwhelmed that they considered suicide. From 2008 to 2019, there was a noted increase in the percent of unmarried respondents reporting they considered suicide.

2016 to 2019 Year Comparisons (Table 61)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2016, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2016.

- In 2016, education was not a significant variable. In 2019, respondents with a high school education or less were more likely to report they felt so overwhelmed that they considered suicide.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed that they considered suicide. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they considered suicide.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report they felt so overwhelmed that they considered suicide, with a noted increase since 2016.

Table 61. Considered Suicide in Past Year by Demographic Variables for Each Survey Year (Q56)①

	2008	2011	2014	2016	2019
TOTAL[a]	4%	5%	8%	5%	8%
Gender[3]					
Male	4	4	4	6	8
Female	4	5	10	5	8
Age[5]					
18 to 34[a,b]	5	7	11	4	21
35 to 44	3	5	8	4	5
45 to 54	7	2	6	6	1
55 to 64	5	8	7	10	5
65 and Older	2	0	3	3	0
Education[3,5]					
High School or Less[a]	6	5	7	8	14
Some Post High School[a]	3	5	13	6	11
College Graduate	4	4	<1	3	2
Household Income[4]					
Bottom 40 Percent Bracket	6	5	10	8	12
Middle 20 Percent Bracket	3	0	7	3	5
Top 40 Percent Bracket[b]	4	4	5	1	6
Marital Status[1,3,5]					
Married	2	3	3	4	3
Not Married[a,b]	6	7	11	7	13

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Find Meaning and Purpose in Daily Life

2019 Findings (Table 62)

- A total of 8% of respondents reported they seldom or never find meaning and purpose in daily life. Forty-five percent of respondents reported they always find meaning and purpose while an additional 32% reported nearly always.

- Fourteen percent of respondents with a high school education or less reported they seldom or never find meaning and purpose in daily life compared to 10% of those with some post high school education or less than one percent of respondents with a college education.

- Seventeen percent of respondents in the bottom 40 percent household income bracket reported they seldom or never find meaning and purpose in daily life compared to 4% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life (13%) compared to married respondents (2%).

2008 to 2019 Year Comparisons (Table 62)

- From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2008, education was not a significant variable. In 2019, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2008.

- In 2008, household income was not a significant variable. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2008.

- In 2008, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2008.

2016 to 2019 Year Comparisons (Table 62)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2016, male respondents were more likely to report they seldom or never find meaning and purpose in daily life. In 2019, gender was not a significant variable.

- In 2016 and 2019, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2016, respondents in the bottom 60 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life. In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life. From 2016 to 2019, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they seldom or never find meaning and purpose in daily life.

- In 2016 and 2019, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

Table 62. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year (Q55)[①]

	2008	2011	2014	2016	2019
TOTAL[a]	5%	5%	7%	8%	8%
Gender[4]					
Male	5	7	9	11	8
Female	4	3	6	5	8
Age[2,3]					
18 to 34	4	2	8	9	10
35 to 44	5	1	1	11	8
45 to 54	1	8	14	5	6
55 to 64	9	7	5	10	7
65 and Older	6	10	5	7	7
Education[4,5]					
High School or Less[a]	3	8	10	15	14
Some Post High School	7	5	7	8	10
College Graduate	4	2	4	3	<1
Household Income[3,4,5]					
Bottom 40 Percent Bracket[a]	5	6	14	14	17
Middle 20 Percent Bracket	7	3	8	12	3
Top 40 Percent Bracket[b]	5	2	0	0	4
Marital Status[3,4,5]					
Married	3	4	4	3	2
Not Married[a]	6	6	10	14	13

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

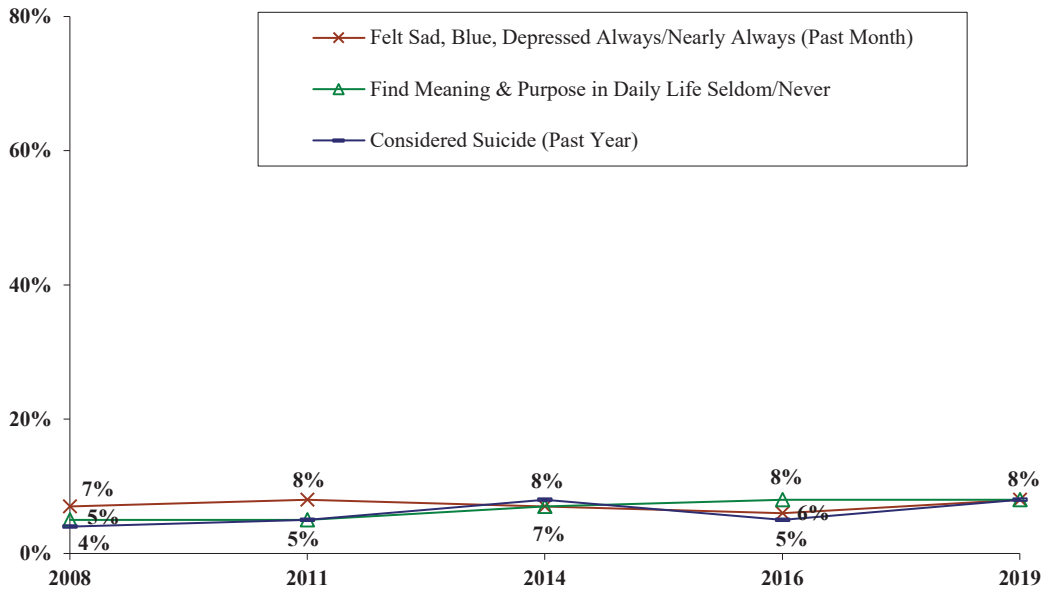
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Mental Health Status Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom or never find meaning and purpose in daily life while from 2016 to 2019, there was no statistical change.

Figure 27. Mental Health Status (Q54 - Q56)



Personal Safety Issues (Figure 28; Tables 63 - 65)

KEY FINDINGS: In 2019, 5% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 8% reported at least one of these two situations; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this.

From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety or they were pushed/kicked/slapped/hit in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2016 to 2019.

Afraid for Personal Safety

2019 Findings (Table 63)

- Five percent of respondents reported someone made them afraid for their personal safety in the past year.
- There were no statistically significant differences between demographic variables and responses of reporting someone made them afraid for their personal safety in the past year.
    - Of the 21 respondents, a stranger was the person most often reported who made them afraid (50%) followed by an acquaintance (30%).

2008 to 2019 Year Comparisons (Table 63)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year.
- In 2008, female respondents were more likely to report they were afraid for their personal safety. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of male respondents reporting they were afraid for their personal safety.
- In 2008, unmarried respondents were more likely to report they were afraid for their personal safety. In 2019, marital status was not a significant variable.

2016 to 2019 Year Comparisons (Table 63)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year.
- In 2016, respondents 35 to 44 years old were more likely to report they were afraid for their personal safety. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 35 to 44 years old reporting they were afraid for their personal safety.
- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they were afraid for their personal safety. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting they were afraid for their personal safety.

Table 63. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year (Q107)①

	2008	2011	2014	2016	2019
TOTAL	5%	5%	4%	4%	5%
Gender[1,2]					
Male[a]	1	2	5	5	5
Female	8	8	3	3	5
Age[4]					
18 to 34[b]	7	4	7	<1	8
35 to 44[b]	3	8	1	11	3
45 to 54	3	7	2	5	5
55 to 64	9	5	5	5	3
65 and Older	2	2	5	0	5
Education					
High School or Less	2	3	4	3	5
Some Post High School	6	6	6	8	7
College Graduate	6	8	3	2	3
Household Income[2,3,4]					
Bottom 40 Percent Bracket	6	9	4	9	8
Middle 20 Percent Bracket[b]	7	2	10	0	7
Top 40 Percent Bracket	5	3	<1	2	3
Marital Status[1,3]					
Married	2	4	<1	5	5
Not Married	7	6	7	3	5

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Pushed, Kicked, Slapped or Hit

2019 Findings (Table 64)

- Four percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- Eight percent of respondents 18 to 34 years old reported they were pushed, kicked, slapped or hit in the past year compared to 0% of respondents 35 to 44 years old or 65 and older.
    - Of the 14 respondents, a stranger was the person most often reported who pushed, kicked, slapped or hit the respondent (9 respondents) followed by a child (3 respondents).

2008 to 2019 Year Comparisons (Table 64)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were pushed, kicked, slapped or hit in 2008.

2016 to 2019 Year Comparisons (Table 64)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were pushed, kicked, slapped or hit in 2016.

Table 64. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year (Q109)[①]

	2008[②]	2011[②]	2014	2016[②]	2019
TOTAL	2%	3%	5%	2%	4%
Gender[3]					
Male	--	--	2	--	5
Female	--	--	7	--	2
Age[5]					
18 to 34	--	--	7	--	8
35 to 44	--	--	4	--	0
45 to 54	--	--	6	--	5
55 to 64	--	--	2	--	2
65 and Older	--	--	0	--	0
Education[3]					
High School or Less	--	--	2	--	4
Some Post High School	--	--	9	--	2
College Graduate	--	--	3	--	5
Household Income					
Bottom 40 Percent Bracket	--	--	3	--	6
Middle 20 Percent Bracket	--	--	7	--	7
Top 40 Percent Bracket	--	--	7	--	2
Marital Status					
Married	--	--	3	--	2
Not Married	--	--	6	--	5

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Combined Personal Safety Issues

2019 Findings (Table 65)

- A total of 8% of all respondents reported at least one of the two personal safety issues in the past year.

- Fourteen percent of respondents 18 to 34 years old reported at least one of the two personal safety issues in the past year compared to 3% of respondents 35 to 44 years old or 55 to 64 years old.

- Fifteen percent of respondents in the middle 20 percent household income bracket reported at least one of the two personal safety issues compared to 11% of those in the bottom 40 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

2008 to 2019 Year Comparisons (Table 65)

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the personal safety issues in the past year.

- In 2008, female respondents were more likely to report at least one of the personal safety issues. In 2019, gender was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of male respondents reporting at least one of the personal safety issues.

- In 2008, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report at least one of the personal safety issues.

- In 2008 and 2019, education was not a significant variable. From 2008 to 2019, there was a noted increase in the percent of respondents with a high school education or less reporting at least one of the personal safety issues.

- In 2008, household income was not a significant variable. In 2019, respondents in the middle 20 percent household income bracket were more likely to report at least one of the personal safety issues.

- In 2008, unmarried respondents were more likely to report at least one of the personal safety issues. In 2019, marital status was not a significant variable.

2016 to 2019 Year Comparisons (Table 65)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the personal safety issues in the past year.

- In 2016, respondents 35 to 44 years old were more likely to report at least one of the personal safety issues. In 2019, respondents 18 to 34 years old were more likely to report at least one of the personal safety issues, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents 35 to 44 years old reporting at least one of the personal safety issues.

- In 2016, respondents with some post high school education were more likely to report at least one of the personal safety issues. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents with a college education reporting at least one of the personal safety issues.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. In 2019, respondents in the middle 20 percent household income bracket were more likely to report at least one of the personal safety issues, with a noted increase since 2016.

Table 65. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year (Q107 & Q109)[①]

	2008	2011	2014	2016	2019
TOTAL	5%	7%	8%	5%	8%
Gender[1,2]					
Male[a]	2	4	6	6	10
Female	9	11	10	4	6
Age[4,5]					
18 to 34[b]	7	8	14	3	14
35 to 44[b]	3	9	5	11	3
45 to 54	4	8	6	7	10
55 to 64	11	5	5	5	3
65 and Older	2	3	5	0	5
Education[3,4]					
High School or Less[a]	3	5	5	5	9
Some Post High School	7	7	13	9	8
College Graduate[b]	7	11	6	2	7
Household Income[4,5]					
Bottom 40 Percent Bracket	7	9	5	10	11
Middle 20 Percent Bracket[b]	7	5	15	0	15
Top 40 Percent Bracket	5	4	8	3	4
Marital Status[1,3]					
Married	3	5	3	5	7
Not Married	8	9	11	5	9

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2016; [5]demographic difference at p≤0.05 in 2019

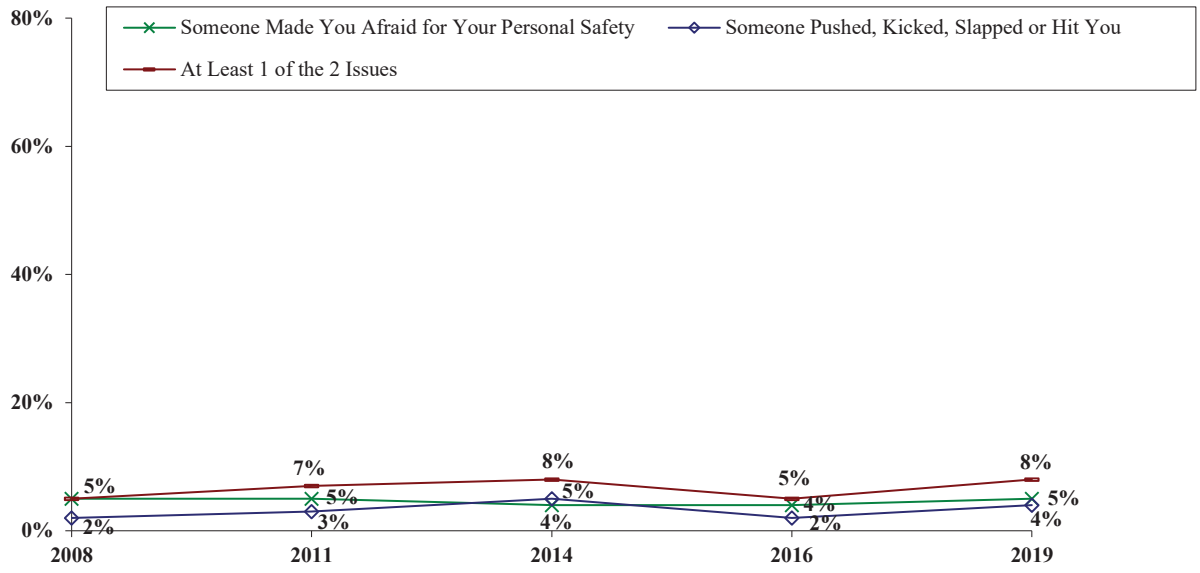
[a]year difference at p≤0.05 from 2008 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Personal Safety Issues Overall

Year Comparisons

- From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety or they were pushed/kicked/slapped/hit in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2016 to 2019.

Figure 28. Personal Safety Issues in Past Year (Q107 & Q109)



Children in Household (Figures 29 & 30; Tables 66 - 72)

KEY FINDINGS: In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-five percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 91% reporting their child visited their primary doctor or nurse for preventive care during the past year. One percent of respondents reported in the past year their child did not visit a specialist they needed while less than one percent each reported their child did not receive the medical care needed or their child did not receive the dental care needed. Four percent of respondents reported their child currently had asthma. Four percent of respondents reported their child was seldom/never safe in their community. Seventy-four percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Thirty-five percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Seventy-four percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Five percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 6% physical bullying and 2% reported cyber bullying.

From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child or had an unmet dental care need, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical

change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied, as well as from 2016 to 2019.

Children in Household

2019 Findings

- Forty-one percent of respondents reported they have a child under the age of 18 living in their household. Eighty-two percent of these respondents reported they make the health care decisions for their child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.

    - Sixty-six percent of the children selected were 12 or younger. Sixty percent were boys. Of these households, 41% were in the bottom 60 percent household income bracket and 67% were married.

Child's Primary Doctor

2019 Findings (Table 66)

Of the 134 respondents with a child…

- Ninety-five percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse who knows their child well and is familiar with their child's health history.

- There were no statistically significant differences between demographic variables and responses of having one or more persons they think of as their child's primary doctor or nurse.

2011 to 2019 Year Comparisons (Table 66)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse.

- In 2011, respondents were more likely to report their son had a primary doctor or nurse. In 2019, child's gender was not a significant variable.

- In 2011 and 2019, household income was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child had a primary doctor or nurse.

2016 to 2019 Year Comparisons (Table 66)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse.

- From 2016 to 2019, there were no statistically significant differences between and within demographic variables and responses of reporting one or more persons they think of as their child's primary doctor or nurse.

Table 66. Child Has Primary Doctor/Nurse by Demographic Variables for Each Survey Year (Q90)[①]

	2011	2014	2016	2019
TOTAL	89%	89%	98%	95%
Gender[1]				
Boy	93	85	97	96
Girl	81	92	97	93
Age				
12 Years Old or Younger	92	85	97	94
13 to 17 Years Old	83	95	96	96
Household Income[2]				
Bottom 60 Percent Bracket	92	83	96	94
Top 40 Percent Bracket[a]	82	96	99	95
Marital Status[2]				
Married	91	94	97	94
Not Married	84	82	98	95

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Preventive Care with Child's Primary Doctor

The Healthy People 2020 goal for adolescents 10 to 17 having a wellness checkup in the past year is 76% (Objective AH-1).

2019 Findings (Table 67)

Of the 95% of respondents with a child who had a primary doctor (n=126)…

- Of children who had a primary doctor, 91% reported their child visited their primary doctor/nurse for preventive care during the past year.
- Ninety-six percent of respondents in the top 40 percent household income bracket reported their child visited their primary doctor/nurse for preventive care within the past year compared to 84% of respondents in the bottom 60 percent household income bracket.
- Married respondents were more likely to report their child visited their primary doctor/nurse for preventive care in the past year compared to unmarried respondents (94% and 83%, respectively).

2011 to 2019 Year Comparisons (Table 67)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care.
- In 2011, respondents with a child who was 12 or younger were more likely to report their child visited their primary doctor/nurse for preventive care in the past year. In 2019, child's age was not a significant variable.

- In 2011, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report their child visited their primary doctor/nurse for preventive care in the past year. From 2011 to 2019, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting their child visited their primary doctor/nurse for preventive care in the past year.

- In 2011, marital status was not a significant variable. In 2019, married respondents were more likely to report their child visited their primary doctor/nurse for preventive care in the past year. From 2011 to 2019, there was a noted decrease in the percent of unmarried respondents reporting their child visited their primary doctor/nurse for preventive care in the past year.

2016 to 2019 Year Comparisons (Table 67)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care.

- In 2016, respondents in the bottom 60 percent household income bracket were more likely to report their child visited their primary doctor/nurse for preventive care in the past year. In 2019, respondents in the top 40 percent household income bracket were more likely to report their child visited their primary doctor/nurse for preventive care in the past year, with a noted increase since 2016.

- In 2016 and 2019, married respondents were more likely to report their child visited their primary doctor/nurse for preventive care in the past year.

Table 67. Child Went to Primary Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q91)[①]

	2011	2014	2016	2019
TOTAL	95%	91%	85%	91%
Gender				
Boy	96	90	87	88
Girl	93	91	83	94
Age[1]				
12 Years Old or Younger	97	90	89	92
13 to 17 Years Old	88	90	80	91
Household Income[3,4]				
Bottom 60 Percent Bracket[a]	96	88	95	84
Top 40 Percent Bracket[b]	94	90	76	96
Marital Status[3,4]				
Married	92	91	92	94
Not Married[a]	100	89	73	83

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Unmet Care

2019 Findings

Of the 134 respondents with a child…

- One percent of respondents reported in the past year their child did not visit a specialist they needed. Less than one percent of respondents each reported there was a time in the past year their child did not receive the medical care needed or their child did not receive the dental care needed.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child had an unmet need.

2011 to 2019 Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need or had an unmet dental care need.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child had an unmet need in both study years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child had an unmet medical care need or was unable to see a specialist when needed. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet dental care need.

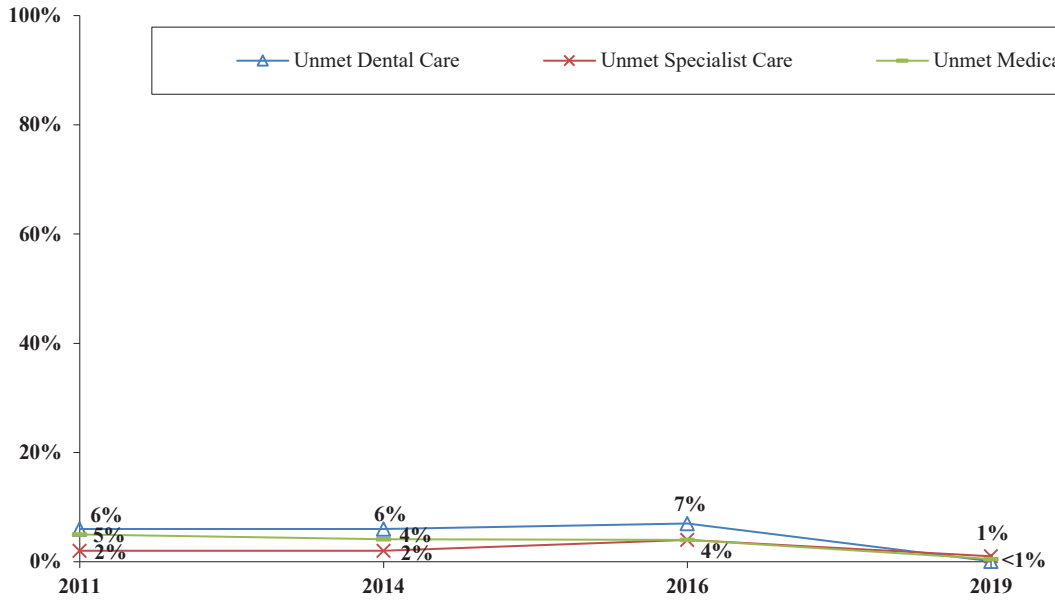
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child had an unmet need in both study years.

Child's Unmet Care Overall

Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child or had an unmet dental care need, as well as from 2016 to 2019.

Figure 29. Child's Unmet Care in Past Year (Q88, Q92 & Q94)



Child's Asthma

2019 Findings

Of the 134 respondents with a child…

- Four percent of respondents reported their child currently had asthma.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child had asthma.

2011 to 2019 Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (7% and 4%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child currently had asthma in both study years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their child currently had asthma (21% and 4%, respectively).

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child currently had asthma in both study years.

Child's Safety in Community

2019 Findings

Of the 134 respondents with a child…

- Four percent of respondents reported their child was seldom/never safe in their community or neighborhood.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child was seldom/never safe in their community.

2011 to 2019 Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (2% and 4%, respectively).

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported their child was seldom/never safe (0% and 4%, respectively).

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

Child's Sleeping Arrangement

2019 Findings

Of the 21 respondents with a child two years old or younger…

- One hundred percent of respondents reported when their child was a baby, their child usually slept in a crib or bassinette. Zero percent reported in bed with them or another person.

- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2011 to 2019 Year Comparisons

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (7% and 0%, respectively).

- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

2016 to 2019 Year Comparisons

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (0% and 0%, respectively).

- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

Child's Fruit Intake

2019 Findings (Table 68)

Of the 102 respondents with a child 5 to 17 years old…

- Seventy-four percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day.

- There were no statistically significant differences between demographic variables and responses of their child ate at least two servings of fruit on an average day.

2011 to 2019 Year Comparisons (Table 68)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child ate at least two servings of fruit on an average day.

- From 2011 to 2019, there were no statistically significant differences between and within demographic variables and responses of reporting their child ate at least two servings of fruit on an average day.

2016 to 2019 Year Comparisons (Table 68)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child ate at least two servings of fruit on an average day.

- In 2016, respondents were more likely to report their daughter ate at least two servings of fruit on an average day. In 2019, child's gender was not a significant variable.

Table 68. Child's Fruit Intake (Two or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q103)[①]

	2011	2014	2016	2019
TOTAL	76%	66%	72%	74%
Gender[3]				
Boy	70	60	60	67
Girl	84	71	88	81
Age				
5 to 12 Years Old	82	59	71	74
13 to 17 Years Old	67	74	74	71
Household Income[2]				
Bottom 60 Percent Bracket	67	79	67	78
Top 40 Percent Bracket	83	53	77	70
Marital Status[2]				
Married	83	56	78	77
Not Married	68	92	64	66

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Child's Vegetable Intake

2019 Findings (Table 69)

Of the 102 respondents with a child 5 to 17 years old…

- Twenty-seven percent of respondents reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.

- There were no statistically significant differences between demographic variables and responses of their child ate at least three servings of vegetables on an average day.

2011 to 2019 Year Comparisons (Table 69)

- From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported their child ate at least three servings of vegetables on an average day.

- In 2011, respondents were more likely to report their daughter ate at least three servings of vegetables on an average day. In 2019, child's gender was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents reporting their daughter ate at least three servings of vegetables on an average day.

- In 2011 and 2019, household income was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child ate at least three servings of vegetables on an average day.

- In 2011 and 2019, marital status was not a significant variable. From 2011 to 2019, there was a statistical decrease in the percent of unmarried respondents reporting their child ate at least three servings of vegetables on an average day.

2016 to 2019 Year Comparisons (Table 69)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables on an average day.

- In 2016, respondents were more likely to report their daughter ate at least three servings of vegetables on an average day. In 2019, child's gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents reporting their son ate at least three servings of vegetables on an average day.

Table 69. Child's Vegetable Intake (Three or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q104)[①]

	2011	2014	2016	2019
TOTAL[a]	41%	19%	25%	27%
Gender[1,3]				
Boy[b]	32	12	16	32
Girl[a]	52	26	37	19
Age				
5 to 12 Years Old	35	27	29	21
13 to 17 Years Old	48	12	23	34
Household Income				
Bottom 60 Percent Bracket	37	26	30	23
Top 40 Percent Bracket[a]	53	11	21	29
Marital Status				
Married	41	16	18	31
Not Married[a]	42	28	35	19

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Child's Fruit and Vegetable Intake

2019 Findings (Table 70)

Of the 102 respondents with a child 5 to 17 years old…

- Thirty-five percent of respondents reported their 5 to 17 year old child ate at least five servings of fruits or vegetables on an average day.

- There were no statistically significant differences between demographic variables and responses of their child ate at least five servings of fruit or vegetables on an average day.

2011 to 2019 Year Comparisons (Table 70)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child ate at least five servings of fruits or vegetables on an average day.

- In 2011 and 2019, child's gender was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents reporting their daughter ate at least five servings of fruit or vegetables on an average day.

2016 to 2019 Year Comparisons (Table 70)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child ate at least five servings of fruits or vegetables on an average day.

- In 2016, respondents were more likely to report their daughter ate at least five servings of fruit or vegetables on an average day. In 2019, child's gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents reporting their son ate at least five servings of fruit or vegetables on an average day.

- In 2016, unmarried respondents were more likely to report their child ate at least five servings of fruit or vegetables on an average day. In 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of married respondents and a noted decrease in the percent of unmarried respondents reporting their child ate at least five servings of fruit or vegetables on an average day.

Table 70. Child's Fruit or Vegetable Intake (Five or More Servings) on an Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q103 & Q104)[①]

	2011	2014	2016	2019
TOTAL	45%	46%	31%	35%
Gender[3]				
Boy[b]	40	38	21	38
Girl[a]	51	53	45	29
Age				
5 to 12 Years Old	44	43	39	35
13 to 17 Years Old	46	50	25	34
Household Income				
Bottom 60 Percent Bracket	41	56	37	28
Top 40 Percent Bracket	58	38	27	38
Marital Status[2,3]				
Married[b]	46	37	23	41
Not Married[b]	42	69	43	22

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Child's Physical Activity

2019 Findings (Table 71)

Of the 102 respondents with a child 5 to 17 years old…

- Seventy-four percent of respondents reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week.

- There were no statistically significant differences between demographic variables and responses of their child being physically active for at least 60 minutes five times a week.

Of the 26% of respondents with a child 5 to 17 years old who was not physically active for 60 minutes five times a week (n=26)…

- Of the 26 respondents who reported their child was not physically active five times a week/60 minutes, 22% reported no afterschool activities as the reason for less physical activity, 15% reported their child does not like to be physically active while 12% reported likes to play video games or on computer.

2011 to 2019 Year Comparisons (Table 71)

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was physically active for at least 60 minutes five times a week.

- In 2011, respondents were more likely to report their daughter was physically active five times a week. In 2019, child's gender was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of respondents reporting their son was physically active five times a week.

- In 2011 and 2019, child's age was not a significant variable. From 2011 to 2019, there was a noted increase in the percent of respondents reporting their 13 to 17 year old child was physically active five times a week.

2016 to 2019 Year Comparisons (Table 71)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported their child was physically active for at least 60 minutes five times a week.

- In 2016 and 2019, child's gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents reporting their son was physically active five times a week.

- In 2016 and 2019, child's age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents reporting their 13 to 17 year old child was physically active five times a week.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across household income reporting their child was physically active five times a week.

- In 2016 and 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across marital status reporting their child was physically active five times a week.

Table 71. Child's Physical Activity (Five or More Times for 60 Minutes/Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q105)①

	2011	2014	2016	2019
TOTAL[b]	64%	67%	47%	74%
Gender[1]				
Boy[a,b]	56	71	39	80
Girl	76	63	57	64
Age				
5 to 12 Years Old	69	73	55	68
13 to 17 Years Old[a,b]	57	60	42	80
Household Income				
Bottom 60 Percent Bracket[b]	69	70	51	79
Top 40 Percent Bracket[b]	63	60	38	70
Marital Status				
Married[b]	59	66	43	70
Not Married[b]	71	69	52	80

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Child's Emotional Well-Being

2019 Findings

Of the 102 respondents with a child 5 to 17 years old…

- Five percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months.

2011 to 2019 Year Comparisons

In 2011, the question was asked for children 8 to 17 years old. In 2019, the question was asked for children 5 to 17 years old.

- From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months (1% and 5%, respectively).

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

2016 to 2019 Year Comparisons

In 2016, the question was asked for children 8 to 17 years old. In 2019, the question was asked for children 5 to 17 years old.

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months (8% and 5%, respectively).

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2019 Findings (Table 72)

Of the 102 respondents with a child 5 to 17 years old…

- Fifteen percent of respondents reported their 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 12% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Six percent reported their child was physically bullied, for example, being hit or kicked. Two percent of respondents reported their child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.

- There were no statistically significant differences between demographic variables and responses of their child was bullied in some way in the past year.

2011 to 2019 Year Comparisons (Table 72)

In 2011, the question was asked for children 8 to 17 years old. In 2019, the question was asked for children 5 to 17 years old.

- From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall or verbally bullied. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied.

- In 2011, respondents were more likely to report their son was bullied. In 2019, child's gender was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents reporting their son was bullied.

- In 2011 and 2019, child's age was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents reporting their 5 to 12 year old child was bullied.

- In 2011 and 2019, household income was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child was bullied.

- In 2011 and 2019, marital status was not a significant variable. From 2011 to 2019, there was a noted decrease in the percent of married respondents reporting their child was bullied.

2016 to 2019 Year Comparisons (Table 72)

In 2016, the question was asked for children 8 to 17 years old. In 2019, the question was asked for children 5 to 17 years old.

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall, verbally bullied, physically bullied or cyber bullied.

- In 2016, respondents were more likely to report their 5 to 12 year old child was bullied. In 2019, child's age was not a significant variable.

Table 72. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q101)[①,②]

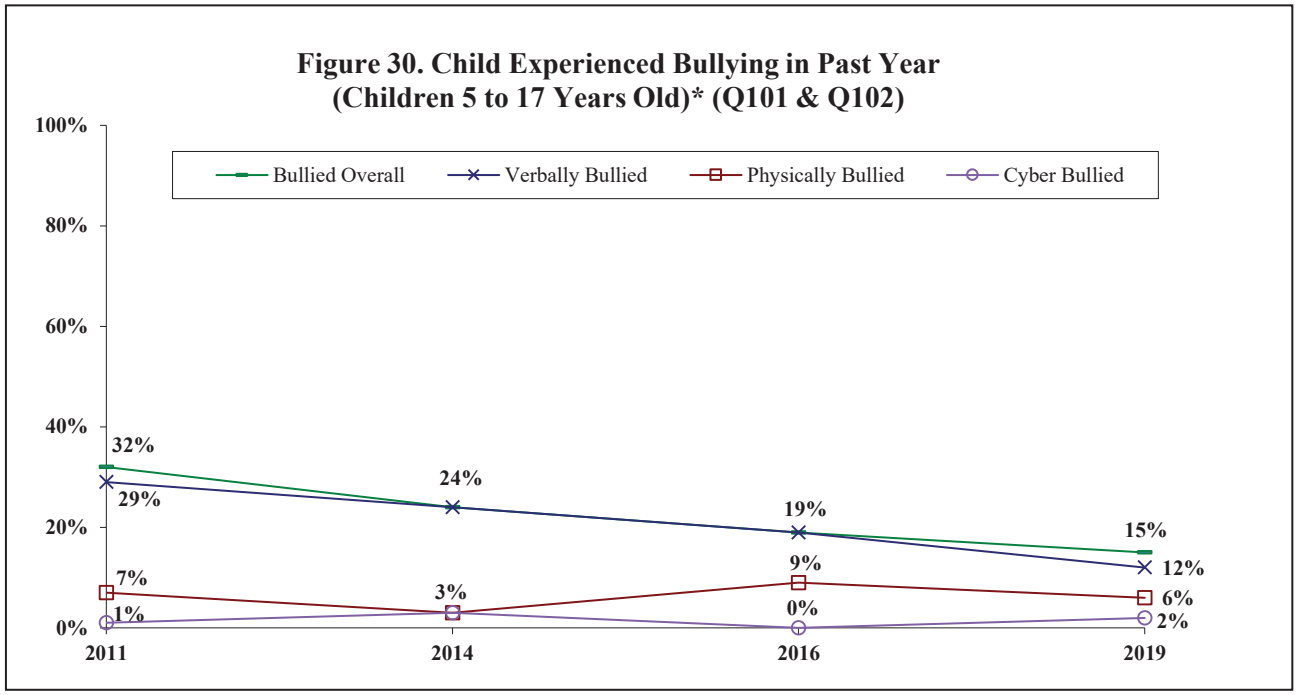
	2011	2014	2016	2019
TOTAL[a]	32%	24%	19%	15%
Gender[1]				
Boy[a]	43	17	22	16
Girl	17	31	15	12
Age[3]				
5 to 12 Years Old[a]	41	27	30	18
13 to 17 Years Old	22	21	12	11
Household Income				
Bottom 60 Percent Bracket	20	32	23	15
Top 40 Percent Bracket[a]	39	18	13	12
Marital Status[2]				
Married[a]	36	15	25	17
Not Married	26	56	9	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2011, 2014 and 2016, the question was asked for children 8 to 17 years old.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2011 to 2019; [b]year difference at p≤0.05 from 2016 to 2019

Child Experienced Bullying Overall

Year Comparisons

- From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied, as well as from 2016 to 2019.



*In 2011, 2014 and 2016, the question was asked for children 8 to 17 years old.

County Health Issues (Figures 31 & 32; Tables 73 - 85)

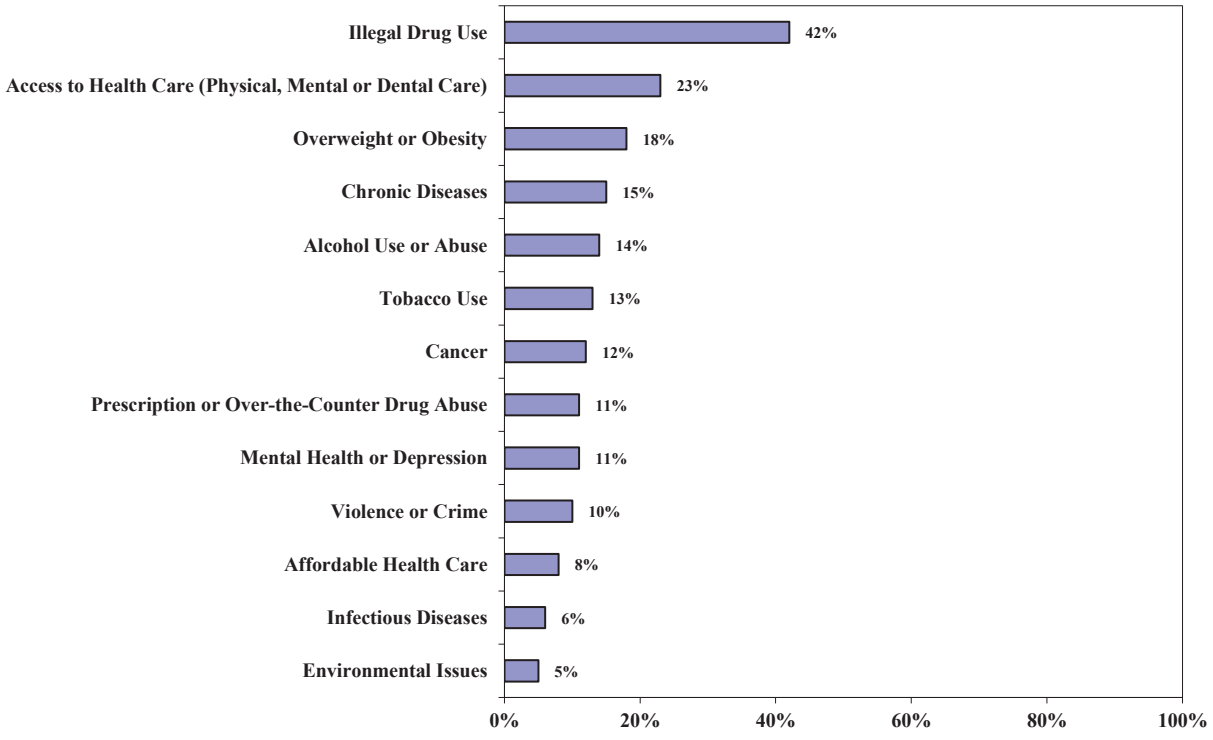
KEY FINDINGS: In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (42%), access to health care (23%) or overweight/obesity (18%). Respondents 55 and older or with some post high school education were more likely to report illegal drug use as a top health issue. Respondents who were female or with at least some post high school education were more likely to report access to health care. Respondents 18 to 44 years old, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report overweight or obesity. Fifteen percent of respondents reported chronic diseases as a top issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents were more likely to report alcohol use or abuse; respondents 18 to 34 years old were more likely to report this. Thirteen percent reported tobacco use as a top issue; respondents 18 to 44 years old or 65 and older were more likely to report this. Twelve percent of respondents reported cancer as a top issue; respondents who were male, with a high school education or less, with a college education, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported prescription or over-the-counter drug abuse. Eleven percent of respondents reported mental health/depression; respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported violence or crime; respondents with a high school education or less were more likely to report this. Eight percent of respondents reported affordable health care; respondents who were 45 to 54 years old or married were more likely to report this. Six percent of respondents reported infectious diseases as a top issue; female respondents were more likely to report this. Five percent of respondents reported environmental issues; respondents 55 to 64 years old were more likely to report this.

From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, tobacco use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported access to health care, overweight/obesity, chronic diseases, alcohol use/abuse, cancer, mental health/depression, violence/crime, affordable health care, infectious diseases or environmental issues as one of the top health issues in the county.

2019 Findings

- Respondents were asked to list the three largest health issues in Kenosha County. Respondents were more likely to report illegal drug use (42%), access to health care (23%) or overweight/obesity (18%).

Figure 31. County Health Issues for 2019 (Q111)



Illegal Drug Use as a Top County Health Issue

2019 Findings (Table 73)

- Forty-two percent of respondents reported illegal drug use as one of the top three county health issues.
- Fifty percent of respondents 55 to 64 years old and 48% of those 65 and older reported illegal drug use as one of the top health issues compared to 27% of respondents 35 to 44 years old.
- Fifty-three percent of respondents with some post high school education reported illegal drug use at a top health issue compared to 39% of those with a high school education or less or 34% of respondents with a college education.

2016 to 2019 Year Comparisons (Table 73)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use as one of the top health issues in the county.
- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across gender reporting illegal drug use.

- In 2016, age was not a significant variable. In 2019, respondents 55 and older were more likely to report illegal drug use. From 2016 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old or 45 and older reporting illegal drug use.

- In 2016, respondents with a college education were more likely to report illegal drug use. In 2019, respondents with some post high school education were more likely to report illegal drug use, with a noted increase since 2016.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting illegal drug use.

- In 2016 and 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across marital status reporting illegal drug use.

Table 73. Illegal Drug Use as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL[a]	27%	42%
Gender		
Male[a]	25	45
Female[a]	28	40
Age[2]		
18 to 34[a]	28	43
35 to 44	30	27
45 to 54[a]	24	45
55 to 64[a]	22	50
65 and Older[a]	30	48
Education[1,2]		
High School or Less	32	39
Some Post High School[a]	12	53
College Graduate	36	34
Household Income		
Bottom 40 Percent Bracket[a]	25	40
Middle 20 Percent Bracket[a]	25	56
Top 40 Percent Bracket	31	39
Marital Status		
Married[a]	23	40
Not Married[a]	31	43

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Access to Health Care as a Top County Health Issue

2019 Findings (Table 74)

- Twenty-three percent of respondents reported access to health care (physical, mental or dental care), as one of the top three county health issues.

- Female respondents were more likely to report access to health care as one of the top health issues (28%) compared to male respondents (17%).

- Twenty-seven percent of respondents with at least some post high school education reported access to health care as a top health issue compared to 13% of respondents with a high school education or less.

2016 to 2019 Year Comparisons (Table 74)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported access to health care as one of the top health issues in the county.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report access to health care.

- In 2016, respondents 35 to 44 years old were more likely to report access to health care. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 18 to 34 years old reporting access to health care.

- In 2016, education was not a significant variable. In 2019, respondents with at least some post high school education were more likely to report access to health care.

- In 2016, married respondents were more likely to report access to health care. In 2019, marital status was not a significant variable.

Table 74. Access to Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	23%	23%
Gender[2]		
Male	19	17
Female	26	28
Age[1]		
18 to 34[a]	8	18
35 to 44	39	29
45 to 54	27	25
55 to 64	31	24
65 and Older	18	18
Education[2]		
High School or Less	21	13
Some Post High School	28	27
College Graduate	20	27
Household Income		
Bottom 40 Percent Bracket	21	19
Middle 20 Percent Bracket	17	23
Top 40 Percent Bracket	27	23
Marital Status[1]		
Married	29	26
Not Married	15	20

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Overweight or Obesity as a Top County Health Issue

2019 Findings (Table 75)

- Eighteen percent of respondents reported overweight or obesity as one of the top three county health issues.
- Twenty-four percent of respondents 18 to 44 years old reported overweight or obesity as one of the top health issues compared to 14% of those 55 to 64 years old or 8% of respondents 65 and older.
- Twenty-seven percent of respondents with a college education reported overweight or obesity compared to 14% of those with some post high school education or 11% of respondents with a high school education or less.
- Twenty-five percent of respondents in the top 60 percent household income bracket reported overweight or obesity as a top issue compared to 11% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report overweight or obesity as a top health issue compared to unmarried respondents (24% and 13%, respectively)

2016 to 2019 Year Comparisons (Table 75)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported overweight or obesity as one of the top health issues in the county.
- In 2016, age was not a significant variable. In 2019, respondents 18 to 44 years old were more likely to report overweight or obesity.
- In 2016 and 2019, respondents with a college education were more likely to report overweight or obesity.
- In 2016, respondents in the top 40 percent household income bracket were more likely to report overweight or obesity. In 2019, respondents in the top 60 percent household income bracket were more likely to report overweight or obesity. From 2016 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting overweight or obesity.
- In 2016, marital status was not a significant variable. In 2019, married respondents were more likely to report overweight or obesity.

Table 75. Overweight or Obesity as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	18%	18%
Gender		
Male	22	16
Female	15	20
Age[2]		
18 to 34	23	24
35 to 44	12	24
45 to 54	20	15
55 to 64	17	14
65 and Older	13	8
Education[1,2]		
High School or Less	10	11
Some Post High School	12	14
College Graduate	29	27
Household Income[1,2]		
Bottom 40 Percent Bracket	16	11
Middle 20 Percent Bracket[a]	7	25
Top 40 Percent Bracket	28	25
Marital Status[2]		
Married	20	24
Not Married	16	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Chronic Diseases as a Top County Health Issue

2019 Findings (Table 76)

- Fifteen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.

- Twenty-three percent of respondents with a college education reported chronic diseases as one of the top health issues compared to 11% of those with a high school education or less or 8% of respondents with some post high school education.

- Twenty-two percent of respondents in the top 40 percent household income bracket reported chronic diseases as a top health issue compared to 13% of those in the middle 20 percent income bracket or 11% of respondents in the bottom 40 percent household income bracket.

2016 to 2019 Year Comparisons (Table 76)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported chronic diseases as one of the top health issues in the county.

- In 2016, female respondents were more likely to report chronic diseases. In 2019, gender was not a significant variable.

- In 2016 and 2019, age was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents 18 to 34 years old reporting chronic diseases.

- In 2016, respondents with some post high school education or less were more likely to report chronic diseases. In 2019, respondents with a college education were more likely to report chronic diseases, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents with some post high school education reporting chronic diseases.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report chronic diseases. In 2019, respondents in the top 40 percent household income bracket were more likely to report chronic diseases, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting chronic diseases.

- In 2016, unmarried respondents were more likely to report chronic diseases. In 2019, marital status was not a significant variable.

Table 76. Chronic Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	15%	15%
Gender[1]		
Male	10	15
Female	20	15
Age		
18 to 34[a]	20	8
35 to 44	12	19
45 to 54	11	20
55 to 64	12	16
65 and Older	16	13
Education[1,2]		
High School or Less	20	11
Some Post High School[a]	18	8
College Graduate[a]	8	23
Household Income[1,2]		
Bottom 40 Percent Bracket[a]	22	11
Middle 20 Percent Bracket	15	13
Top 40 Percent Bracket[a]	10	22
Marital Status[1]		
Married	10	15
Not Married	21	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Alcohol Use or Abuse as a Top County Health Issue

2019 Findings (Table 77)

- Fourteen percent of respondents reported alcohol use or abuse as one of the top three county health issues.
- Twenty percent of respondents 18 to 34 years old reported alcohol use or abuse as one of the top health issues compared to 9% of those 35 to 44 years old or 6% of respondents 45 to 54 years old.

2016 to 2019 Year Comparisons (Table 77)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported alcohol use or abuse as one of the top health issues in the county.
- In 2016, male respondents were more likely to report alcohol use or abuse. In 2019, gender was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of male respondents reporting alcohol use or abuse.

- In 2016, age was not a significant variable. In 2019, respondents 18 to 34 years old were more likely to report alcohol use or abuse. From 2016 to 2019, there was a noted decrease in the percent of respondents 45 to 54 years old reporting alcohol use or abuse.

- In 2016, respondents with a college education were more likely to report alcohol use or abuse. In 2019, education was not a significant variable. From 2016 to 2019, there was a noted decrease in the percent of respondents with a college education reporting alcohol use or abuse.

Table 77. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	17%	14%
Gender[1]		
Male[a]	21	11
Female	13	16
Age[2]		
18 to 34	18	20
35 to 44	11	9
45 to 54[a]	19	6
55 to 64	17	16
65 and Older	18	15
Education[1]		
High School or Less	8	10
Some Post High School	16	18
College Graduate[a]	25	13
Household Income		
Bottom 40 Percent Bracket	16	14
Middle 20 Percent Bracket	17	8
Top 40 Percent Bracket	19	14
Marital Status		
Married	17	13
Not Married	16	14

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Tobacco Use as a Top County Health Issue

2019 Findings (Table 78)

- Thirteen percent of respondents reported tobacco use as one of the top three county health issues.

- Nineteen percent of respondents 18 to 34 years old and 17% of those 35 to 44 years old or 65 and older reported tobacco use as one of the top health issues compared to 5% of respondents 45 to 54 years old.

2016 to 2019 Year Comparisons (Table 78)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported tobacco use as one of the top health issues in the county.

- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across gender reporting tobacco use.

- In 2016, respondents 18 to 34 years old were more likely to report tobacco use. In 2019, respondents 18 to 44 years old or 65 and older were more likely to report tobacco use. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old or 65 and older reporting tobacco use.

- In 2016 and 2019, education was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents with at least some post high school education reporting tobacco use.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting tobacco use.

- In 2016 and 2019, marital status was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents across marital status reporting tobacco use.

Table 78. Tobacco Use as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)①

	2016	2019
TOTAL[a]	6%	13%
Gender		
Male[a]	8	16
Female[a]	4	10
Age[1,2]		
18 to 34	12	19
35 to 44[a]	0	17
45 to 54	4	5
55 to 64	8	7
65 and Older[a]	3	17
Education		
High School or Less	4	10
Some Post High School[a]	6	14
College Graduate[a]	7	15
Household Income		
Bottom 40 Percent Bracket	6	9
Middle 20 Percent Bracket[a]	3	20
Top 40 Percent Bracket	9	13
Marital Status		
Married[a]	5	11
Not Married[a]	7	14

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Cancer as a Top County Health Issue

2019 Findings (Table 79)

- Twelve percent of respondents reported cancer as one of the top three county health issues.
- Male respondents were more likely to report cancer as one of the top health issues (16%) compared to female respondents (8%).
- Fifteen percent of respondents with a high school education or less or with a college education reported cancer compared to 6% of respondents with some post high school education.
- Eighteen percent of respondents in the top 40 percent household income bracket reported cancer as a top health issue compared to 9% of those in the bottom 40 percent income bracket or 7% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report cancer as a top health issue compared to married respondents (15% and 8%, respectively).

2016 to 2019 Year Comparisons (Table 79)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported cancer as one of the top health issues in the county.

- In 2016, gender was not a significant variable. In 2019, male respondents were more likely to report cancer, with a noted increase since 2016.

- In 2016 and 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old reporting cancer.

- In 2016, education was not a significant variable. In 2019, respondents with a high school education or less or with a college education were more likely to report cancer. From 2016 to 2019, there was a noted increase in the percent of respondents with a college education reporting cancer.

- In 2016, respondents in the middle 20 percent household income bracket were more likely to report cancer. In 2019, respondents in the top 40 percent household income bracket were more likely to report cancer, with a noted increase since 2016. From 2016 to 2019, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting cancer.

- In 2016, marital status was not a significant variable. In 2019, unmarried respondents were more likely to report cancer.

Table 79. Cancer as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	9%	12%
Gender[2]		
Male[a]	9	16
Female	10	8
Age		
18 to 34	8	13
35 to 44[a]	3	14
45 to 54	15	7
55 to 64	7	14
65 and Older	11	10
Education[2]		
High School or Less	11	15
Some Post High School	10	6
College Graduate[a]	7	15
Household Income[1,2]		
Bottom 40 Percent Bracket	10	9
Middle 20 Percent Bracket[a]	24	7
Top 40 Percent Bracket[a]	3	18
Marital Status[2]		
Married	8	8
Not Married	10	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

2019 Findings (Table 80)

- Eleven percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.

- There were no statistically significant differences between demographic variables and responses of reporting prescription or over-the-counter drug abuse as one of the top three county issues.

2016 to 2019 Year Comparisons (Table 80)

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported prescription or over-the-counter drug abuse as one of the top health issues in the county.

- In 2016 and 2019, gender was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of female respondents reporting prescription or over-the-counter drug abuse.

- In 2016, respondents 18 to 34 years old were more likely to report prescription or over-the-counter drug abuse. In 2019, age was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting prescription or over-the-counter drug abuse.

- In 2016, respondents in the top 40 percent household income bracket were more likely to report prescription or over-the-counter drug abuse. In 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting prescription or over-the-counter drug abuse.

Table 80. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)①

	2016	2019
TOTAL[a]	7%	11%
Gender		
Male	6	10
Female[a]	6	12
Age[1]		
18 to 34	13	11
35 to 44[a]	1	16
45 to 54	5	6
55 to 64[a]	3	16
65 and Older	5	10
Education		
High School or Less	7	12
Some Post High School	5	8
College Graduate	8	12
Household Income[1]		
Bottom 40 Percent Bracket[a]	5	13
Middle 20 Percent Bracket[a]	3	15
Top 40 Percent Bracket	11	9
Marital Status		
Married	7	11
Not Married	5	11

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Mental Health or Depression as a Top County Health Issue

2019 Findings (Table 81)

- Eleven percent of respondents reported mental health or depression as one of the top three health issues.

- Female respondents were more likely to report mental health/depression as one of the top health issues (16%) compared to male respondents (5%).

- Fifteen percent of respondents with a college education reported mental health/depression as a top health issue compared to 12% of those with some post high school education or 3% of respondents with a high school education or less.

- Fifteen percent of respondents in the top 40 percent household income bracket reported mental health/depression as a top issue compared to 11% of those in the bottom 40 percent income bracket or 2% of respondents in the middle 20 percent household income bracket.

2016 to 2019 Year Comparisons (Table 81)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported mental health/depression as one of the top health issues in the county.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report mental health/depression.

- In 2016, respondents with at least some post high school education were more likely to report mental health/depression. In 2019, respondents with a college education were more likely to report mental health/depression.

- In 2016, household income was not a significant variable. In 2019, respondents in the top 40 percent household income bracket were more likely to report mental health/depression. From 2016 to 2019, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket and a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting mental health/depression.

Table 81. Mental Health or Depression as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	10%	11%
Gender[2]		
Male	8	5
Female	12	16
Age		
18 to 34	8	7
35 to 44	11	17
45 to 54	13	13
55 to 64	14	7
65 and Older	8	10
Education[1,2]		
High School or Less	3	3
Some Post High School	14	12
College Graduate	12	15
Household Income[2]		
Bottom 40 Percent Bracket[a]	5	11
Middle 20 Percent Bracket[a]	12	2
Top 40 Percent Bracket	13	15
Marital Status		
Married	10	13
Not Married	10	8

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Violence or Crime as a Top County Health Issue

2019 Findings (Table 82)

- Ten percent of respondents reported violence or crime as one of the top three county health issues.
- Nineteen percent of respondents with a high school education or less reported violence or crime as one of the top health issues compared to 7% of those with some post high school education or 5% of respondents with a college education.

2016 to 2019 Year Comparisons (Table 82)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported violence or crime as one of the top health issues in the county.
- In 2016 and 2019, respondents with a high school education or less were more likely to report violence or crime.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report violence or crime. In 2019, household income was not a significant variable.

Table 82. Violence or Crime as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	8%	10%
Gender		
Male	7	12
Female	8	7
Age		
18 to 34	5	12
35 to 44	9	7
45 to 54	10	8
55 to 64	7	9
65 and Older	10	12
Education[1,2]		
High School or Less	13	19
Some Post High School	3	7
College Graduate	8	5
Household Income[1]		
Bottom 40 Percent Bracket	12	14
Middle 20 Percent Bracket	2	7
Top 40 Percent Bracket	4	7
Marital Status		
Married	6	8
Not Married	8	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Affordable Health Care as a Top County Health Issue

2019 Findings (Table 83)

- Eight percent of respondents reported affordable health care as one of the top three county health issues.
- Fifteen percent of respondents 45 to 54 years old reported affordable health care as one of the top health issues compared to 4% of those 35 to 44 years old or 3% of respondents 65 and older.
- Married respondents were more likely to report affordable health care compared to unmarried respondents (12% and 4%, respectively).

2016 to 2019 Year Comparisons (Table 83)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported affordable health care as one of the top health issues in the county.

- In 2016, respondents 55 to 64 years old were more likely to report affordable health care. In 2019, respondents 45 to 54 years old were more likely to report affordable health care.

- In 2016 and 2019, household income was not a significant variable. From 2016 to 2019, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting affordable health care.

- In 2016, marital status was not a significant variable. In 2019, married respondents were more likely to report affordable health care.

Table 83. Affordable Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	6%	8%
Gender		
Male	5	5
Female	7	10
Age[1,2]		
18 to 34	<1	5
35 to 44	4	4
45 to 54	10	15
55 to 64	12	10
65 and Older	7	3
Education		
High School or Less	8	4
Some Post High School	3	8
College Graduate	7	10
Household Income		
Bottom 40 Percent Bracket[a]	3	8
Middle 20 Percent Bracket	8	3
Top 40 Percent Bracket	7	11
Marital Status[2]		
Married	8	12
Not Married	3	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Infectious Diseases as a Top County Health Issue

2019 Findings (Table 84)

- Six percent of respondents reported infectious diseases, such as whooping cough, tuberculosis, or sexually transmitted diseases, as one of the three top county health issues.

- Female respondents were more likely to report infectious diseases as one of the top health issues (8%) compared to male respondents (3%).

2016 to 2019 Year Comparisons (Table 84)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported infectious diseases as one of the top health issues in the county.

- In 2016, gender was not a significant variable. In 2019, female respondents were more likely to report infectious diseases.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report infectious diseases. In 2019, household income was not a significant variable.

- In 2016, unmarried respondents were more likely to report infectious diseases. In 2019, marital status was not a significant variable.

Table 84. Infectious Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	6%	6%
Gender[2]		
Male	4	3
Female	8	8
Age		
18 to 34	11	8
35 to 44	3	8
45 to 54	8	6
55 to 64	3	2
65 and Older	2	3
Education		
High School or Less	7	2
Some Post High School	8	8
College Graduate	4	7
Household Income[1]		
Bottom 40 Percent Bracket	10	6
Middle 20 Percent Bracket	2	3
Top 40 Percent Bracket	3	6
Marital Status[1]		
Married	2	5
Not Married	11	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Environmental Issues as a Top County Health Issue

2019 Findings (Table 85)

- Five percent of respondents reported environmental issues (air, water, wind turbines, animal waste) as one of the top three county health issues.

- Ten percent of respondents 55 to 64 years old reported environmental issues as one of the top health issues compared to 3% of those 35 to 44 years old or less than one percent of respondents 18 to 34 years old.

2016 to 2019 Year Comparisons (Table 85)

- From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported environmental issues as one of the top health issues in the county.

- In 2016, age was not a significant variable. In 2019, respondents 55 to 64 years old were more likely to report environmental issues.

Table 85. Environmental Issues as a Top County Health Issue by Demographic Variables for Each Survey Year (Q111)[①]

	2016	2019
TOTAL	5%	5%
Gender		
Male	5	6
Female	5	3
Age[2]		
18 to 34	2	<1
35 to 44	8	3
45 to 54	6	5
55 to 64	5	10
65 and Older	7	8
Education		
High School or Less	3	3
Some Post High School	5	3
College Graduate	9	7
Household Income		
Bottom 40 Percent Bracket	5	5
Middle 20 Percent Bracket	7	3
Top 40 Percent Bracket	6	5
Marital Status		
Married	5	7
Not Married	6	3

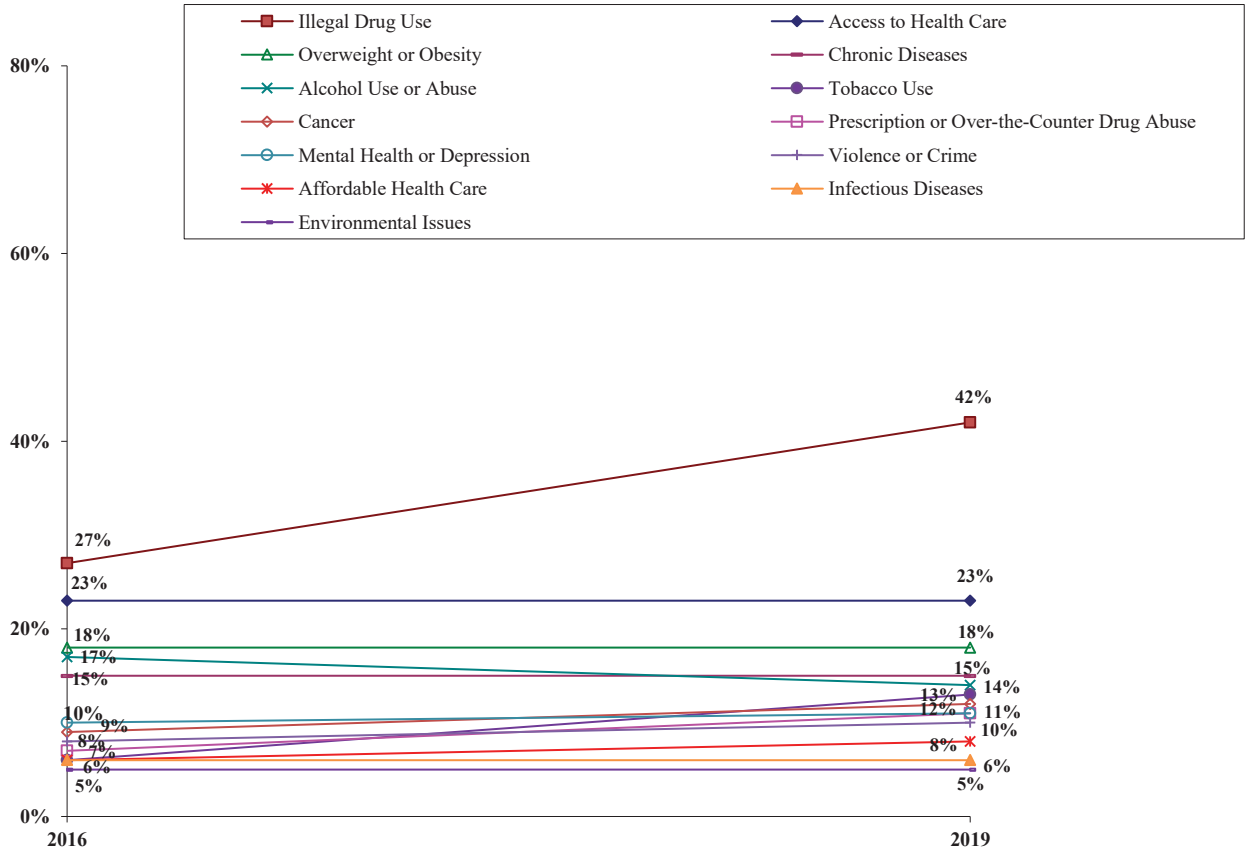
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[a]year difference at p≤0.05 from 2016 to 2019

Top County Health Issues Overall

Year Comparisons

- From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, tobacco use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported access to health care, overweight/obesity, chronic diseases, alcohol use/abuse, cancer, mental health/depression, violence/crime, affordable health care, infectious diseases or environmental issues as one of the top health issues in the county.

Figure 32. Top County Health Issues (Q111)



APPENDIX A: QUESTIONNAIRE FREQUENCIES

KENOSHA COUNTY
July 15, 2019 through October 26, 2019
[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. Generally speaking, would you say that your own health is…?

Poor	5%
Fair	15
Good	30
Very good	39
Excellent	11
Not sure	<1

2. Currently, what is your primary type of health care coverage? Is it through…
[“Obamacare, the exchange, Affordable Care Act (ACA)”, code as private insurance]

Private insurance	62%	→ CONTINUE WITH Q3
Medicaid including medical assistance, Title 19 or Badger Care	12	→ GO TO Q4
Medicare	19	→ GO TO Q4
Or do you not have health care coverage	7	→ GO TO Q4
Not sure	<1	→ GO TO Q4

3. Did you get the private health insurance through an employer, directly from an insurance company or from an exchange? [“Obamacare, ACA, Affordable Care Act” is an exchange] [246 Respondents]

Employer	96%
Directly from insurance company	1
An exchange	1
Not sure	2

4. Did you have health insurance during all, part or none of the past 12 months?

All	91%
Part	4
None	4
Not sure	<1

5. Did everyone in your household have health insurance during all, part or none of the past 12 months?

All	88%
Part	7
None	5
Not sure	<1

6. In the past 12 months, did you delay or not seek medical care because of a high deductible, high co-pay or because you did not have coverage for the medical care?

Yes	21%
No	80
Not sure	0

7. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes	11%
No	88
Not sure	<1

8. Was there a time during the last 12 months that you or anyone in your household did not get the medical care needed?

Yes	11%	→ CONTINUE WITH Q9
No	89	→ GO TO Q10
Not sure	<1	→ GO TO Q10

9. What were the reasons someone in your household did not receive the medical care needed? [43 Respondents; More than 1 response accepted]

Cannot afford to pay	39%
Uninsured	30
Co-payments too high	17
Insurance did not cover it	17
Poor medical care	5
Don't know where to go	4
Unable to get appointment	3
Other (2% or less)	3

10. Was there a time during the last 12 months that you or anyone in your household did not get the dental care needed?

Yes	18%	→ CONTINUE WITH Q11
No	81	→ GO TO Q12
Not sure	1	→ GO TO Q12

11. What were the reasons someone in your household did not receive the dental care needed? [73 Respondents; More than 1 response accepted]

Uninsured	44%
Cannot afford to pay	39
Insurance did not cover it	17
Co-payments too high	8
Not enough time	3
Unable to find a dentist to take Medicaid or other insurance	3
Unable to get appointment	3
Other (2% or less)	5

12. Was there a time during the last 12 months that you or anyone in your household did not get the mental health care needed?

Yes	4%	→ CONTINUE WITH Q13
No	96	→ GO TO Q14
Not sure	0	→ GO TO Q14

13. What were the reasons someone in your household did not receive the mental health care needed? [16 Respondents: Multiple responses accepted]

Cannot afford to pay	8 respondents
Uninsured	4 respondents
Unable to get appointment	3 respondents
Insurance did not cover it	2 respondents
Poor mental health care	1 respondent
Co-payments too high	1 respondent
Lack of transportation	1 respondent

14. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

Yes	90%
No	10
Not sure	0

15. From which source do you get most of your health information?

Doctor	51%
Internet	27
Myself/family member in health care field	7
Work	4
Family/friends	3
Other health professional	3
Other (2% or less)	5
Not sure	<1

16. Do you have an advance health care plan, living will or health care power of attorney stating your end of life health care wishes?

Yes	36%
No	62
Not sure	3

17. When you are sick, to which one of the following places do you usually go? Would you say…

Doctor's or nurse practitioner's office	61%
Public health clinic or community health center	4
Hospital outpatient department	3
Hospital emergency room	7
Urgent care center	15
Quickcare clinic (Fastcare clinic)	7
Worksite clinic	2
Some other kind of place	<1
No usual place	3
Not sure	<1

A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last received…?

		Less than a Year Ago	1 to 2 Years Ago	3 to 4 Years Ago	5 or More Years Ago	Never	Not Sure
18.	A routine checkup	70%	16%	5%	9%	0%	<1%
19.	A cholesterol test	59	12	6	4	15	4
20.	A visit to a dentist or dental clinic	71	15	5	9	<1	0
21.	An eye exam	49	26	8	14	1	<1

22. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old	30%
35 to 44 years old	19
45 to 54 years old	21
55 to 64 years old	15
65 and older	15

23. What gender do you identify with?

Male	49%
Female	51
Nonbinary	0
Other, please specify	0
Not sure	0

24. During the past 12 months, have you had a flu shot or a flu vaccine that was sprayed in your nose?

Yes	41%
No	59
Not sure	0

25. A pneumonia shot or pneumococcal vaccine is usually given once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? [59 Respondents 65 and Older]

Yes	73%
No	25
Not sure	2

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

		Yes	No	Not Sure
26.	You have high blood pressure?	28%	73%	0%
27.	…(if yes) [111 Respondents]: Is it under control through medication, exercise or lifestyle changes?	96	2	<1
28.	Your blood cholesterol is high?	21	78	2
29.	…(if yes) [83 Respondents]: Is it under control through medication, exercise or lifestyle changes?	83	13	4
30.	You have heart disease or a heart condition?	9	92	0
31.	…(if yes) [33 Respondents]: Is it under control through medication, exercise or lifestyle changes?	85	3	12
32.	You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?	22	78	0
33.	…(if yes) [87 Respondents]: Is it under control through medication, therapy or lifestyle changes?	89	11	0
34.	You have diabetes (men) You have diabetes not associated with a pregnancy (women)	9	91	0
35.	…(if yes) [35 Respondents]: Is it under control through medication, exercise or lifestyle changes?	97	3	0
36.	Do you currently have asthma?	10	89	<1
37.	…(if yes) [41 Respondents]: Is it under control through medication, therapy or lifestyle changes?	93	7	0

38. On an <u>average day</u>, how many servings of fruit do you eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% juice.

One or fewer servings	49%
Two servings	29
Three or more servings	22
Not sure	0

39. On an <u>average day</u>, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of 100% juice.

One or fewer servings	46%
Two servings	24
Three or more servings	29
Not sure	0

40. Was there a time during the last 12 months that your household was hungry, but didn't eat because you couldn't afford enough food?

Yes	6%
No	94
Not sure	0

41. How often can you find fresh fruit and vegetables in your community or neighborhood?

Never	1%	→ GO TO Q43
Seldom	<1	→ CONTINUE WITH Q42
Sometimes	4	→ CONTINUE WITH Q42
Nearly Always	12	→ CONTINUE WITH Q42
Always	81	→ CONTINUE WITH Q42
Not sure	1	→ GO TO Q43

42. How often are the fruit and vegetables affordable? [389 Respondents]

Never	2%
Seldom	3
Sometimes	17
Nearly always	22
Always	56
Not sure	<1

43. Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate. In a usual week, not including at work, on how many days do you do moderate activities for at least 30 minutes at a time?

Zero days	12%
1 to 4 days	48
5 to 7 days	40
Not sure	0

44. Vigorous activities include running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Not including at work, in a usual week, how often do you do vigorous activities for at least 20 minutes at a time?

Zero days	34%
1 to 2 days	29
3 to 7 days	37
Not sure	<1

45. In the past 12 months, have you fallen and injured yourself at home? [84 Respondents 60 and Older]

Yes	17%	→ CONTINUE WITH Q46
No	83	→ GO TO Q47
Not sure	0	→ GO TO Q47

46. As a result of your last injury due to a fall, were you hospitalized? [14 Respondents 60 and Older]

Yes	1 respondent
No	13 respondents
Not sure	0 respondents

FEMALES ONLY

Now I have some questions about women's health.
If Nonbinary or Other: We have three questions related to women's health. Would you like to answer these questions? If yes, continue. If no, go to Q51.

47. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [85 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	58%
Within the past 2 years (1 year, but less than 2 years ago)	18
Within the past 3 years (2 years, but less than 3 years ago)	8
Within the past 5 years (3 years, but less than 5 years ago)	5
5 or more years ago	8
Never	4
Not sure	0

48. A bone density scan helps determine if you are at risk for fractures or are in the early stages of osteoporosis. Have you ever had a bone density scan? [34 Respondents 65 and Older]

Yes	82%
No	12
Not sure	6

49. A pap smear is a test for cancer of the cervix. If you have not had a hysterectomy, how long has it been since you had your last pap smear? [156 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)	44%
Within the past 2 years (1 year, but less than 2 years ago)	29
Within the past 3 years (2 years, but less than 3 years ago)	11
Within the past 5 years (3 years, but less than 5 years ago)	4
5 or more years ago	4
Never	3
Not sure	4

50. An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear. When was the last time you had an HPV test? [156 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)	27%
Within the past 2 years (1 year, but less than 2 years ago)	25
Within the past 3 years (2 years, but less than 3 years ago)	6
Within the past 5 years (3 years, but less than 5 years ago)	5
5 or more years ago	4
Never	9
Not sure	25

MALE & FEMALE RESPONDENTS 50 and OLDER

51. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had a blood stool test? [159 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	16%
Within the past 2 years (1 year, but less than 2 years ago)	6
Within the past 5 years (2 years, but less than 5 years ago)	8
5 years ago or more	11
Never	51
Not sure	8

52. A sigmoidoscopy is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy? [159 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	3%
Within the past 2 years (1 year, but less than 2 years ago)	2
Within the past 5 years (2 years, but less than 5 years ago)	3
Within the past 10 years (5 years but less than 10 years ago)	3
10 years ago or more	6
Never	81
Not sure	1

53. A colonoscopy is similar to a sigmoidoscopy, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. How long has it been since you had your last colonoscopy? [159 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	14%
Within the past 2 years (1 year, but less than 2 years ago)	14
Within the past 5 years (2 years, but less than 5 years ago)	29
Within the past 10 years (5 years but less than 10 years ago)	16
10 years ago or more	5
Never	21
Not sure	0

ALL RESPONDENTS

54. During the past 30 days, about how often would you say you felt sad, blue, or depressed?

Never	38%
Seldom	28
Sometimes	25
Nearly always	6
Always	2
Not sure	<1

55. How often would you say you find meaning and purpose in your daily life?

Never	2%
Seldom	6
Sometimes	15
Nearly always	32
Always	45
Not sure	<1

56. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes	8%
No	92
Not sure	0

Now I'd like to ask you about alcohol. An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

57. Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

0 days	68%
1 day	9
2 or more days	24
Not sure	0

58. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

Yes	2%
No	98
Not sure	<1

During the past year, has ANYONE IN YOUR HOUSEHOLD, INCLUDING YOURSELF, experienced any kind of problem such as legal, social, personal, physical or medical in connection with …?

		Yes	No	Not Sure
59.	Drinking alcohol	3%	97%	0%
60.	Marijuana	3	97	0
61.	Cocaine, meth or other street drugs	1	99	0
62.	Heroin or other opioids	<1	99	0

In the past 30 days, did you use…

		Yes	No	Not Sure
63.	Smokeless tobacco including chewing tobacco, snuff, snus, plug, or spit	8%	92%	0%
64.	Cigars, cigarillos, or little cigars	3	97	0
65.	Electronic cigarettes, also known as vaping or e-cigarettes	13	88	0

Now I'd like to talk to you about regular tobacco cigarettes…

66. Do you now smoke tobacco cigarettes every day, some days or not at all?

Every day	14%	→ CONTINUE WITH Q67
Some days	5	→ CONTINUE WITH Q67
Not at all	81	→ GO TO Q70
Not sure	0	→ GO TO Q70

67. [VAPERS (Q65=1) and/or SMOKERS (Q66=1 or 2) ONLY] During the past 12 months, have you stopped smoking or vaping for one day or longer because you were trying to quit? [103 Current Vapers and Smokers]

Yes	65%
No	35
Not sure	0

68. [VAPERS (Q65=1) and/or SMOKERS (Q66=1 or 2) ONLY] In the past 12 months, have you seen a doctor, nurse or other health professional? [103 Current Vapers and Smokers]

Yes	76%	→ CONTINUE WITH Q69
No	24	→ GO TO Q71
Not sure	0	→ GO TO Q71

69. [VAPERS (Q65=1) and/or SMOKERS (Q66=1 or 2) ONLY and saw a health professional] In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking or vaping? [78 Current Vapers and Smokers]

Yes	77%
No	23
Not sure	0

70. [NONVAPERS (Q65=2) and/or NONSMOKERS (Q66=3) ONLY] In the past seven days, how many days were you in the same room or did you ride in a car with someone who was smoking cigarettes or vaping? [296 Nonvapers and Nonsmokers]

0 days	86%
1 to 3 days	12
4 to 6 days	<1
All 7 days	2
Not sure	<1

Now, I have a few questions to ask about you and your household.

71. About how much do you weigh, without shoes?
72. About how tall are you, without shoes?
[CALCULATE BODY MASS INDEX (BMI)]

Not overweight	33%
Overweight	32
Obese	36

73. Are you Hispanic or Latino?

Yes	12%
No	88
Not sure	<1

74. Which of the following would you say is your race?

White	85%
Black, African American	7
Asian	<1
Native Hawaiian or Other Pacific Islander	1
American Indian or Alaska Native	<1
Another race	3
Multiple races	2
Not sure	0

75. What is your current marital status?

Single and never married	31%
A member of an unmarried couple	2
Married	44
Separated	<1
Divorced	16
Widowed	7
Not sure	<1

76. What is the highest grade level of education you have completed?

8th grade or less	<1%
Some high school	4
High school graduate or GED	24
Some college	26
Technical school graduate	8
College graduate	24
Advanced or professional degree	13
Not sure	0

77. What county do you live in? [FILTER]

Kenosha	100%

78. What city, town or village do you legally reside in? [FILTER]

Kenosha city	64%
Pleasant Prairie village	8
Salem town	8
Bristol town	4
Twins Lakes village	4
All others (3% or less)	11

79. What is the zip code of your primary residence?

53142	25%
53140	15
53143	15
53144	15
53168	7
53158	6
53181	5
53104	4
53105	4
All others (3% or less)	5

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

80. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
81. How many of these telephone numbers are residential numbers?
82. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

83. What is your annual household income before taxes?

Less than $10,000	7%
$10,000 to $20,000	7
$20,001 to $30,000	8
$30,001 to $40,000	10
$40,001 to $50,000	4
$50,001 to $60,000	7
$60,001 to $75,000	8
$75,001 to $90,000	8
$90,001 to $105,000	6
$105,001 to $120,000	8
$120,001 to $135,000	4
Over $135,000	15
Not sure	8
No answer	3

84. How many children under the age of 18 are living in the household?

None	59%	→ GO TO Q107
One	17	→ CONTINUE WITH Q85
Two or more	23	→ CONTINUE WITH Q85

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

85. Do you make health care decisions for this child? [163 Respondents]

Yes	82%	→ CONTINUE WITH Q86
No	18	→ GO TO Q107
Not sure	0	→ GO TO Q107

86. What is the age of the child? [134 Respondents]

12 or younger	66%
13 to 17 years old	34

87. What is the gender of the child? [134 Respondents]

Boy	60%
Girl	40
Nonbinary	0
Other, please specify	0
Not sure	0

88. Was there a time during the last 12 months that you felt your child did not get the medical care they needed? [134 Respondents]

Yes	<1%	→ CONTINUE WITH Q89
No	99	→ GO TO Q90
Not sure	0	→ GO TO Q90

89. What were the reasons your child did not receive the medical care needed? [1 Respondent; Multiple Responses Accepted]

Uninsured	1 respondent

90. A primary doctor or nurse is a health professional who knows your child well, and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as your child's primary doctor or nurse? [134 Respondents]

Yes	95%	→ CONTINUE WITH Q91
No	5	→ GO TO Q92
Not sure	0	→ GO TO Q92

91. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did your child visit their primary doctor or nurse for preventive care? [126 Respondents]

Yes	91%
No	9
Not sure	0

92. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and others who specialize in one area of health care. Was there a time during the past 12 months your child needed to see a specialist but did not? [134 Respondents]

Yes	1%	→ CONTINUE WITH Q93
No	99	→ GO TO Q94
Not sure	0	→ GO TO Q94

93. What were the reasons your child did not see a specialist when needed? [2 Respondents; Multiple Responses Accepted]

No answer provided

94. Was there a time during the last 12 months that you felt your child did not get the dental care needed? [134 Respondents]

Yes	<1%	→ CONTINUE WITH Q95
No	99	→ GO TO Q96
Not sure	0	→ GO TO Q96

95. What were the reasons your child did not receive the dental health care needed? [1 Respondent; Multiple Responses Accepted]

No dental insurance	1 respondent
Cannot afford to pay	1 respondent

96. Does your child have asthma? [134 Respondents]

Yes	4%	→ CONTINUE WITH Q97
No	96	→ GO TO Q98
Not sure	0	→ GO TO Q98

97. Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the child limit his or her activity more than usual, or make you seek medical care. During the past 12 months, has your child had an episode of asthma or an asthma attack? [6 Respondents]

Yes	3 respondents
No	3 respondents
Not sure	0 respondents

98. When your child was an infant of less than one year old, where did your child usually sleep? [21 Respondents of Children 2 years old or younger]

Crib or bassinette	100%
Pack n' Play	0
Couch or chair	0
Swing	0
Car	0
Car seat	0
Floor	0
In bed with you or another person	0
Not sure	0

99. How often do you feel your child is safe in your community or neighborhood? [134 Respondents]

Always	70%
Nearly always	23
Sometimes	3
Seldom	2
Never	1
Not sure	0

100. During the past 6 months, how often was your child unhappy, sad or depressed? [102 Respondents of Children 5 to 17 years old]

Always	3%
Nearly always	2
Sometimes	20
Seldom	33
Never	41
Not sure	<1

101. During the past 12 months, has your child experienced any bullying? [102 Respondents of Children 5 to 17 years old]

Yes	15%	→ CONTINUE WITH Q102
No	85	→ GO TO Q103
Not sure	0	→ GO TO Q103

102. What type of bullying did your child experience? [102 Respondents of Children 5 to 17 years old]

Physically bullied for example, being hit or kicked	6%
Verbally abused for example spreading mean rumors or kept out of a group	12
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	2

103. On an <u>average day</u>, how many servings of fruit does your child eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% juice. [102 Respondents of Children 5 to 17 years old]

One or fewer servings	25%
Two servings	39
Three or more servings	34
Not sure	2

104. On an <u>average day</u>, how many servings of vegetables does your child eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of 100% juice. [102 Respondents of Children 5 to 17 years old]

One or fewer servings	36%
Two servings	36
Three or more servings	27
Not sure	2

105. During the past seven days, on how many days was your child physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time? [102 Respondents of Children 5 to 17 years old]

Zero or one day	5%	→ CONTINUE WITH Q106
Two through four days	21	→ CONTINUE WITH Q106
Five or more days	74	→ GO TO Q107
Not sure	<1	→ GO TO Q107

106. What were the reasons your child was not physically active for at least 60 minutes on more days? [26 Respondents: Multiple responses accepted]

No afterschool activities	22%
Child does not like to be physically active	15
Likes to play video games or on computer	12
Neighborhood is not safe to be outside	9
School/homework/other activities	9
Lack of time	8
Work	5
Prefers to watch TV	4
Sick/ill	4
Weather	4
Other	8

The next series of questions deal with personal safety issues.

107. During the past year has anyone made you afraid for your personal safety?

Yes	5%	→ CONTINUE WITH Q108
No	95	→ GO TO Q109
Not sure	0	→ GO TO Q109

108. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? Again, I want to assure you that all your responses are strictly confidential. [21 Respondents; More than 1 response accepted]

Stranger	50%
Acquaintance	30
Ex-spouse	14
Friend	11
Child	3
Boyfriend or girlfriend	2

109. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes	4%	→ CONTINUE WITH Q110
No	96	→ GO TO Q111
Not sure	0	→ GO TO Q111

110. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? [14 Respondents; More than 1 response accepted]

Stranger	9 respondents
Child	3 respondents
Friend	2 respondents
Ex-spouse	1 respondent
Acquaintance	1 respondent

111. Finally, what are the three largest health concerns in Kenosha County?

Illegal drug use	42%
Access to health care (physical, mental or dental care)	23
Overweight or obesity	18
Chronic diseases like diabetes or heart disease	15
Alcohol use or abuse	14
Tobacco use	13
Cancer	12
Prescription or over-the-counter drug abuse	11
Mental health or depression	11
Violence or crime	10
Affordable health care	8
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	6
Environmental issues (air, water, wind turbines, animal waste)	5
Access to affordable healthy food	3
Driving problems/aggressive driving/drunk driving	2
Lack of physical activity	1
Aging/aging related issues	<1
Lead poisoning	<1
Infant mortality	<1

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2019 Community Health Survey

The 2019 Kenosha County Community Health Survey was conducted from July 15, 2019 through October 26, 2019. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=200). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=200). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2016 Community Health Survey

The 2016 Kenosha County Community Health Survey was conducted from July 5 through September 1, 2016. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2014 Community Health Survey

The 2014 Kenosha County Community Health Survey was conducted from June 9 through August 6, 2014. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2011 Community Health Survey

The 2011 Kenosha County Community Health Survey was conducted from November 7 through November 28, 2011. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2008 Community Health Survey

The 2008 Kenosha County Community Health Survey was conducted from December 9, 2008 through January 7, 2009. Respondents were scientifically selected so that the survey would be representative of all adults 18 years old or older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included both listed and unlisted numbers where the respondent within each household was randomly selected by computer based on the number of adults in the household. 2) A cell-phone only sample where the person answering the phone was selected as the respondent. A reimbursement of $20 was offered to respondents to cover the cost of incoming minutes. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

Kenosha County Health Data Report

A summary of secondary data sources

2019

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Center for Urban Population Health

Working together to improve the health of communities

This report was prepared by Maddie Johnson and Carrie Stehman from the Center for Urban Population Health, a partnership of Aurora Health Care/Aurora Research Institute, LLC, the University of Wisconsin-Milwaukee, and the University of Wisconsin School of Medicine and Public Health. If there are any questions, please feel free to contact the Center for Urban Population Health at 414.219.5100.

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Table of Contents

Total Population	1
Demographics	2
Population Change in Race and Ethnicity	3
Population Change in Age	4
Poverty	5
All Births	6
Percent Births Receiving First Trimester Prenatal Care	7
Percent Births Receiving Late or No Prenatal Care	8
Tobacco Use During Pregnancy	9
Low Birth Weight	10
Infant Mortality	11
Premature Births	12
Birth Rate Ages 15-19	13
Birth Rate Ages 15-17	14
Years of Potential Life Lost (YPLL)	15
Number of Deaths and Mortality Rate	16
Age-Adjusted Mortality Rate	17
Average Age at Death	18
Number and Rate of Injury Deaths	19
Number and Rate of Suicides	20
Number and Rate of Injury Hospitalizations	21
Number and Rate of Opioid-Related Hospital Encounters	22
Age-Adjusted Rate of Opioid-Related Hospital Encounters	23
Number and Rate of Opioid Deaths	24
Age-Adjusted Opioid Mortality Rate	25
Number and Rate of ED Visits for Injury	26
Ranked Causes of ED Visit for Injury- Count	27
Ranked Causes of ED Visit for Injury- Rate	28
Sex Offense Rates	29
Child Abuse	30
Sexually Transmitted Diseases	31
HIV Incidence	32
Cancer Incidence	33
Cancer Incidence and Mortality Rates by Site	34
Number and Rate of Cerebrovascular Disease Deaths	35
Health Behaviors from Behavioral Risk Factors Surveillance Survey	36
Kenosha County Health Rankings	37

Notes:

In 2019, the Center for Urban Population Health was enlisted to create a report detailing the health of Kenosha County using secondary data. This health data report is one piece of a variety of data sources being used by local health systems to describe their communities and the health priorities of their service areas. Indicators for which primary data are being collected were excluded from this report. In addition, rather than repurposing data from the comprehensive county rankings report created by the University of Wisconsin Population Health Institute (2019), the county level data from the rankings report is included in its entirety at the end of this report.

All of the data used in this report come from publicly available data sources. Data for each indicator were presented by race and ethnicity and gender when the data were available. Race data categorized as 'unknown' or 'missing' were rarely included in this report. Therefore, not all races are represented in the data that follow.

In some cases data were not presented by the system from which they were pulled due to their internal confidentiality policies which specify that data will not be released when the number is less than five. In other cases, data were available but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year to year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset.

When applicable, Healthy People 2020 objectives are provided for each indicator. These objectives were not included unless the indicator directly matched with a Healthy People 2020 objective.

University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

Total Population - Kenosha County				
		2017		State 2017
	Total Population	167,886		5,763,217
Total Population		N	%	
	White	144,109	85.8%	85.9%
	Black or African American	12,611	7.5%	6.3%
	Asian	2,257	1.3%	2.6%
	American Indian and Alaska Native	645	0.4%	0.9%
	Some Other Race	3,328	2.0%	1.9%
	Two or more races	4,892	2.9%	2.3%
	Hispanic or Latino	21,354	12.7%	6.6%
Total Population				
	Male	83,033	49.5%	49.7%
	Female	84,853	50.5%	50.3%
Total Population				
	0-14	32,672	19.5%	18.6%
	15-44	66,671	39.7%	38.2%
	45-64	47,023	28.0%	27.5%
	65+	21,520	12.8%	15.6%

US Census Bureau (2017). American Fact Finder. Data accessed from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml and https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF on October 8, 2019.

Demographics - Kenosha County			
		2017	State 2017
Education level of adults 25 years or older			
	Less than high school degree	9.5%	8.3%
	High school degree	32.7%	31.3%
	Some college/associates	32.6%	31.4%
	Bachelors degree or higher	25.1%	29.1%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	7.8%	3.1%
Median HH Income (2017 dollars)			
	Median Income	$57,269	$56,759
Percent of all people below poverty in last 12 months			
	Percent below poverty	14.5%	12.3%
Language spoken at home			
	English	88.7%	91.3%
	Spanish	8.2%	4.6%
	Indo-European	2.1%	1.9%
	Asian and Pacific Island	0.8%	1.8%
	Other Languages	0.2%	0.4%
	Owner Occupied	65.6%	67.0%
	Renter Occupied	34.4%	33.0%

Data from American Community Survey 2017 estimates. Accessed at: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml on October 10, 2019.

Population Change in Race and Ethnicity - Kenosha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	149,577	100.0%	166,426	100.0%	16,849	11.3%
Hispanic or Latino Population	10,757	7.2%	19,592	11.8%	8,835	82.1%
Not Hispanic or Latino	138,820	92.8%	146,834	88.2%	8,014	5.8%
White Alone	127,287	85.1%	129,892	78.0%	2,605	2.0%
Black Alone	7,446	5.0%	10,655	6.4%	3,209	43.1%
American Indian Alone	491	0.3%	513	0.3%	22	4.5%
Asian Alone	1,350	0.9%	2,343	1.4%	993	73.6%
Native Hawaiian or Other Pacific Islander	53	0.0%	67	0.0%	14	26.4%
Some Other Race Alone	160	0.1%	177	0.1%	17	10.6%
Two or More Races	2,033	1.4%	3,187	1.9%	1,154	56.8%

Data accessed from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF on December 3, 2019.

Population Change in Age - Kenosha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	149,577	100.0%	166,426	100.0%	16,849	11.3%
0 to 4	10,367	6.9%	10,995	6.6%	628	6.1%
5 to 9	11,640	7.8%	11,850	7.1%	210	1.8%
10 to 14	11,826	7.9%	12,310	7.4%	484	4.1%
15 to 19	11,106	7.4%	13,029	7.8%	1,923	17.3%
20 to 24	9,568	6.4%	11,307	6.8%	1,739	18.2%
25 to 29	9,747	6.5%	10,377	6.2%	630	6.5%
30 to 34	11,068	7.4%	10,496	6.3%	-572	-5.2%
35 to 39	13,365	8.9%	11,135	6.7%	-2,230	-16.7%
40 to 44	12,696	8.5%	12,072	7.3%	-624	-4.9%
45 to 49	10,596	7.1%	13,767	8.3%	3,171	29.9%
50 to 54	8,661	5.8%	12,395	7.4%	3,734	43.1%
55 to 59	6,649	4.4%	10,248	6.2%	3,599	54.1%
60 to 64	5,119	3.4%	7,766	4.7%	2,647	51.7%
65 to 69	4,436	3.0%	5,595	3.4%	1,159	26.1%
70 to 74	4,355	2.9%	4,145	2.5%	-210	-4.8%
75 to 79	3,632	2.4%	3,297	2.0%	-335	-9.2%
80 to 84	2,577	1.7%	2,845	1.7%	268	10.4%
85+	2,169	1.5%	2,797	1.7%	628	29.0%

Data accessed from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml on December 3, 2019.

Poverty - Kenosha County			
	2017	State 2017	
Percent of all ages in poverty	14.5%	12.3%	

Data Accessed from American Community Survey (2017).
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml on October 10, 2019.

Total Births - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Total Births by Race/Ethnicity of Mother					
White (Non-Hispanic)	1,292	1,211	1,139	45,656	
Black/African American (Non-Hispanic)	217	229	202	6,580	
American Indian/Alaska Native (Non-Hispanic)	6		5	676	
Hispanic	331	323	331	6,363	
Laotian or Hmong (Non-Hispanic)				1,398	
Other (Non-Hispanic)	32	37	38	1,930	
Two or More Races (Non-Hispanic)	43	61	61	1,417	
Total Births by Education of Mother					
Some High School or Less	206	161	146	6,586	
High School Graduate or GED Completed	504	514	506	16,036	
Some College	673	666	616	18,369	
College Graduate	401	374	368	15,718	
Post Graduate	134	140	135	7,049	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Birth Counts Module, https://www.dhs.wisconsin.gov/wish/birth/form.htm, accessed October 10, 2019.

Percent Births to Those Receiving First Trimester Care - Kenosha County					
	2016	2017	2018	State 2018	HP 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Percent 1st trimester care	71.3%	72.7%	72.2%	76.0%	77.9%
Percent of Mothers Receiving First Trimester Prenatal Care by Race/Ethnicity					
White (Non-Hispanic)	77.7%	77.1%	77.3%	81.0%	
Black/African American (Non-Hispanic)	53.5%	58.1%	55.0%	60.6%	
American Indian/Alaska Native (Non-Hispanic)	33.3%	66.7%	80.0%	55.5%	
Hispanic	58.6%	64.7%	65.6%	64.2%	
Laotian or Hmong (Non-Hispanic)	100.0%			61.5%	
Other (Non-Hispanic)	78.1%	75.7%	73.7%	71.0%	
Two or More Races (Non-Hispanic)	62.8%	77.0%	68.9%	69.1%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Birth Counts Module, https://www.dhs.wisconsin.gov/wish/prenatal-care/form.htm, accessed October 10, 2019.

Percent Late (started in third trimester) or No Prenatal Care- Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Percent late or no prenatal care	4.3%	4.5%	4.0%	4.6%	
Percent of Mothers Receiving Late or No Prenatal Care by Race/Ethnicity					
White (Non-Hispanic)	3.1%	3.7%	2.6%	3.6%	
Black/African American (Non-Hispanic)	11.1%%	7.9%	9.4%	8.4%	
American Indian/Alaska Native (Non-His	16.7%		20.0%	12.0%	
Hispanic	5.1%	5.3%	4.5%	6.5%	
Laotian or Hmong (Non-Hispanic)				4.8%	
Other (Non-Hispanic)		2.7%	7.9%	5.1%	
Two or More Races (Non-Hispanic)		6.6%	6.6%	6.1%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Birth Counts Module, https://www.dhs.wisconsin.gov/wish/prenatal-care/form.htm, Prenatal Care Module, accessed October 10, 2019 and December 14, 2019.

Tobacco Use During Pregnancy - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Percent of births where mother indicated smoking during pregnancy	13.0%	10.6%	10.3%	10.1%	No greater than 1.4%
Percent of Mothers Who Smoked While Pregnant by Race/Ethnicity					
White (Non-Hispanic)	14.3%	10.9%	12.1%	10.5%	
Black/African American (Non-Hispanic)	18.4%	18.3%	10.9%	11.4%	
American Indian/Alaska Native (Non-Hispanic)				33.1%	
Hispanic	5.1%	4.6%	4.5%	5.7%	
Laotian or Hmong (Non-Hispanic)				4.1%	
Other (Non-Hispanic)				1.4%	
Two or More Races (Non-Hispanic)	14.0%	11.5%	9.8%	16.9%	
Percent of Mothers Who Smoked While Pregnant by Education					
Some High School or Less	19.9%		17.8%	17.6%	
High School Graduate/ GED	19.6%	15.8%	15.0%	19.4%	
Some College	13.8%	13.2%	12.7%	10.6%	
College Graduate	3.0%			1.2%	
Post Graduate				0.3%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/birth/form.htm, accessed October 10, 2019.

Percent of All Births That Are Low Birthweight - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Percent low birth weight (<2,500 grams)	8.6%	9.0%	7.6%	7.7%	7.8%
Percent of Births That Are Low Birthweight by Race of Mother					
White (Non-Hispanic)	7.7%	8.5%	7.6%	6.4%	
Black/African American (Non-Hispanic)	13.8%	14.4%	6.7%	16.2%	
American Indian/Alaska Native (Non-Hispanic)	33.3%			7.8%	
Hispanic	6.9%	6.5%	5.7%	7.5%	
Laotian or Hmong (Non-Hispanic)				8.7%	
Other (Non-Hispanic)	18.8%	5.4%	10.5%	8.8%	
Two or More Races (Non-Hispanic)	11.6%	14.8%		9.1%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/lbw/form.htm, Low Birthweight Module, accessed October 10, 2019.

Infant Mortality - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Total number of Infant Deaths (<365 days)	9	15	8	389	
Infant mortality rate (<365 days) per 1,000 live	4.7	8.0	4.5	6.1	6.0
Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity of the Mother					
White (Non-Hispanic)	6.8	7.4	3.5	4.8	
Black/African American (Non-Hispanic)	5.0	17.5	9.9	12.8	
American Indian/Alaska Native (Non-Hispanic)				5.9	
Hispanic	5.9	6.2	3.0	7.4	
Laotian or Hmong (Non-Hispanic)				7.9	
Other (Non-Hispanic)				3.1	
Two or More Races (Non-Hispanic)				8.5	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/infant-mortality/form.htm, Infant Mortality Module,

Premature Births (<37 weeks of gestation) - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Births	1,931	1,873	1,783	64,143	
Percent Premature (<37 weeks of gestation)	10.5%	11.4%	9.0%	9.9%	11.4%
Percent Premature Birth by Race/Ethnicity of Mother					
White (Non-Hispanic)	9.4%	11.0%	7.9%	9.0%	
Black/African American (Non-Hispanic)	16.1%	18.3%	17.8%	15.6%	
American Indian/Alaska Native (Non-Hispanic)	33.3%	33.3%		12.9%	
Hispanic	8.8%	8.7%	7.9%	10.0%	
Laotian or Hmong (Non-Hispanic)				7.7%	
Other (Non-Hispanic)	15.6%	2.7%%	15.8%	9.7%	
Two or More Races (Non-Hispanic)	18.6%	13.1%	4.9%	11.6%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/lbw/form.htm, Low Birthweight Module, accessed December 6, 2019.

Birth Rate for Teens Ages 15-19 - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Number of Births to Females Age <20	133	112	94	2,431	
Birth rate per 1,000 for Teens Ages 15-19	22.6	19.2	16.2	13.2	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Teen Births Module, https://www.dhs.wisconsin.gov/wish/teen-birth/form.htm, Teen Births - Teen Birth Rates Module, accessed December 6, 2019.

Birth Rate for Teens Ages 15-17 - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Number of Births to Females Age <18	41	23	15	567	
Birth rate per 1,000 for Teens Ages 15-17	11.5	6.6	4.4	5.2	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/teen-birth/form.htm, Teen Births Module, accessed December 9,2019.

Years of Potental Life Lost per 100,000 population - Kenosha County					
	2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths	1,412	1,447	1,504	53,680	
Mortality Rate per 100,000	841.7	862.4	894.0	928.6	
Years of potential life lost : rate per 100,000	6,995.4	7,409.3	6,859.2	6,648.2	
Years Potential Life Lost by Race: rate per 100,000 population					
White	6,995.4	7,259.2	6,995.0	6,279.8	
Black	10,941.1	10,585.1	9,529.8	11,618.8	
Hispanic	4,444.4	5,782.5	2,258.5	4,140.1	
American Indian	3,754.1	1,499.0		10,502.0	
Asian	2,351.8	2,765.5	3,122.5	3,318.4	
Years Potential Life Lost by Sex: rate per 100,000 population					
Male	8,563.2	9,475.0	8,401.1	8,331.6	
Female	5,419.7	5,352.4	5,312.1	4,940.2	

* Years of Potential Life Lost (YPLL): An estimate of premature mortality, defined as the number of years of life lost among persons who die before age 75. YPLL is the sum of the differences between age 75 and the age at death for everyone who died before age 75.

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, https://www.dhs.wisconsin.gov/wish/mortality/broad-form.htm, December 9, 2019.

Number of Deaths - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths (all causes)		1,412	1,447	1,504	53,680	
Mortality Rate		841.7	862.4	894.0	928.6	
Number of Deaths by Race/Ethnicity						
	White	1,330	1,349	1,421	49,855	
	Black	73	88	71	2,868	
	Hispanic	50	54	38	906	
	American Indian	5			496	
	Asian		6	12	431	
Number of Deaths by Sex						
	Male	709	762	752	27,165	
	Female	703	685	753	26,515	

Mortality Rate (Per 100,000) - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths (all causes)		1,412	1,447	1,504	53,680	
Mortality Rate		841.7	862.4	894.0	928.6	
Mortality Rate (Per 100,000) by Race/Ethnicity						
	White	893.3	906.7	954.2	979.3	
	Black	518.1	619.5	494.5	675.2	
	Hispanic	227.1	241.5	167.1	225.4	
	American Indian	344.5	277.3		657.6	
	Asian	119.8	178.4	344.6	230.6	
Mortality Rate (Per 100,000) by Sex						
	Male	852.6	916.1	902.1	944.8	
	Female	831.0	809.6	886.0	912.4	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, https://www.dhs.wisconsin.gov/wish/mortality/broad-form.htm, accessed December 9, 2019.

Age Adjusted Mortality Rate (Per 100,000) - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths (all causes)		1,412	1,447	1,504	53,680	
Age Adjusted Mortality Rate		804.3	816.8	834.2	727.0	
Age Adjusted Mortality Rate (Per 100,000) by Race/Ethnicity						
	White	802.6	806.1	834.1	711.6	
	Black	931.0	1,301.8	1,093.9	1,019.3	
	Hispanic	509.2	492.3	437.7	505.1	
	American Indian	467.1			940.6	
	Asian		250.6	489.4	445.1	
Age Adjusted Mortality Rate (Per 100,000) by Sex						
	Male	935.9	999.4	968.2	854.2	
	Female	695.9	668.6	724.2	618.4	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, https://www.dhs.wisconsin.gov/wish/mortality/broad-form.htm, accessed Decembr 9, 2019.

Average Age at Death - Kenosha County						
		2017	2017	2018	State 2018	Healthy People 2020 goal
Average Age at Death		73.1	72.7	74.1	75.2	
Average Age at Death by Race/Ethnicity						
	White	74.1	73.5	74.6	76.3	
	Black	56.1	60.3	63.7	60.8	
	Hispanic	58.4	53.9	64.9	60.1	
	American Indian	65.4	73.3		61.9	
	Asian	64.8	65.8	72.9	65.1	
Average Age at Death by Sex						
	Male	69.8	69.5	71.0	71.9	
	Female	76.4	76.2	77.2	78.6	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, https://www.dhs.wisconsin.gov/wish/mortality/broad-form.htm, accessed December 9, 2019.

Number Injury Related Deaths - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths (all causes)		1,412	1,447	1,504	53,680	
Number Injury Related Deaths		152	155	150	4,948	
Number Injury Related Death by Race/Ethnicity						
	White	140	143	144	4,368	
	Black	9	10	5	418	
	Hispanic	5	14	8	164	
	American Indian				69	
	Asian				44	
	Other				37	
	Unknown				12	
Number Injury Related Death by Sex						
	Male	88	104	86	3,096	
	Female	64	51	64	1,852	

Injury Death Rate Per 100,000 - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Injury Related Death Rate		90.6	92.4	89.2	85.6	53.3
Injury Death Rate Per 100,000 by Race/Ethnicity						
	White	94.0	96.1	96.7	85.7	
	Black	63.9	70.4	34.8	98.4	
	Hispanic	22.7	62.6	35.2	40.8	
	American Indian				91.5	
	Asian				23.5	
Injury Death Rate Per 100,000 by Sex						
	Male	105.8	125.0	103.2	107.7	
	Female	75.6	60.3	74.4	63.7	
Injury Death Rate Per 100,000 by Age Group						
	Age 18-44	92.8	79.4	59.2	75.1	
	Age 45-64	81.8	94.6	112.9	78.3	
	65+	262.6	265.2	252.6	214.9	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Injury-Related Health Outcomes Module, https://www.dhs.wisconsin.gov/wish/injury-mortality/icd10-form.htm, accessed December 9, 2019.

Number of Suicides - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Total Deaths (all causes)		1,412	1,447	1,504	53,680	
Number of Suicides					886	
Number of Suicides by Race/Ethnicity						
	White	21	22	19	827	
	Black				31	
	Hispanic				24	
	American Indian				13	
	Asian				15	
Number of Suicides by Sex						
	Male	15	21	15	722	
	Female	8			164	

Suicide Rate Per 100,000 - Kenosha County						
		2016	2017	2018	State 2018	Healthy People 2020 goal
Suicide Rate		13.7	14.3	11.3	15.3	10.2
Suicide Rate per 100,000 by Race/Ethnicity						
	White	14.1	14.8	12.8	16.2	
	Black	7.1	14.1		7.3	
	Hispanic	13.6	4.5		6.0	
	American Indian				17.2	
	Asian	30.0			18.0	
Suicide Rate per 100,000 by Sex						
	Male	18.0	25.2	18.0	25.1	
	Female	9.5	3.5	4.7	5.6	
Suicide Rate per 100,00 by Age Group						
	Age 10-14	8.5			3.0	
	Age 15-17		13.8		10.7	
	Age 18-19	42.0			13.1	
	Age 20-24	26.1	8.9	9.1	14.7	
	Age 25-44	18.2	15.7	8.9	21.1	
	Age 45-64	15.3	28.6	26.6	21.8	
	Age 65-84	5.4	5.2	10.0	14.3	
	Age 85+	33.2	33.7		7.8	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, https://www.dhs.wisconsin.gov/wish/mortality/broad-form.htm, accessed December 13, 2019.

Number Injury Hospitalizations - Kenosha County					
	2016	2017	2018	State 2018	HP 2020 goal
Number of Injury Hospitalizations	689	708	760	27,521	
Number Injury Hospitalizations by Race/Ethnicity					
White	602	640	703	23,640	
Black	68	44	37	2,230	
Hispanic	37	27	40	966	
American Indian				316	
Asian		5	5	399	
Other				9	
Unknown	14	17	11	927	
Number Injury Hospitalizations by Sex					
Male	339	332	335	13,133	
Female	350	376	425	14,388	
Rate of Injury Hospitalizations - Kenosha Co.					
	2016	2017	2018	State 2018	HP 2020 goal
Total Injury Hospitalizations	689	708	760	27,521	
Rate of Injury Hospitalizations	398.7	406.6	428.1	417.5	555.8
Average Patient Age	63.6	64.2	66.0	60.3	
Length of Hospital Stay (days)	5.1	5.2	5.5	4.8	
Total Hospital Charges	$35,326,770	$37,870,537	$43,999,018	$1,432,579,180	
Average Hospital Charges	51,272.5	$53,489	$57,893	$52,054	
Rate of Injury Hospitalizations by Race/Ethnicity					
White	376.4	640.0	793.0	385.4	
Black	68.0	44.0	37.0	602.6	
Hispanic	253.3	197.1	40.0	333.4	
American Indian				478.0	
Asian		5.0	5.0	350.4	
Rate of Injury Hospitalizations by Sex					
Male	420.1	414.3	413.7	433.0	
Female	471.6	387.8	432.8	394.7	

*Notes: rates are crude rates. Number of injury/population*100,000, *Rate may appear unstable over time due to small numerator (i.e., <50)*

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Injury-Related Health Outcomes Module, https://www.dhs.wisconsin.gov/wish/injury-hosp/query.htm, accessed with assitance from the DPH Data Resource Center December 13, 2019.

Number of Opioid-Related Hosptial Encounters- Kenosha County					
	2015	2016	2017	State 2017	Healthy People 2020 goal
Total Opioid Hospital Discharges	907	979	892	26,546	
Age-Adjusted Rate of Opioid Hospital Discharges	550.2	588.4	549.1	475.4	
Number Opioid-Related Hospital Discharges by Race/Ethnicity					
White	805	874	806	21,957	
Black	89	79	67	2,749	
Hispanic	49	76	85	1,878	
American Indian				750	
Asian				144	
Unknown	13	24	17	946	
Number Opioid-Related Hospital Discharges by Sex					
Male	466	485	505	13,741	
Female	441	494	387	12,805	
Number Opioid-Related Hospital Discharges by Age Group					
Age 15-44	656	694	668	17,086	
Age 45-64	205	232	187	6,666	
Age 65+	41	49	39	2,617	

Rate of Opioid-Related Hosptial Encounters per 100,000 Population - Kenosha County					
	2015	2016	2017	State 2017	Healthy People 2020 goal
Rate of Opioid-related hosptial discharges	540.3	583.6	531.6	459.4	
Rate of Opioid-Related Hospital Discharges Per 100,000 by Race/Ethnicity					
White	540.7	587.0	541.7	430.3	
Black	630.1	560.7	471.7	652.4	
Hispanic	226.0	345.2	380.1	471.7	
American Indian		68.9	69.3	1,003.4	
Asian		30.0	29.7	80.3	
Rate of Opioid-Related Hospital Discharges Per 100,000 by Sex					
Male	560.3	583.9	607.1	478.0	
Female	520.7	583.9	457.4	440.9	
Rate of Opioid-Related Hospital Discharges Per 100,000 by Age Group					
Age 15-44	965.3	1024.8	986.6	776.2	
Age 45-64	448.7	508.4	411.5	424.3	
Age 65+	194.2	225.8	161.8	274.9	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Opioid Module, https://www.dhs.wisconsin.gov/wish/opioid/hospital-encounters.htm, accessed December 13, 2019.

Age-Adjusted Rate of Opioid-Related Hosptial Encounters per 100,000 Population - Kenosha County						
		2015	2016	2017	State 2017	Healthy People 2020 goal
Total Opioid Hospital Discharges		907	979	892	26,546	
Age-Adjusted Rate of Opioid Hospital Discharges		550.2	588.4	549.1	475.4	
Age-Adjusted Rate of Opioid-Related Hospital Discharges Per 100,000 by Race/Ethnicity						
	White	557.5	597.4	565.9	451.4	
	Black	750.0	654.1	546.5	726.2	
	Hispanic	256.4	353.5	386.2	520.3	
	American Indian		71.2	60.8	1,023.1	
	Asian		68.4	29.9	89.5	
Age-Adjusted Rate of Opioid-Related Hospital Discharges Per 100,000 by Sex						
	Male	567.5	594.2	627.8	493.0	
	Female	533.2	581.7	471.0	456.1	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/opioid/hospital-encounters.htm, Opioid-Related Hospital Encounters Module, accessed December 14, 2019.

Number of Opioid Deaths- Kenosha County					
	2015	2016	2017	State 2017	Healthy People 2020 goal
Number of Opioid Deaths	32	35	45	916	
Average Age at Death	43.9	40.3	45.8	40.2	
Number Opioid Deaths by Race/Ethnicity					
White	29	31	41	787	
Black				97	
Hispanic			6	57	
American Indian				26	
Asian					
Number Opioid Deaths by Sex					
Male	21	24	29	596	
Female	11	11	16	320	
Number Opioid Deaths by Age Group					
Age 15-44	16	22	21	582	
Age 45-64	16	12	21	300	
Age 65+				31	

Opioid Mortality Rate per 100,000 Population - Kenosha County					
	2015	2016	2017	State 2017	Healthy People 2020 goal
Mortality Rate	19.1	20.9	26.8	15.9	
White	19.5	20.8	27.6	15.4	
Black	21.2	21.3	28.2	23.0	
Hispanic	9.2	4.5	26.8	14.3	
American Indian				34.8	
Asian				1.7	
Opioid Mortality Rate Per 100,000 by Sex					
Male	25.2	28.9	34.9	20.7	
Female	13.0	13.0	18.9	11.0	
Opioid Mortality Rate Per 100,000 by Age Group					
Age 15-44	23.5	32.5	31.0	26.4	
Age 45-64	25.0	26.3	26.2	19.1	
Age 65+		4.6	13.5	3.3	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Opioid Module, https://www.dhs.wisconsin.gov/wish/opioid/mortality.htm, accessed December 14, 2019.

Age-Adjusted Opioid Mortality Rate per 100,000 Population - Kenosha County					
	2015	2016	2017	State 2017	Healthy People 2020 goal
Number of Opioid Deaths	32	35	45	916	
Age-Adjusted Opioid Mortality Rate	26.6	20.9	26.6	16.7	
Age-Adjusted Opioid Mortality Rate Per 100,000 by Race/Ethnicity					
White	19.0	21.2	27.2	16.6	
Black	28.1	27.3	33.2	26.0	
Hispanic	11.1	5.1	11.1	14.8	
American Indian				37.7	
Asian				1.1	
Age-Adjusted Opioid Mortality Rate Per 100,000 by Sex					
Male	24.1	35.7	40.3	21.7	
Female	17.8	20.7	20.5	11.7	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Opioid Module, http://dhs.wisconsin.gov/wish/, Drug Overdose Deaths Module, accessed October 8, 2019.

Number ED Visits for Injuries - Kenosha County					
	2016	2017	2018	State 2018	HP 2020 goal
Total Number of ED Visits for Injury	16,603	15,184	14,436	413,034	
Average Age of ED Injury Patient	35.6	36.1	36.9	39.6	
Total Hospital Charges for All Injury Patients to the ED	$137,968,161	$139,919,738	$146,661,041	$4,562,306,303	
Average Hospital Charges Per Injury Patient to the ED	$2,021	$2,171	$2,329	$2,572	
Number ED Visits for Injuries by Sex					
Male	8,278	7,522	6,989	210,927	
Female	8,325	7,662	7,447	202,105	

Age-Adjusted Rate of ED Visits for Injury Per 100,000 Pop. - Kenosha County					
	2016	2017	2018	State 2018	HP 2020 goal
Total Number of ED Visits for Injury	16,603	15,184	14,436	413,034	
Rate of ED Visits for Injury	10,041.3	9,187.9	8,698.4	7,251.1	7533.4
Age-Adjusted Rate of ED Visits for Injury Per 100,000 Pop. By Sex					
Male	10,130.0	9,240.8	8,570.5	7,519.3	
Female	9,908.7	9,093.0	8,800.4	6,960.9	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/injuryed/query.htm, Injury-Related Health Outcomes Module, accessed with assistance from the Data Resource Center on December 14, 2019.

Ranked Causes of Emergency Department Visits for Injury - Kenosha County		
		2018
Total ED Visits for Injury by Cause		
	Fall	4,417
	Struck by or against object or person	2,221
	Motor vehicle	1,374
	Cutting or piercing objects	1,202
	Overexertion	1,181
	Natural or environmental factors	681
	Nontraffic transportation	295
	Poisoning	242
	Fire, heat, chemical burns, hot object, scalding	195
	Machinery	80
	Firearm	20
	Suffocation	6
	Drowning	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Injury-Related Emergency Department Visits Module, accessed December 14, 2019.

Ranked Causes of Emergency Department Visits for Injury - Kenosha County		
		2016-2018
Rate of ED Visits for Injury by Cause Per 100,000*		
	Falls	2,799.33
	Struck by or against	1,423.93
	MVC	879.95
	Cutting/piercing	760.71
	Overexertion	514.32
	Nature	428.96
	Non-traffic	226.36
	Poisoning	175.65
	Fire-burns	120.17
	Machinery	41.87
	Firearm	11.90
	Suffocation	3.26
	Drowning	3.18

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Injury-Related Emergency Department Visits Module, accessed with assistance from the Data Resource Center on December 14, 2019.

Sex Offense Rates per 100,000 population - Kenosha County					
	2016	**2017**	**2018**	**State 2018**	
All Sex Offenses	72.99	108.02	90.02	87.95	
Rape	27.3	30.27	40.86	27.21	
Sodomy/Oral Sex	7.71	17.81	5.92	8.41	
Sexual Assault with Object	2.37	9.50	2.96	3.23	
Fondling	30.26	40.95	32.57	35.99	
Incest	0.59			0.57	
Statutory Rape	4.75	9.5	7.7	12.5	

Wisconsin Department of Justice (2019). Wisconsin Uniform Crime Reporting, Sex Offense Data. Data accessed from https://www.doj.state.wi.us/dles/bjia/ucr-sex-offense-data on September 13, 2019 and December 14, 2019.

Child Abuse - Kenosha County			
	2017	State 2017	
Child Protective Service (CPS) Reports per 1,000 Children	30.0	33.1	

Data accessed from https://dcf.wisconsin.gov/files/cwportal/reports/pdf/can.pdf on December 14, 2019.

Sexually Transmitted Disease Incidence Rate per 100,000 - Kenosha County						
		2016	2017	2018	State 2018	HP 2020 goal
STD Incidence Rate per 100,000		760.0	690.0	628.0	642.0	
STI Incidence Rate per 100,000 by Race/Ethnicity						
	White	364.0	303.0	290.0	305.0	
	African American	4,231.0	3,571.0	3,311.0	3,868.0	
	Hispanic	636.0	511.0	505.0	1,005.0	
	American Indian	240.0		240.0	810.0	
	Asian/Pacific Islander	117.0	78.0	352.0	428.0	
STI Incidence Rate per 100,000 by Sex						
	Male	495.0	477.0	456.0	490.0	
	Female	1,024.0	900.0	796.0	789.0	

Note: Information for STD Incidence includes data on chlamydia, gonorrhea, and syphilis, not all existing STDs.
Data accessed from https://www.dhs.wisconsin.gov/publications/p00415-2018.pdf, https://www.dhs.wisconsin.gov/publications/p00415b-2018-kenosha.pdf, https://www.dhs.wisconsin.gov/publications/p00415b-2017-Kenosha.pdf, and https://www.dhs.wisconsin.gov/publications/p00415b-2016-Kenosha.pdf on December 14 and 27, 2019.

HIV Incidence per 100,000 - Kenosha County					
		2013-2017	2018	State 2018	HP 2020 goal
HIV Incidence Rate		5.9	4.9	3.8	
HIV Incidence per 100,000 by Race/Ethnicity					
	White	4.3		1.5	
	Black/African American	32.4		25.7	
	Hispanic			11.6	
	American Indian				
	Asian/Pacific Islander			5.3	
	Multi-racial or unknown				
HIV Incidence per 100,000 by Sex at Birth					
	Male	2.4	1.2	6.6	
	Female	9.4	8.6	1.0	

Data from http://www.dhs.wisconsin.gov/aids-hiv/stats/map.htm, https://www.dhs.wisconsin.gov/publications/p0/p00766.pdf, and https://www.dhs.wisconsin.gov/publications/p0/p00766-Kenosha.pdf accessed on December 14, 2019.

Cancer Incidence Age-Adjusted Rate per 100,000 - Kenosha County				
		2012-2016	State 2016	HP 2020 goal
Cancer Incidence Rate		489.7	458.6	
Cancer Incidence Age-Adjusted Rate per 100,000 by Race/Ethnicity				
	White		452.7	
	African American		536.9	
	Hispanic		310.5	
	American Indian/Alaska Native		481.2	
	Asian/Pacific Islander		281.0	
Cancer Incidence Age-Adjusted Rate per 100,000 by Sex				
	Male	543.1	496.7	
	Female	452.9	432.6	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/. Cancer Module, accessed December 14, 2019.

Cancer Incidence Age-Adjusted Rate per 100,000 - Kenosha County					
		2012-2016		State 2016	
		Male	Female	Male	Female
Cancer Incidence Age-Adjusted Rate per 100,000					
	Female Breast		129.2		130.3
	Cervical (Cervix Uteri)		7.0		6.9
	Colorectal	44.6	36.1	41.9	31.7
	Lung and Bronchus	77.2	68.8	65.0	53.1
	Prostate Cancer	117.7		109.4	
Cancer Mortality Age-Adjusted Rate per 100,000					
		2013-2017		State 2017	
		Male	Female	Male	Female
	Female Breast		19.3		17.3
	Cervical (Cervix Uteri)		2.3		1.3
	Colorectal	17.6	12.0	14.2	10.8
	Lung and Bronchus	56.2	44.9	44.0	32.6
	Prostate Cancer	19.5		20.9	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Cancer Module, https://wish.wisconsin.gov/cancer/incidence.htm/, accessed December 14, 2019.

Cerebrovascular Disease - Kenosha County		
	2015	State 2015
Total Number of Deaths due to Cerebrovascular Disease	67	2,616
Cerebrovascular Disease Death Rate per 100,000 Residents	39.9	45.4

Data reported in 2017 using CY 2015 data, accessed from
https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-Kenosha.pdf and
http://www.dhs.wisconsin.gov/localdata/counties/wisconsin.htm on Decemebr 14, 2019.

Behavioral Risk Factor Survey - Kenosha County			
	2016	State 2016	Healthy People 2020 goal
Age-adjusted percent of adults reporting they are heavy drinkers	7.9%	9.2%	
Age-adjusted percent of adults reporting they have ever been tested for HIV	33.6%	30.9%	

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/brfs/form.htm, Behavioral Risk Factor Survey Module, accessed December 27, 2019.

Kenosha (KE)
2019 Rankings

County Demographics

	County	State
Population	168,521	5,795,483
% below 18 years of age	23.2%	22.1%
% 65 and older	13.7%	16.5%
% Non-Hispanic African American	6.8%	6.3%
% American Indian and Alaskan Native	0.7%	1.2%
% Asian	1.7%	2.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	13.2%	6.9%
% Non-Hispanic white	75.9%	81.3%
% not proficient in English	1%	1%
% Females	50.5%	50.3%
% Rural	10.7%	29.8%
Male population 0-17 *	20,301	656,000
Male population 18-44 *	30,352	1,004,204
Male population 45-64 *	22,574	781,937
Male population 65+ *	9,953	432,330
Total male population *	83,180	2,874,471
Female population 0-17 *	19,344	626,656
Female population 18-44 *	30,100	969,103
Female population 45-64 *	22,870	789,101
Female population 65+ *	12,296	519,498
Total female population *	84,610	2,904,358
Population growth *	1%	2%

	Kenosha County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Health Outcomes					60
Length of Life					50
Premature death	6,900	6,400-7,300	5,400	6,300	
Quality of Life					68
Poor or fair health **	15%	14-15%	12%	15%	
Poor physical health days **	3.5	3.4-3.7	3.0	3.6	
Poor mental health days **	3.7	3.5-3.8	3.1	3.8	
Low birthweight	8%	7-8%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	78.2	77.8-78.7	81.0	79.5	
Premature age-adjusted mortality	350	330-370	280	310	
Child mortality	50	40-60	40	50	
Infant mortality	6	5-7	4	6	
Frequent physical distress	11%	10-11%	9%	11%	
Frequent mental distress	11%	11-12%	10%	12%	
Diabetes prevalence	9%	7-11%	9%	9%	
HIV prevalence	144		49	122	
Communicable disease *	1,032			1,033	
Self-inflicted injury hospitalizations *	34	28-40		49	
Cancer incidence *	482	467-497		468	
Coronary heart disease hospitalizations *	2.1			2.8	
Cerebrovascular disease hospitalizations *	2.7			2.5	
Health Factors					66
Health Behaviors					66
Adult smoking **	18%	17-18%	14%	17%	
Adult obesity	31%	27-36%	26%	31%	
Food environment index	8.1		8.7	8.8	
Physical inactivity	21%	18-25%	19%	20%	
Access to exercise opportunities	95%		91%	86%	
Excessive drinking **	26%	25-27%	13%	26%	
Alcohol-impaired driving deaths	45%	40-50%	13%	36%	
Sexually transmitted infections	562.2		152.8	466.0	
Teen births	24	22-25	14	18	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	11%		9%	11%	
Limited access to healthy foods	7%		2%	5%	
Drug overdose deaths	27	23-32	10	18	
Motor vehicle crash deaths	9	7-11	9	10	
Insufficient sleep	33%	32-34%	27%	32%	
Smoking during pregnancy *	12%			12%	
Drug arrests *	930			29,106	
Opioid hospital visits *	584	547-620		469	
Alcohol-related hospitalizations *	1.9			2.1	
Motor vehicle crash occupancy rate *	61			53	
On-road motor vehicle crash-related ER visits *	956	924-989		696	
Off-road motor vehicle crash-related ER visits *	87	77-97		78	
Clinical Care					54
Uninsured	6%	6-7%	6%	6%	

	Kenosha County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Primary care physicians	2,210:1		1,050:1	1,250:1	
Dentists	1,590:1		1,260:1	1,470:1	
Mental health providers	1,000:1		310:1	530:1	
Preventable hospital stays	5,312		2,765	3,971	
Mammography screening	47%		49%	50%	
Flu vaccinations	50%		52%	52%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	8%	6-9%	6%	7%	
Uninsured children	4%	3-5%	3%	4%	
Other primary care providers	1,737:1		726:1	964:1	
Childhood immunizations *	68%			73%	
Social & Economic Factors					**60**
High school graduation	90%		96%	89%	
Some college	63%	60-66%	73%	69%	
Unemployment	3.9%		2.9%	3.3%	
Children in poverty	16%	12-20%	11%	15%	
Income inequality	4.5	4.2-4.8	3.7	4.3	
Children in single-parent households	38%	35-42%	20%	31%	
Social associations	7.7		21.9	11.6	
Violent crime	234		63	298	
Injury deaths	90	84-96	57	77	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	7%	5-9%	4%	5%	
Median household income	$61,300	$57,300-65,300	$67,100	$59,300	
Children eligible for free or reduced price lunch	44%		32%	37%	
Residential segregation - Black/White	50		23	77	
Residential segregation - non-white/white	42		15	56	
Homicides	3	2-4	2	3	
Firearm fatalities	8	7-11	7	10	
Reading proficiency *	48%			48%	
W-2 enrollment *	294			8,331	
Poverty *	11%	10-13%		11%	
Older adults living alone *	31%			29%	
Hate crimes *				1	
Child abuse *	5			4	
Injury hospitalizations *	419	388-450		457	
Fall fatalities 65+ *	212	176-248		136	
Physical Environment					**70**
Air pollution - particulate matter **	11.2		6.1	8.6	
Drinking water violations	No				
Severe housing problems	18%	17-20%	9%	15%	
Driving alone to work	85%	84-86%	72%	81%	
Long commute - driving alone	37%	35-39%	15%	27%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	66%	64-67%	80%	67%	
Severe housing cost burden	15%	14-16%	7%	13%	
Year structure built *	24%			25%	

^ 10th/90th percentile, i.e., only 10% are better.

* Data supplied on behalf of state

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data