

# UNITED HOSPITAL SYSTEM



## *Community Health Needs Assessment*



*January, 2017*

## Introduction

United Hospital System is comprised of two primary medical facilities, the Kenosha Medical Center Campus and the St. Catherine's Medical Center Campus, with a single Tax Payor ID number and the same community definition requiring one shared Community Health Needs Assessment ("CHNA"), community resource inventory, and implementation strategy. United Hospital System is a comprehensive regional healthcare system that has served southeastern Wisconsin and northern Illinois communities for more than 100 years. United Hospital System provides services primarily through the Kenosha Medical Center Campus and the St. Catherine's Medical Center Campus, along with several other clinic locations. In response to its community commitment, United Hospital System worked with Aurora Health Care, Children's Hospital of Wisconsin and Kenosha County Public Health Department to facilitate a CHNA and implementation plan. The community health needs assessment was conducted between August and October 2016. United Hospital System (further referred to as "United Hospital System") collaborated with outside organizations in their shared service area during the community health needs assessment process.

This report fulfills the requirements of a new 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 community health needs assessment process undertaken by United Hospital System, Aurora Health Care, Children's Hospital of Wisconsin and Kenosha County Public Health Department with project management and consultation by JKV Consultants 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 United Hospital System, Aurora Health Care, Children's Hospital of Wisconsin, and Kenosha County Public Health Department along with JKV Consultants and Center for Urban Population Health worked closely together to accomplish the assessment.

## Community Definition

While community can be defined in many ways, for the purposes of this report, the primary United Hospital System Community Definition is defined as five zip code areas in Kenosha County, Wisconsin. (See Figure 1 & Table 1). The needs identified in this report pertain to the five zip code areas in Kenosha County, Wisconsin.

United Hospital System Zip Code Community Definition

Table 1

Zip Code Area	Town	County
53140	Kenosha	Kenosha
53142	Kenosha	Kenosha
53143	Kenosha	Kenosha
53144	Kenosha	Kenosha
53158	Pleasant Prairie	Kenosha

United Hospital System Community Map

Figure 2



## Project Mission & Objectives

The mission of the United Hospital System 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 United Hospital System, 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. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project oversight committee, 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 the hospital facility; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility 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 United Hospital System.

## Methodology

Commissioned by United Hospital System, Aurora Health Care, Children’s Hospital of Wisconsin, Kenosha County Public Health Department and in partnership with the Center for Urban Population Health and consultation by JKV Consultants facilitated and managed a community health needs assessment on behalf of United Hospital System resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

### Key data sources in the community health needs assessment include:

- **Community Health Assessment Planning:** Leaders from United Hospital System, Aurora Health Care, Children’s Hospital of Wisconsin, and Kenosha County Public Health Department along with JKV Consultants and Center for Urban Population Health completed assessment planning and assessment and methodology strategies.
- **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual’s age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. The Center for Urban Population Health and JKV Consultants completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the United Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, CDC National Cancer Institute, Substance Abuse and Mental Health Services Administration (“SAMHSA”), U.S. Census, and other additional data sources.
- **Interviews with Key Community Stakeholders:** Leadership from United Hospital System, Aurora Health Care, Children’s Hospital of Wisconsin and Kenosha County Public Health Department identified leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 32 interviews were completed with key stakeholders in the United Hospital System community between August and October 2016.
- **Community Resource Inventory:** Center for Urban Population Health and JKV Consultants completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and internet research to identify the community resources that are striving to meet the needs identified by the CHNA.
- **Identification of top community health needs:** Top community health needs were identified by hospital leaders during a community health needs identification

meeting held in December of 2016. The CHNA findings from secondary data and key stakeholder interviews was presented.

- **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process, prioritizes top community health needs based on the needs the hospital will meet, the needs they will not address, and details the resources available in the community to address all the needs identified by the assessment.
  
- **Final Implementation Plan to Meet Community Health Needs:** A final report was developed that provides detailed plans to meet the prioritized needs identified by hospital leadership, including: objectives, population targeted for implementation, a description of the strategies and actions to be implemented, the planned timeframe for implementation, measures of successful implementation, Identification of the role each campus will play in the strategies listed, and potential partners.

# **Kenosha County Health Needs Assessment**

## **A summary of Key Informant Interviews**

# Kenosha County Health Needs Assessment

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A summary of key informant interviews

2016

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Working together to improve the health of communities





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The funding to prepare this report comes from Kenosha County Division of Health, Aurora Health Care, United Hospital System, and Children's Hospital of Wisconsin working in partnership with Kenosha Community Health Center and United Way of Kenosha County.

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## Introduction

This report presents a summary of public health priorities for Kenosha County, as identified in 2016 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 needs assessment (CHNA) survey conducted through a partnership between the Kenosha County Division of Health, Aurora Health Care, United Hospital System, and Children’s Hospital of Wisconsin working in partnership with Kenosha Community Health Center and United Way of Kenosha County. The CHNA incorporates input from persons representing the broad community served by the hospitals, focusing on a range of public health issues relevant to the community at large.

Key informants in Kenosha County were identified and interviewed by staff from the Kenosha County Division of Health, United Hospital System, and Aurora Health Care in August, September, and October 2016. 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/challenges to addressing the issue
  - Additional strategies needed
  - Key groups in the community that hospitals should partner with to improve community health

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. This report presents the results of the 2016 CHNA key informant interviews for Kenosha County, based on the summaries provided to the Center for Urban Population Health.

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 provides a summary of the strategies, barriers, and partners described by participants. Themes that crossed health topics are also presented.

**Limitations:** Thirty-two key informants participated in 25 interviews in Kenosha County. 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., CHNA surveys and secondary data reports).

## A. Focus Area Ranking

A total of 32 key informants in 25 interviews were asked to rank the 5 major health-related issues in their county from a list of 13 focus areas identified in the State Health Plan. 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 for the county. Importantly, not every informant ranked five issues. In interviews with more than one informant, one set of rankings was provided.

Health Focus Area	Key Informant Rankings	
	Top 5	Number 1
Mental Health	22	13
Alcohol and Other Drug Use	21	7
Access to Health Services	10	1
Nutrition	10	1
Physical Activity	10	0
Chronic Disease Prevention and Management	7	2
Injury and Violence Prevention	5	0
Oral Health	4	0
Tobacco Use and Exposure	3	1
Healthy Growth and Development	3	0
Reproductive and Sexual Health	2	0
Environmental and Occupational Health	1	1
Communicable Disease Prevention and Control	0	0

## B. Top Five Health Issues

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

1. Mental Health
2. Alcohol and Other Drug Use
- 3T. Access to Health Services
- 3T. Nutrition
5. Physical Activity

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



## C. General Themes

Kenosha County key informants ranked five of the thirteen major health-related issues as priorities for the County.

It is important to note that since the last release of this report in 2014, the report has changed slightly. Many more key informants were interviewed in 2016 than in 2014. Alcohol and Other Drug Use has remained a top five health issue for the county, but all of the other top five health issues have changed. Chronic Disease Prevention and Management, Communicable Disease Prevention and Control, Environmental and Occupational Health, and Healthy Growth and Development have been replaced by Mental Health, Access to Health Services, Nutrition, and Physical Activity as the top health-related priority areas for Kenosha County in 2016.

The health issues key informants indicated were priorities for Kenosha County affect residents across the lifespan, requiring engagement across sectors to adequately address residents' needs. Key informants identified a wide range of stakeholders and community partners engaged to improve the county's health. The Kenosha County Division of Health, hospitals and health systems, health care providers, non-profits, businesses, law enforcement, schools, places of worship, and government were all included in the discussion as playing an active role in the health priority areas.

Many of the challenges and barriers identified by key informants across issues have to do with lack of funding for necessary services and programs, or lack of access caused by insufficient means or insurance to pay for needed services. Other common barriers and challenges across issues are related to access: lack of transportation to programs, appointments, and services, and lack of familiarity with available health care and ancillary services. Another commonly cited barrier was lack of awareness of resources or services that do exist.

Key informants identified strategies needed to improve the health of the county. For many issues discussed, more education and public awareness are important. Better collaboration among community organizations, and across sectors, was a commonly identified strategy. Other needs identified are related to health insurance payment for services, better systems of care that offer options for low-income patients, and integration of behavioral health into primary care.

## **D. Issue Summaries**

### **Behavioral Health**

Alcohol and Other Drug Use and Mental Health were the two issues receiving the most rankings in key informants' top five health focus areas. Almost all key informants discussed Mental Health or Alcohol and Drug Use as top priority areas, with most discussing both. Mental Health received the most rankings as the number one health issue in the county. Key informants' insights also suggest both of these topics overlap significantly with the issue of Access to Health Services, with the main barriers and challenges to addressing both Mental Health and Alcohol and Other Drug Use being a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication. There was also some overlap in key informants' suggestions for what is needed to address these issues, with a focus on cross-sectoral partnerships and working together to leverage existing resources in the county, as well as a desire to shift the focus to prevention and awareness about the underlying causes of substance abuse and mental illness. Key informants also discussed the stigma around both mental illness and substance abuse or addiction as a barrier that could be overcome with increased community awareness and acceptance of these issues.



### **Mental Health**

Twenty-two key informants ranked Mental Health as a top five health issue for the county.

*Existing Strategies:* Existing strategies to address Mental Health in Kenosha County include the following: Existing mental health services in the county; growing community awareness of trauma and mental health; programs and services offered by Shalom Center, First Step Day Center, National Alliance on Mental Illness (NAMI) Kenosha County, Kenosha Human Development Services, Kenosha Racine Regional Consortium Comprehensive Community Services (CCS), the Behavioral Health Treatment Court, WISHIN allows health care providers to access patients' health information from other electronic health record systems, the KARE Center and other treatment centers, supportive apartments, tele-psychiatry implemented within Aurora Medical Center through Aurora Behavioral Health, work between the County and Ascension to address access to services, a workgroup has identified key initiatives and put working groups in place, Kenosha Police Department officers are trained to detect signs of stress and trained in crisis intervention, and work with the Kenosha Visiting Nurses Association.

*Barriers and Challenges:* The main challenges and barriers discussed by key informants are issues of Access to Mental Health Services: Shortage of mental health care providers compared to the needs of the community, shortage of treatment and follow up care after diagnosis, shortage of hospital beds, Medicaid doesn't pay for psychiatric hospitals, patients transported to services that are covered further away which increases the cost, lack of coverage for those who miss appointments, and the distances between resources. Other barriers identified include the stigma of mental illness, a lack of community resources, like housing, federal funding having been withdrawn for support programs, and primary care providers' lack of comfort prescribing psychiatric medications.

*Needed Strategies:* Key informants identified strategies that would leverage existing resources in creative ways, like utilizing tele-health and tele-medicine options, establishing a local pipeline to psychiatric nurse practitioner programs in the state, and using police deputies' in-service days for education about what they can do to support mental health or related issues in the community. Other opportunities are related to raising funds, attracting state dollars, and making the county a more attractive place to recruit mental health providers to live and work. Finally, the role of insurance companies and Medicaid in providing coverage and reimbursement for a broader array of mental health services and medications was identified as a strategy needed to improve Mental Health in the county.

*Key Community Partners to Improve Health:* Many community partners were named as being important to improving Mental Health in the county: School districts, insurance companies, mental healthcare providers, medical systems, churches, law enforcement and the District Attorney's office, businesses, First Step program, NAMI Kenosha County Professional Services Group and Community Impact Programs, Oakwood Clinical Associates Counselors, the Mental Health and Substance Abuse Resource Center, Comprehensive Community Services, Kenosha Human Development Services, Professional Services Group & Community Impact Program, Kenosha Child Advocacy Center, the KARE Center, Kenosha County Division of Health, Boys & Girls Club of Kenosha, Healthy People Kenosha County 2020, United Way of Kenosha County, Kenosha Community Health Center, Shalom Center, state mental health facilities, and the general community.



### **Alcohol and Other Drug Use**

Twenty-one respondents ranked Alcohol and Other Drug Use as a top five health issue for the county. Specifically, key informants discussed alcohol abuse, heroin and opioid use, and prescription drug abuse, as well as concern about the presence of new kinds of street drugs.

*Existing Strategies:* Task forces on education, the Hope Council on Alcohol & Other Drug Abuse, physician assessments in emergency departments, programs in schools, crisis services, the Mental Health and Substance Abuse Resource Center, Kenosha Racine Regional Consortium Comprehensive Community Services (CCS), programs of the Kenosha County Criminal Justice Coordinating Council,

the Oxford House program, a Vivitrol program is in place, drug enforcement programs, especially for heroin, drug collection monitoring, and resource officers in schools are examples of existing strategies to address Alcohol and Other Drug Use.

*Barriers and Challenges:* The culture of Wisconsin that normalizes binge drinking; ease of access to drugs; lack of prevention efforts; drugs used to self-medicate when access to care is limited; stigma and denial around addiction; denial of the issue among parents; lack of residential treatment programs; lack of use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool to screen for alcohol or drug use; court costs; jail costs; impact on families; lack of coordination between services; and the use of old programs that aren't evidence-based are examples of challenges and barriers identified by key informants.

*Needed Strategies:* Continued early and ongoing education, community awareness, and prevention efforts; expanding the Vivitrol program; identifying all groups with efforts ongoing and assessing how they can increase collaboration; conferring and prioritizing all strategies that are available; programs to divert young patients from the court system exist, but we need to have the services to divert them to; residential treatment facilities; hospitals should embrace abuse treatment as an important part of integrated care for patients; and producing a central list of community services and resources for the area were identified as strategies needed to improve health related to Alcohol and Other Drug Use.

*Key Community Partners to Improve Health:* Key informants identified many important partners in the community to be engaged to improve health: Medical providers and health systems, law enforcement, legislators, local government, scientists, mental healthcare providers, alcohol and drug counselors, school systems, city judges, civic groups, fire departments, the District Attorney's Office, the Hope Council on Alcohol & Other Drug Abuse, NAMI Kenosha County, Kenosha County Division of Health, Kenosha County Aging and Disability Resource Center, Kenosha County Department of Human Services, Professional Services Group & Community Impact Programs, Women & Children's Horizons, Inc., First Step Day Center, Healthy People Kenosha County 2020, the Salvation Army, and the Kenosha County Tavern League.



### **Access to Health Services**

Access to Health Services was ranked as a top five health issue by 10 key informants. Respondents identified connections between this and other health priority areas, namely Oral Health, Mental Health, and Chronic Disease Prevention and Management.

*Existing Strategies:* Medicaid navigators, the Affordable Care Act (ACA), Health Maintenance Organizations (HMO), the Kenosha Community Health Center (KCHC), outreach at health fairs, an emergency services network, and some free prescription programs were identified as existing strategies to improve Access to Health Services.



*Barriers and Challenges:* The primary barriers to Accessing Health Services are a shortage of providers, particularly those who will accept patients with Medicaid, uninsured patients, and patients who cannot pay out of pocket; the high costs of insurance, health care, and prescriptions; a shortage of dental and specialty care providers; long wait times for appointments; and lack of transportation to get patients to appointments. Other barriers and challenges include low levels of health literacy, confusion navigating health care systems and insurance, and the lack of preventive care leading to more serious chronic conditions.

*Needed Strategies:* Key informants identified strategies needed to address this issue, with a focus on solving the issues related to expenses and lack of funding, public health efforts to prevent illness, and bringing more providers to the county. Suggestions provided include: Wisconsin should become more Medicaid friendly, find federal funding and programs, make the county an attractive place for providers to live and grow their practice, bring consumers to the table to talk about their experiences and what isn't working, make sure health education tools are written at an appropriate grade level, more transportation options, more education, awareness of and access to healthy foods and physical activity options, reminder calls for appointments, and more navigators and ACA counselors and coaches readily available in the community.

*Key Community Partners to Improve Health:* Health care providers and medical systems, insurance companies, pharmacies and pharmaceutical companies, dental care providers, Kenosha County Division of Health, the governor's office, schools and teachers, caregivers, patients, funders, churches, the Kenosha Area Business Alliance, and legislators were identified as they key community partners to improve health in the county.

## **Nutrition, Physical Activity, Obesity Prevention, and Wellness**

Though Nutrition and Physical Activity are two separate health focus areas in the State Health Plan, many key informants recognized the interconnected nature of these issues through responses that focused on concepts of healthy lifestyle and overall wellness, as well as prevention of obesity and chronic disease.



### **Nutrition**

Ten respondents ranked Nutrition as a top five health focus area, with one of them ranking it as their top health priority area. Of note, key informants' responses about nutrition focused on food security, access to healthy food, and nutrition education.

*Existing Strategies:* The Women, Infants, and Children (WIC) program; FoodShare; food pantries; insurance wellness programs; healthier lunch options in schools; Healthy People Kenosha County 2020; farmers markets that now accept Supplemental Nutrition Assistance Program (SNAP) benefits;

Kenosha Community Food Security; and UW-Extension planning with food pantries were identified as existing strategies to address Nutrition in the county.

*Barriers and Challenges:* Limited public transportation, lack of resources, food is used as a reward and a coping mechanism, cultural differences in diet, lack of education about nutrition, restaurant portion sizes are large, insurance doesn't cover dietician visits, convenience stores are the only grocery option in some areas, healthy food is more expensive, obesity is leading to chronic disease, the complexity of what "healthy" means, lack of awareness of benefits and resources that do exist, stigma of accessing food resources, and fewer government subsidies for food are existing barriers and challenges in the county.

*Needed Strategies:* Making healthy food choices the easy choices, more education at all levels, easier access to nutritious foods, regulations on restaurants' portion sizes, employers ensuring healthy food options are available in the workplace, schools encouraging healthy habits, cooking education, opportunities to sample healthy recipes, promotion of Meatless Mondays, more community gardens, and workshops about wellness were identified as strategies needed to improve health in the county.

*Key Community Partners to Improve Health:* Medical providers and health systems, health insurance companies, the Kenosha County Division of Health, grocery stores, legislators, local government, schools, Kenosha Community Food Security, Kenosha Area Family and Aging Services, Inc., Meals on Wheels, local farmers and farmers market organizers, Racine Kenosha Community Action Agency, and United Way of Kenosha County were identified as key community partners needed to improve Nutrition in the county.



### **Physical Activity**

Ten respondents ranked Physical Activity as a top five health focus area. Key informants' responses about physical activity reflected some overlap with issues of Nutrition, general wellness, obesity and Chronic Disease Prevention, and Environmental and Occupational Health, specifically poor air quality.

*Existing Strategies:* Health insurance wellness programs, the county's multi-use trails, the county Division of Parks, the County Executive's commitment to bike lanes, organized walks and runs, golf courses, and public pools are examples of existing strategies to address Physical Activity in the county.

*Barriers and Challenges:* Key informants provided examples of barriers and challenges to improving Physical Activity in the county: budget cuts have led to decreased amount of time spent on physical education classes in schools, families live busy lives and do not have time to go to parks or prioritize physical activity, difficulty motivating people to make changes or participate in programs, lack of

transportation to and affordability of gym memberships and programs, biking and walking trails do not connect and lack of safe crossings, motor vehicle traffic is not friendly to cyclists, and Wisconsin's weather makes it difficult to participate in outdoor recreation during some parts of the year.

*Needed Strategies:* Key informants suggested strategies that are needed at the individual level, service delivery level, and community level to improve health. Examples of these strategies include focusing on small changes individuals can make in their lifestyles, working with insurance companies for wellness programs, more health education, motivational interviewing training, bringing programs to senior housing, make changes to the physical environment to encourage positive behaviors, more physical activity research, lower speed limits to make roads safer for cycling, more funding for infrastructure, increase requirements for physical education and activity in schools, safe playgrounds in all neighborhoods, increased support from employers for opportunities to stay active, and an organized community approach to awareness.

*Key Community Partners to Improve Health:* Insurance companies, schools, the YMCA, health care providers, the RecPlex, Boys & Girls Club of Kenosha, companies that organize community events, local sports leagues and teams, Kenosha County Division of Parks, local government, and the business community are all necessary collaborators to improve health in the county.

### **Chronic Disease Prevention and Management**

Chronic Disease Prevention and Management was ranked as a top five health issue by seven respondents. Some themes from this topic overlap with other health priority areas such as Nutrition, Physical Activity, and Access to Health Services.

*Existing Strategies:* Health care providers; self-management classes; the Kenosha County Care Transitions Coalition; the Meals on Wheels program; community-based long term support services and family care initiatives; fall prevention programs; Living Well programs; "knowing your numbers" regarding blood pressure, cholesterol, and blood sugar; employer activities and clinics; senior care nurses who do follow up calls and home assessments; the Kenosha County Multi-Use Trail Committee for walking and biking; the Gus the Bus program for transportation to Boys & Girls Club programs; and promotion of wellness programs in the community are examples of strategies in place to address Chronic Disease Prevention and Management.

*Barriers and Challenges:* Barriers to accessing services, such as lack of insurance, lack of ability to pay for health services or medications, high costs of health care, long waiting times for appointments, lack of preventive care early in life leading to chronic conditions later in life, and lack of transportation to appointments were commonly named as barriers to Chronic Disease Prevention and Management. Other examples of barriers and challenges include lack of physical activity

options for affected patients, a lack of education about the importance of prevention, limited resources for the elderly, and limited funding for prevention and management programs.

*Needed Strategies:* Key informants identified increased prevention efforts such as physical activity opportunities, nutrition education, and evidence-based programming as strategies needed to address this issue. They also identified better transportation services to appointments and efforts to decrease barriers to accessing health services as an important strategy. Other suggestions focused on community awareness and collaboration: continuing to build partnerships across agencies in the community to provide supportive services, and having community meetings with key stakeholders to discuss issues and put a plan together.

*Key Community Partners to Improve Health:* The Kenosha County Division of Health, churches, funders, home care agencies, nursing homes, pharmacies, employers, health care providers, the Healthy People Kenosha County 2020 committee, schools, and the general public are examples of key community partners to improve health.

### **Injury and Violence Prevention**

Five respondents specifically ranked Injury and Violence Prevention as a top five health issue for Kenosha County. Specific issues discussed by key informants include domestic or intimate partner violence, bullying, gang violence, community violence, and resultant injuries and trauma. Key informants noted overlap between this issue and Alcohol and Other Drug Use and some aspects of Mental Health (e.g. suicide prevention).

*Existing Strategies:* Identification of violence at the healthcare level by asking if patient feels safe at home; education and awareness efforts; the Domestic Violence Project is active and in place; law enforcement targeting unsafe behaviors; the Neighborhood Watch Program; programs at the Boys & Girls Club of Kenosha; the Kenosha Unity Coalition; the county's Suicide Prevention Coalition; the county's medication-assisted detox treatment programs; domestic violence survivors' support; anti-bullying education in schools; the DARE program in schools; and growing awareness of the effects of trauma are strategies in place to address Injury and Violence Prevention in the county.

*Barriers and Challenges:* People are numb to the issues or lack awareness of how to intervene, difficulty breaking cycles of violence, connections to mental health and wellness issues, it takes time to solve these issues, chronic drug abuse, stigma leads to less business development, the community feels unsafe, some distrust of police, and the presence of drugs and gangs are barriers and challenges to addressing Injury and Violence Prevention in the county.

*Needed Strategies:* Taking a healing approach to addressing the issue, providing more education about the warning signs of violence, increasing use of parks and facilities as a deterrent to violence and unwanted behavior in these areas, sustaining a police presence, allocating more resources to

violence prevention, holding executive leadership community meetings where topics can be addressed, improving the public's view of and trust in police, providing gang awareness and gun safety education for parents, providing more visible alternatives to drugs and gangs for teens, and creating options for ways out, such as training for better jobs are examples of strategies key informants identified as necessary to improving health in the county.

*Key Community Partners to Improve Health:* Schools, mental health service providers, support groups for people who have lost loved ones to violence, the Kenosha Unity Coalition, Boys & Girls Club of Kenosha, neighborhood watch groups, the District Attorney's office, the Kenosha County Sheriff's Department, Women & Children's Horizons, elected officials, churches, and the general community were partners identified as necessary to improve health.

### **Oral Health**

Oral Health was ranked as a top-five health issue by four respondents. These respondents specifically discussed Access to Oral Health Services as a main area of concern within Oral Health.

*Existing Strategies:* There are some existing providers of dental service and there are efforts in place with the National Health Service Corps to bring more dental providers to the county.

*Barriers and Challenges:* It takes time to get new dentists credentialed in this state; many providers do not accept Medicaid; and a lack of transportation to get to appointments were three barriers key informants identified to improving Oral Health in the county.

*Needed Strategies:* More facilities and providers to care for the low to moderate income population; incentives for local dentists to take a percentage of low income patients or work on a volunteer rotation for a few hours per week; a centralized system to collect and share information about available services; increased Medicaid reimbursement to encourage providers to accept those patients; grants to fund dental and orthodontics care; and early childhood education for prevention are examples of strategies needed to improve Oral Health.

*Key Community Partners to Improve Health:* Local dental societies, legislators who could assist with securing more money, Kenosha Community Health Center, teachers, and health care and dental care providers were named as key community partners to engage for improved Oral Health.

### **Tobacco Use and Exposure**

Three key informants ranked Tobacco Use and Exposure among their top five health issues for the county, with one of them ranking it their top health priority area.

*Existing Strategies:* Smoking cessation programs, the tri-county Tobacco-Free Coalition, insurance coverage for tobacco cessation, some education in youth programs, and tobacco use restrictions in the community are examples of strategies in place to address Tobacco Use and Exposure.

*Barriers and Challenges:* Nicotine addiction, tobacco use as a stress reduction mechanism, the connection between tobacco use and other drug addiction, difficulty advancing legislation, and resistance to cessation efforts are barriers or challenges to eliminating Tobacco Use and Exposure.

*Needed Strategies:* More services for parents, tools that are free and accessible within health care settings, more education to young people, more education about second hand smoke, additional restrictions on smoking near entrances to buildings, and identifying quality improvement measures for health improvement are examples of strategies that could be used to address this issue in the county.

*Key Community Partners to Improve Health:* Insurance companies; health care providers; the Women, Infants, and Children (WIC) program; the KRW Tobacco-Free Coalition; child care providers; schools; and parent groups were named by key informants as community partners that can improve health in the county.

### **Healthy Growth and Development**

Three key informants ranked Healthy Growth and Development among their top five health priority areas.

*Existing Strategies:* Parenting classes and education, economic development, Young Leaders in Kenosha (Y-LINK), colleges and job training programs, and affordable and safe child care were identified as strategies in place to promote Healthy Growth and Development in the county.

*Barriers and Challenges:* Lack of qualified child care providers, difficulty finding child care when children are sick, parent denial of developmental concerns, lack of transportation to jobs, and lack of available jobs are barriers to Healthy Growth and Development.

*Needed Strategies:* Parent awareness, education, and mentoring; educating the workforce to meet the skills that employers need; and building partnerships between local businesses and schools are examples of strategies that are needed to improve health in this area.

*Key Community Partners to Improve Health:* High schools, colleges, universities, vocational training programs, and technical schools; community agencies; mentors; the Kenosha Area Business Alliance; and local businesses are partners needed to improve health in the county.

## **Reproductive and Sexual Health**

Two key informants ranked Reproductive and Sexual Health among their top five health priority areas.

*Existing Strategies:* Referrals to services, services provided by UW-Parkside Women's Center, education on sexually transmitted diseases, Aurora's *Better Together* fund, programs and services provided by Women & Children's Horizons, Inc. and, the Executive 54 Mandated Reporter Training were identified by key informants as strategies to improve health.

*Barriers and Challenges:* Lack of education, the cost of programs, lack of awareness, a generation gap, youth feeling invincible and thinking nothing will happen to them, and lack of education on sexual violence were named by key informants as barriers and challenges to improving health.

*Needed Strategies:* In-home continuum of care beyond individual programs, incentives, more education, and parent involvement were identified as strategies needed to improve health.

*Key Community Partners to Improve Health:* Providers of emergency services related to sexual assault and abuse, and providers of health education, health care, and training were identified as the key partners necessary to improve health.

## **Environmental and Occupational Health**

One key informant ranked Environmental and Occupational Health among their top five health priority areas, also ranking it as their top health priority area for the county. This respondent focused specifically on the issue of poor air quality in the county.

*Existing Strategies:* No existing strategies were identified.

*Barriers and Challenges:* The physical location of Kenosha County between Milwaukee and Chicago, and the high incidence of asthma in the county because of the air quality were named as barriers and challenges to addressing this issue.

*Needed Strategies:* No needed strategies were identified.

*Key Community Partners to Improve Health:* The Kenosha County Division of Health was named as a partner needed to improve health related to air quality in the county.

## **Communicable Disease Prevention and Control**

Communicable Disease Prevention and Control was not ranked as one of the top health-related priority areas for the county. Neither existing strategies nor barriers were described.

## Appendix A. Interview Participants for Kenosha County

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### Key Informant Interview Participants

Input about our community's most pressing health needs was provided by 32 individuals participating in key informant interviews. 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: racial and ethnic minorities, the elderly, youth, veterans, faith communities, individuals with disabilities, rural communities, survivors of domestic and sexual violence, and those living with mental illness and substance abuse.

Name	Title	Organization
Bryan D. Albrecht, Ed.D.	President and CEO	Gateway Technical College
Cindy Altergott	Executive Director	Kenosha YMCA
John Antaramian	Mayor	City of Kenosha
David G. Beth	Sheriff	Kenosha County Sheriff's Department
Lynn Biese-Carroll	Executive Director	Shalom Center
Mary M. Coffey	Executive Director	Kenosha Community Health Centers
Patricia Demos	Community and School Relations Coordinator	Kenosha Unified School District
Deborah L. Ford	Chancellor	University of Wisconsin- Parkside
Diane Gerlach, DO, MHA	Board Member	Kenosha County Board of Health
Pam Halbach	Kenosha Director/ WIC Director	Racine/Kenosha Community Action Agency
Donna Jamieson	Chief Nursing Officer	Aurora Medical Center- Racine/Kenosha/Northern Illinois
LaVerne Jaros	Director	Kenosha Division of Aging and Disability Services
Cynthia Johnson	Director/Health Officer	Kenosha County Division of Health
Lawrence L. Kirby, II	Pastor	Second Baptist Church
Renee Kirby	Director of Student Health, Counseling, and Disability Services	University of Wisconsin- Parkside
Jaymie Laurent, MSW	Director of Social Services and Spiritual Care	United Hospital System
Tammy McGuckin	Dean of Students	University of Wisconsin- Parkside
Scott Menke	Director of Business Services	University of Wisconsin- Parkside
Michelle D. Metzger	Dean/Nursing Department Chair	Herzing University
Kim Meyer-Okey	Senior Administrator, Specialty Care	Aurora Medical Center- Racine/Kenosha/Northern Illinois
Dan Miskinis	Chief of Police	Kenosha Police Department
Erin Morey	Director of Community Impact	United Way of Kenosha County
Debra Nevels	Health Systems Manager, Hospitals	American Cancer Society
Tim Nikolai	Senior Community Health Director	American Heart Association
Richard H. Rodenbeck	Interim Chief Executive Officer	United Way of Kenosha County
Tanya Ruder	Chief Communication Officer	Kenosha Unified School District
Lisa Sanders	Shelter Programs Director	Shalom Center



Nick Smith	Senior Administrator, Primary Care	Aurora Medical Center- Racine/Kenosha/Northern Illinois
Jennie Tunkieicz	Chief of Staff	Kenosha County
Heather Wessling Grosz	Vice President of Economic Development	Kenosha Area Business Alliance
Christine Wyker	Executive Director	Kenosha Achievement Center
Raul Zambrano, MD	Chief Medical Officer	Aurora Medical Center- Racine/Kenosha/Northern Illinois

**Kenosha County Health Needs Assessment  
Kenosha County Community Health Survey**

# Overview



- Objectives
  - Gather data on behavioral and lifestyle habits of the adult population and household-level data.
  - Gather data on the prevalence of risk factors and disease conditions of the adult population.
  - Compare health data of residents to previous health studies.
  - Compare health data to national and state measurements.

# Methodology

- 18 minute telephone survey of area residents
- 400 completions from July 5 through September 1, 2016
- Two-fold sampling
  - 1) RDD landline sample of listed & unlisted #s (n=300)
    - Respondents randomly selected based on number of adults in household
    - Weighting based on number of adults and number of residential phone numbers in HH
  - 2) Cell phone only sample (n=100)
    - Adult answering the phone designated as the respondent
- All data post-stratified by age and gender of adult residents as of 2010 Census proportions.
- Margin of error:  $\pm 5\%$

# Respondent Demographics

	Percent
Gender	
Male	49%
Female	51%
Household Income	
Bottom 40 Percent Bracket	39%
Middle 20 Percent Bracket	15%
Top 40 Percent Bracket	38%
Not Sure/No Answer	10%

## Respondent Demographics (cont.)

Age	Percent
18 to 34	30%
35 to 44	19%
45 to 54	21%
55 to 64	15%
65 and Older	15%

## Respondent Demographics (cont.)

	Percent
Education	
High school or less	29%
Some post high school	32%
College graduate	38%
Marital Status	
Married	54%

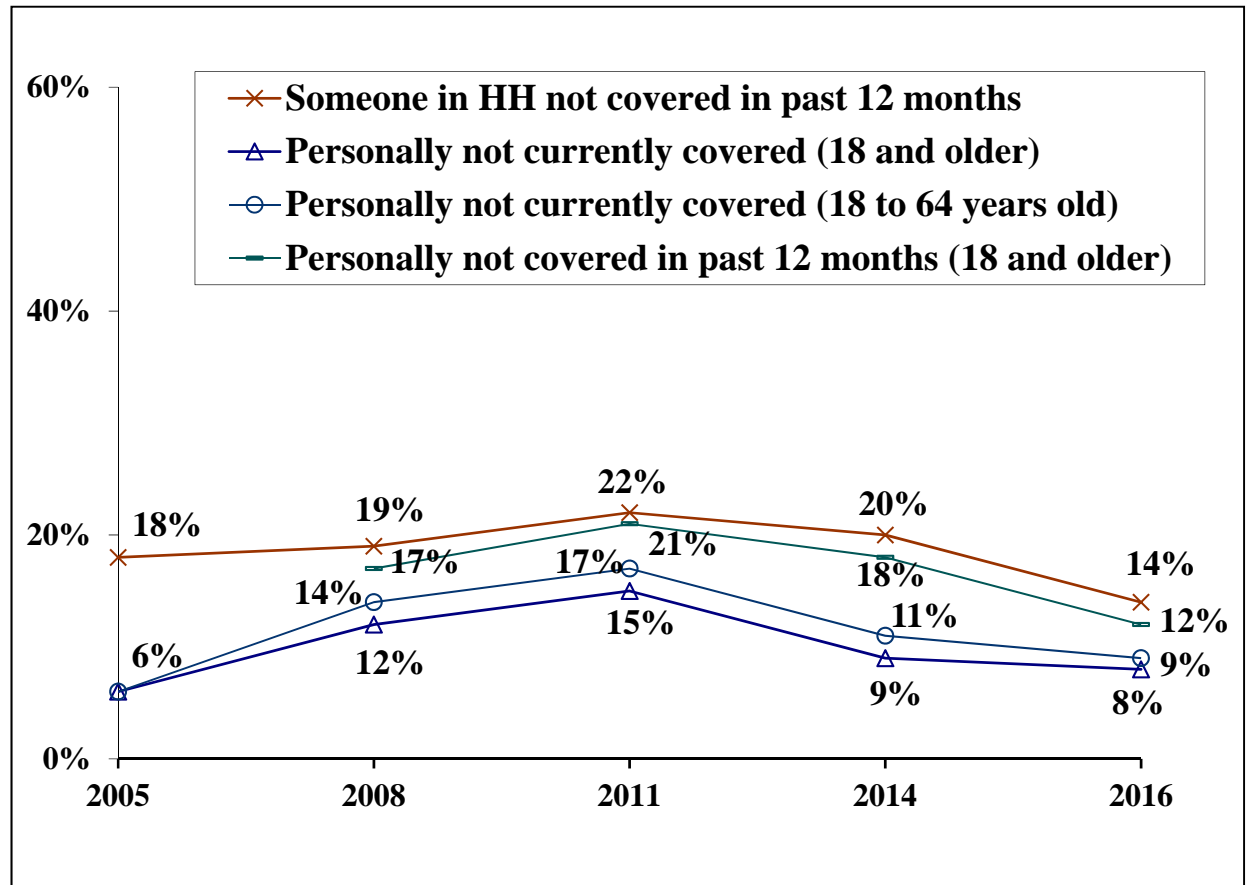
# Health Care Coverage





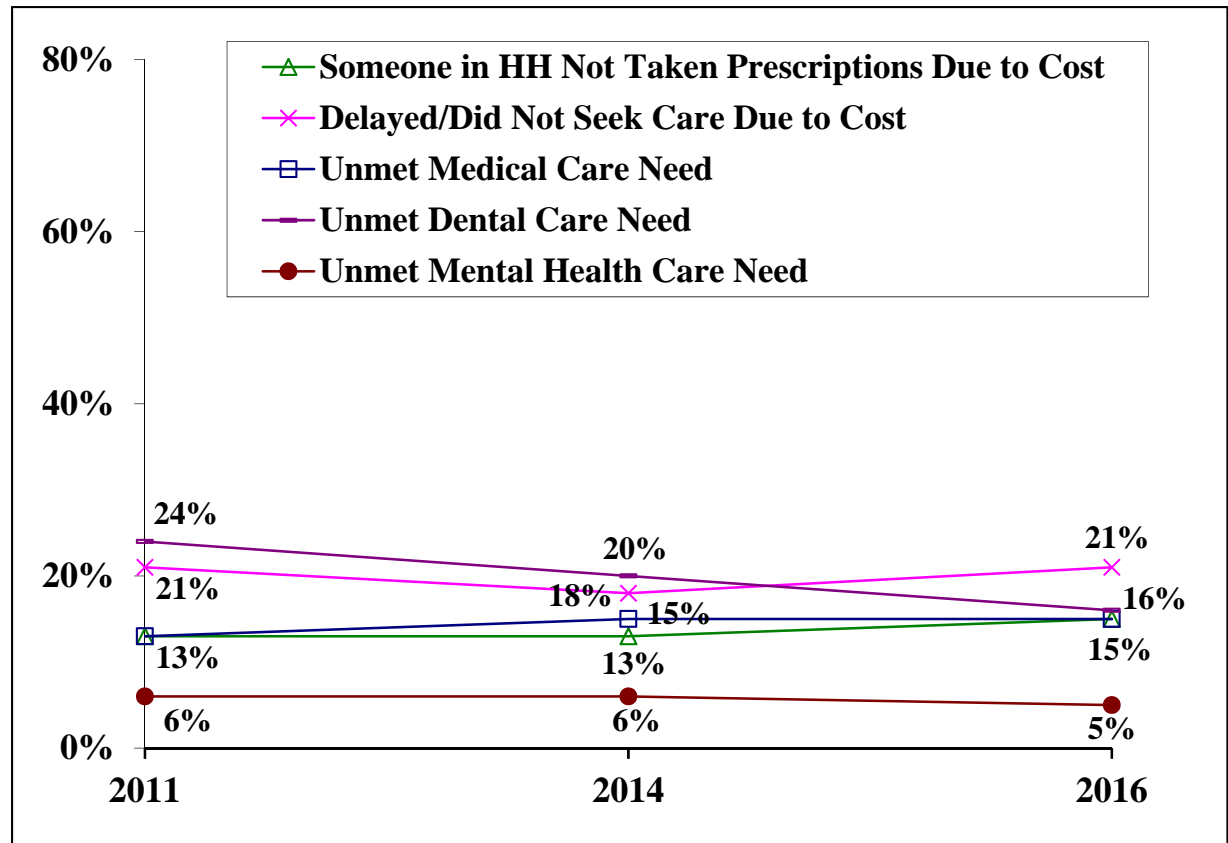
# Health Care Coverage

- Personally not covered currently (18+) 2014
  - WI: 9%
  - US: 13%
  - HP2020 Goal: 0%
- Personally not covered currently (18 to 64 years old) 2014
  - WI: 10%
  - US: 15%

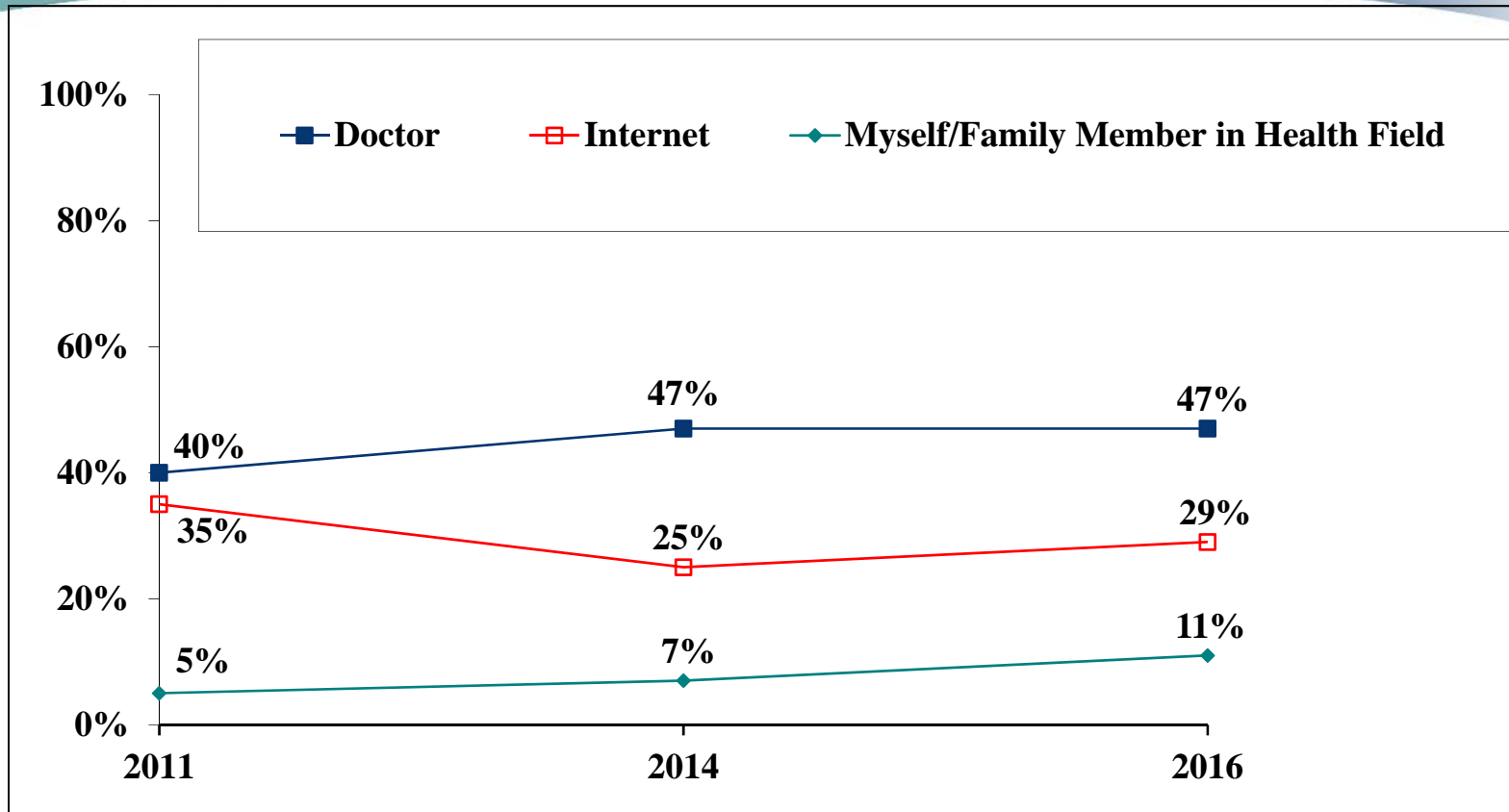


# Unmet Health Care in Past Year

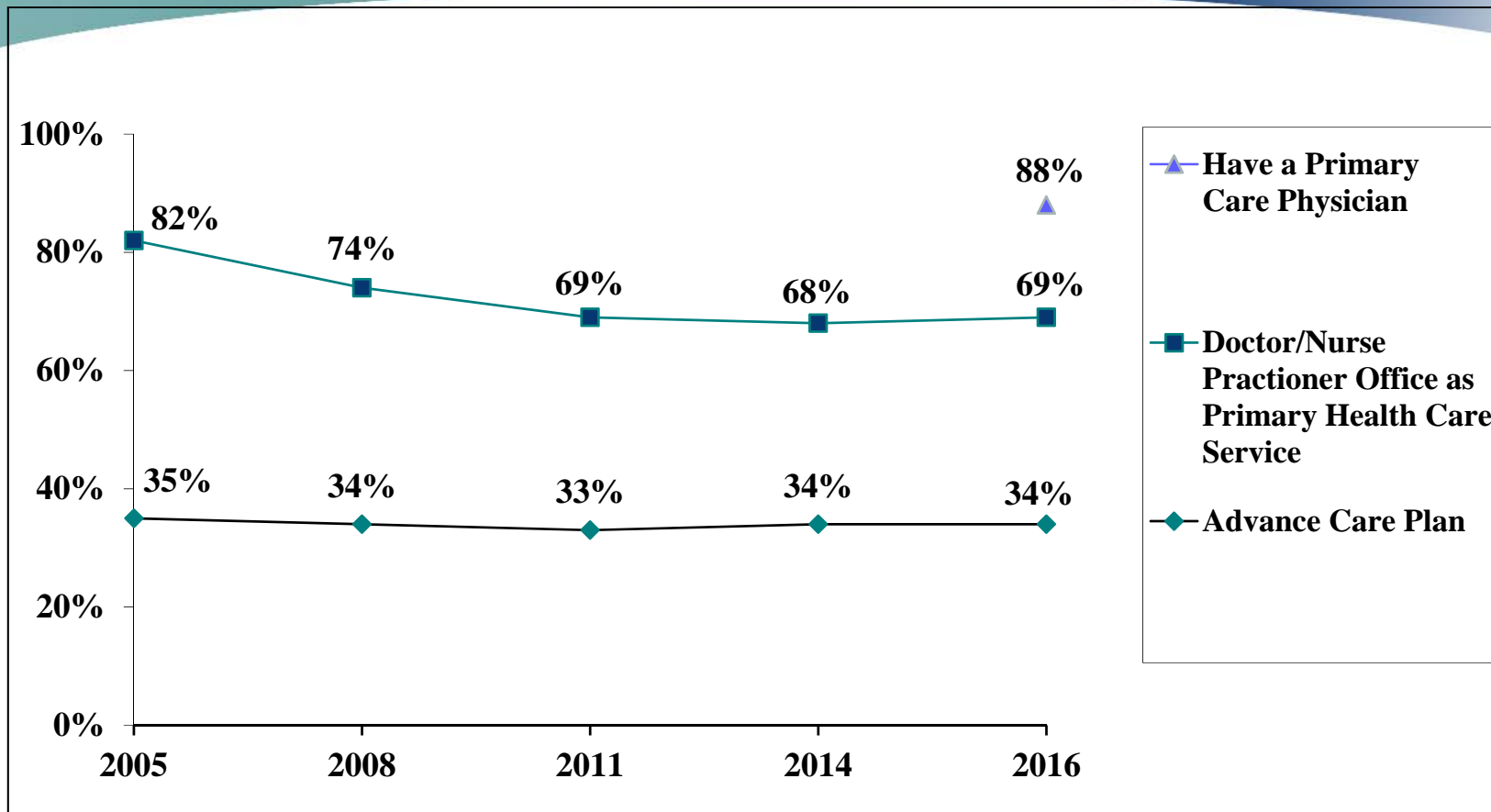
- HP2020 Goal, Household Delay or Unable to Obtain in Past Year:
  - Prescription Medicines: 3%
  - Medical Care: 4%
  - Dental Care: 5%



# Source for Health Information



# Health Services



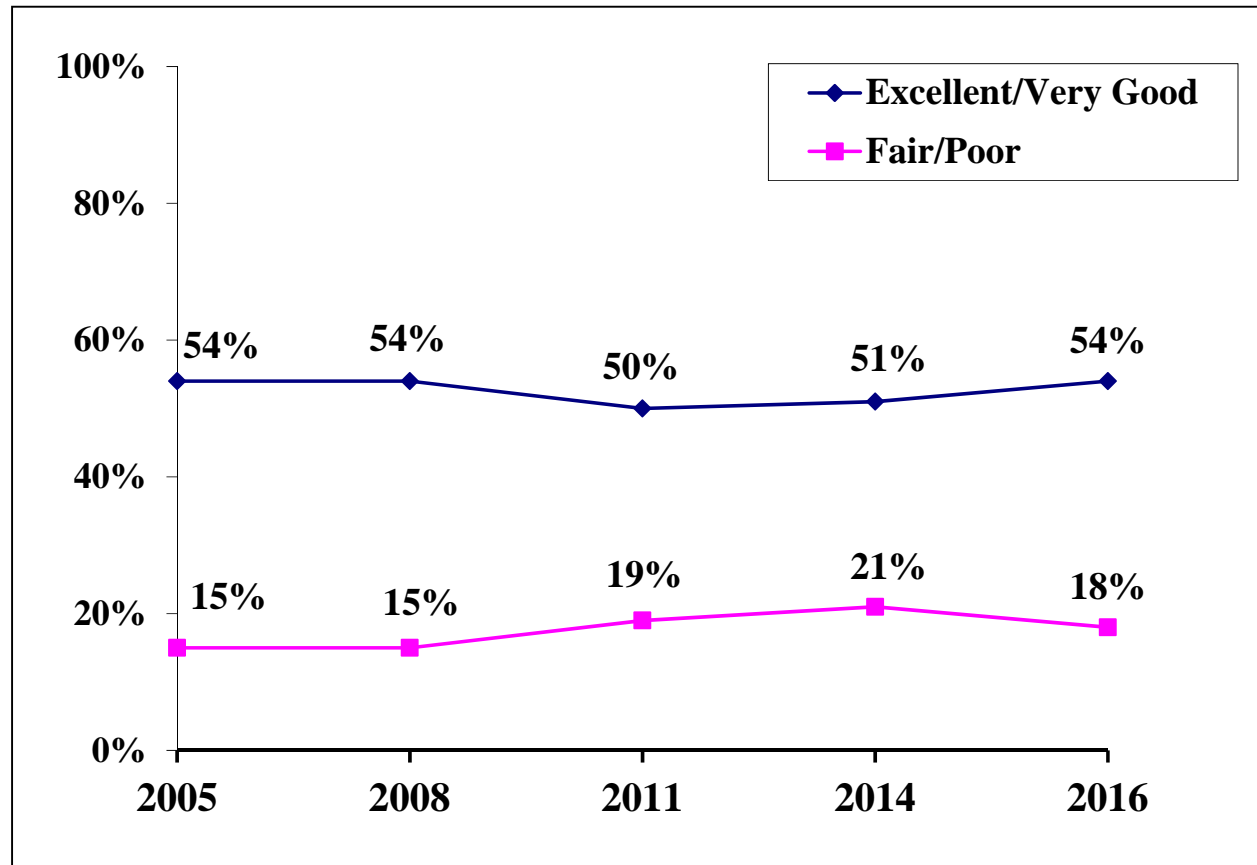
# General Health



# Rate Own Health

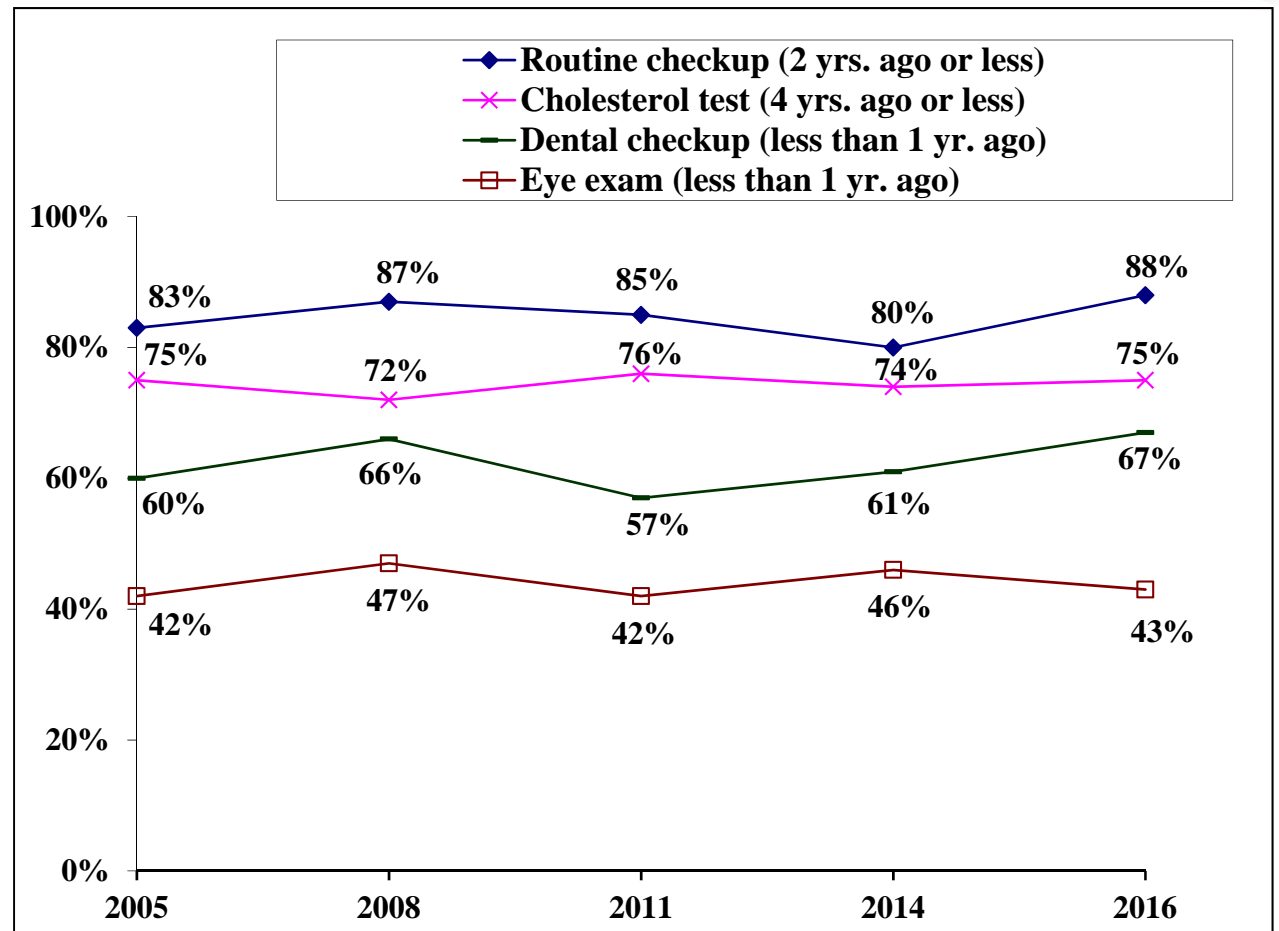
2014

- Excellent or Very Good
  - WI: 54%
  - US: 53%
- Fair or Poor
  - WI: 15%
  - US: 16%



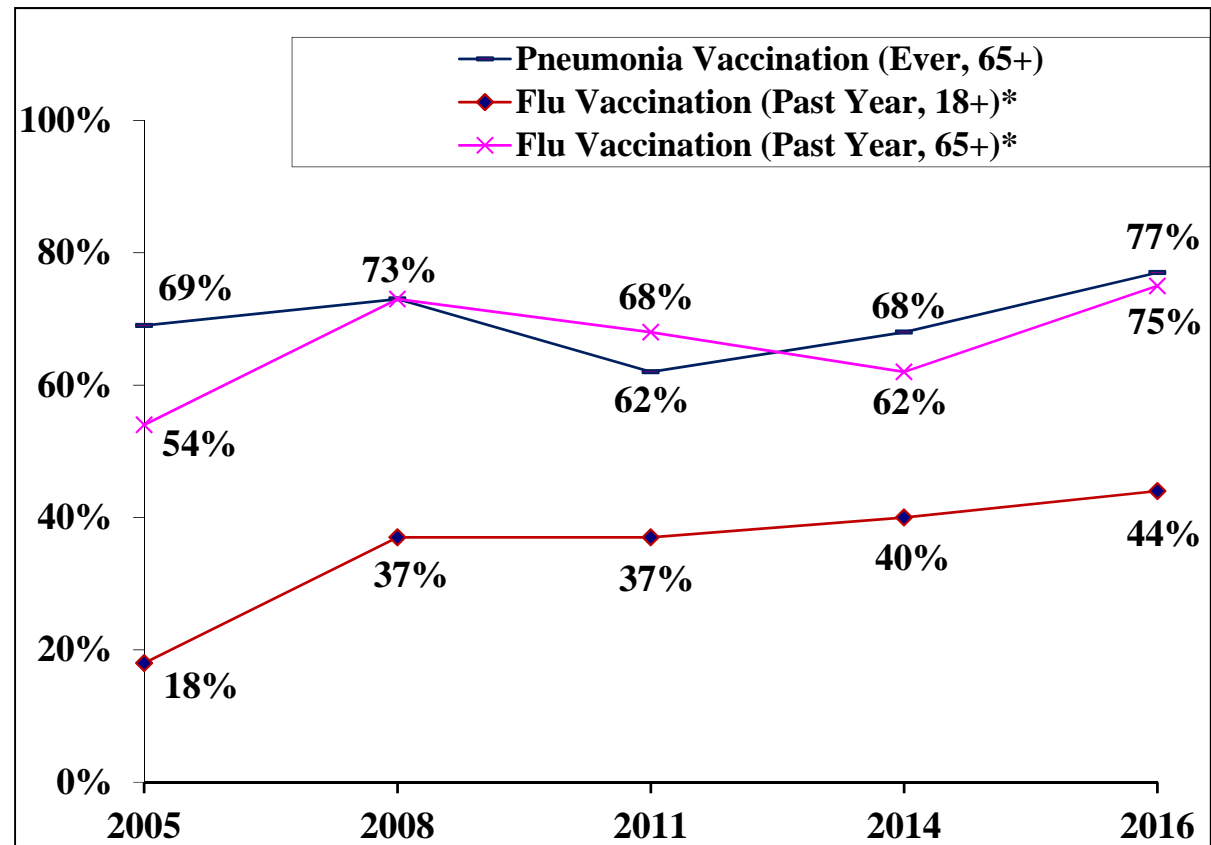
# Routine Procedures

- Routine checkup 2013
  - WI: 82%
  - US: 81%
- Cholesterol test 2013
  - WI: 77%
  - US: 76%
  - HP2020 Goal: 82%
- Dental checkup 2012
  - WI: 72%
  - US: 67%
  - HP2020 Goal: 49%



# Vaccinations

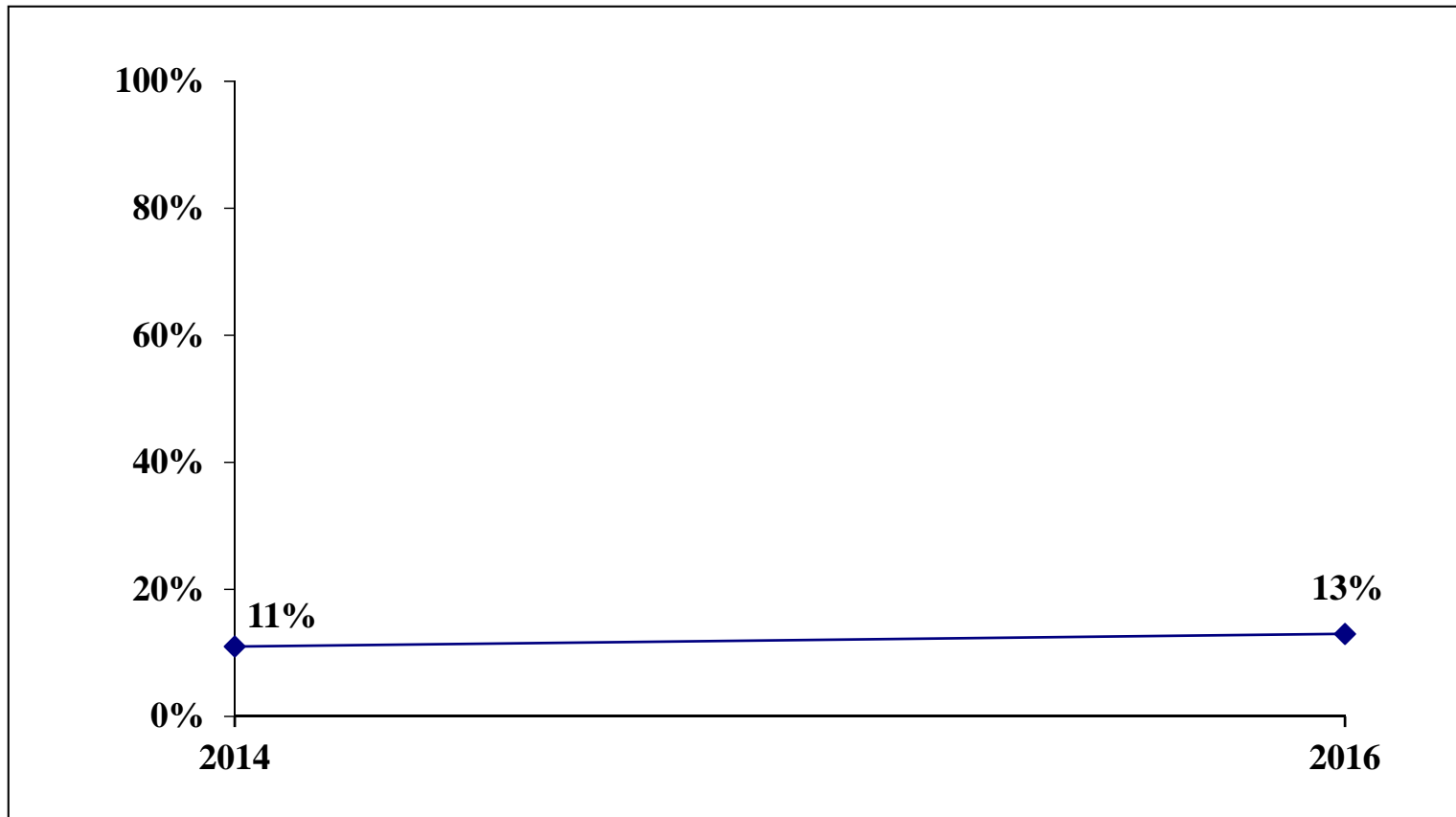
- Pneumonia vaccination (65+) 2014
  - WI: 72%
  - US: 70%
  - HP2020 Goal: 90%
- Flu vaccination (65+) 2014
  - WI: 54%
  - US: 61%
- Flu vaccination (18+)
  - HP2020 Goal: 70%



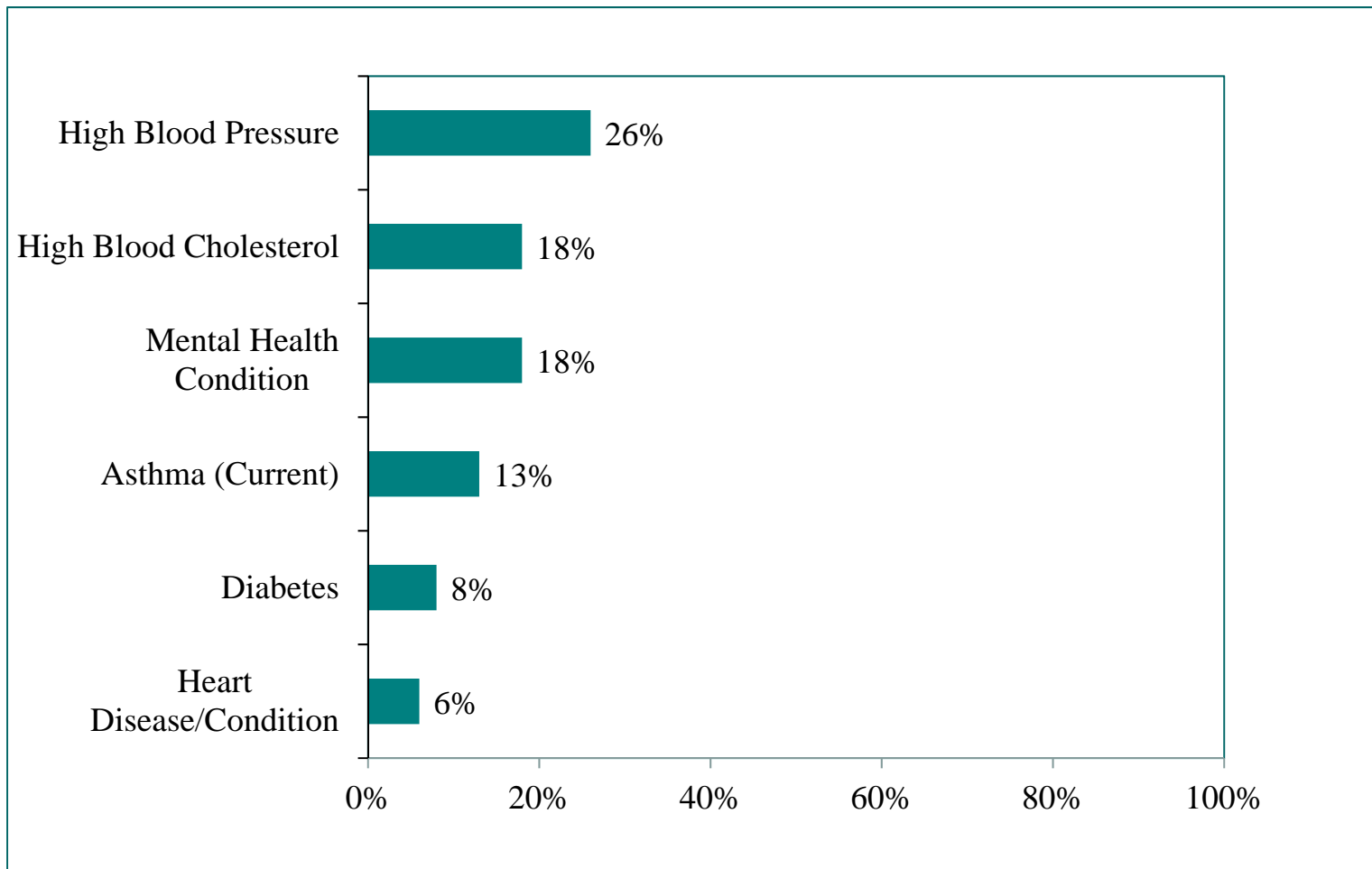
\*In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.



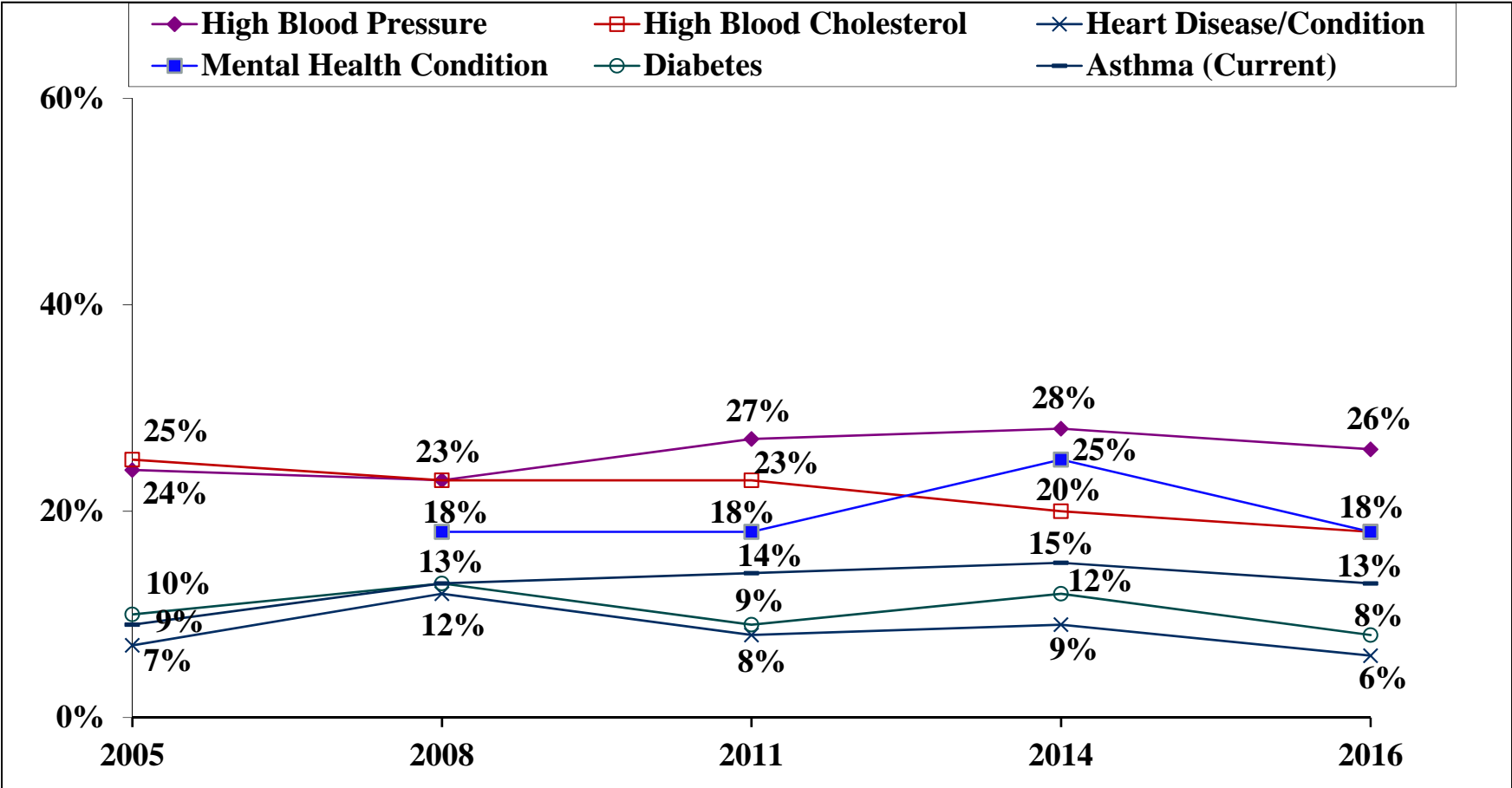
# Mobility Past 12 Months [60 or Older]



# Health Conditions Past 3 Years (2016)



# Health Conditions Past 3 Years



# Condition Controlled Through Medication, Exercise, Therapy or Lifestyle Changes

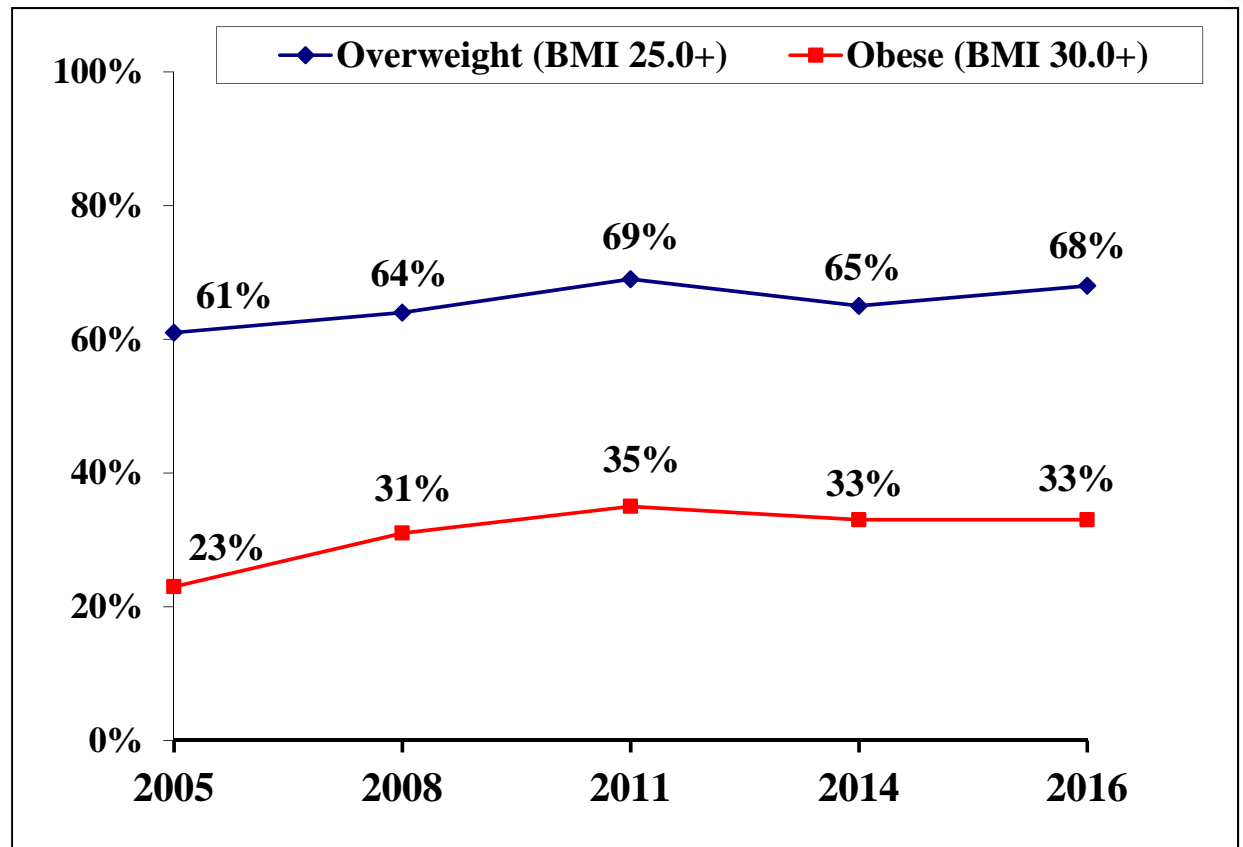
	2011	2014	2016
High Blood Pressure	90%	91%	95%
High Blood Cholesterol	78%	90%	83%
Mental Health Condition	83%	89%	86%
Asthma (Current)	85%	91%	94%
Diabetes	92%	89%	94%
Heart Disease/Condition	90%	94%	84%

# Exercise and Nutrition

A decorative graphic consisting of a curved bar with a teal-to-dark-blue gradient and a background with a light teal-to-white gradient and a white grid pattern.

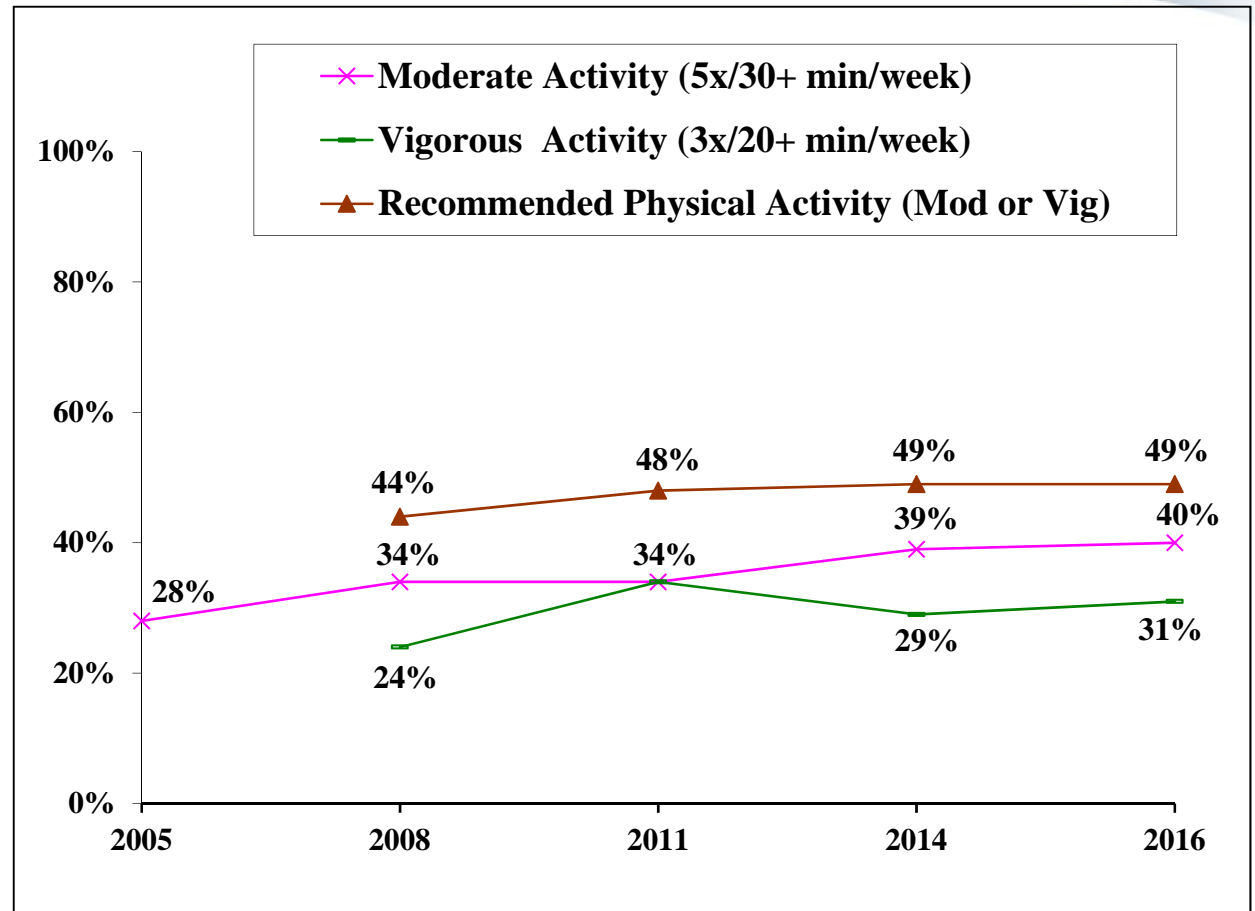
# Body Weight

- Overweight (BMI 25.0+) 2014
  - WI: 67%
  - US: 65%
- HP2020 Goal:
  - 34% Healthy weight
  - 66% Unhealthy weight
- Obese (BMI 30.0+) 2014
  - WI: 31%
  - US: 30%
  - HP2020 Goal: 31%



# Physical Activity<sup>1</sup>

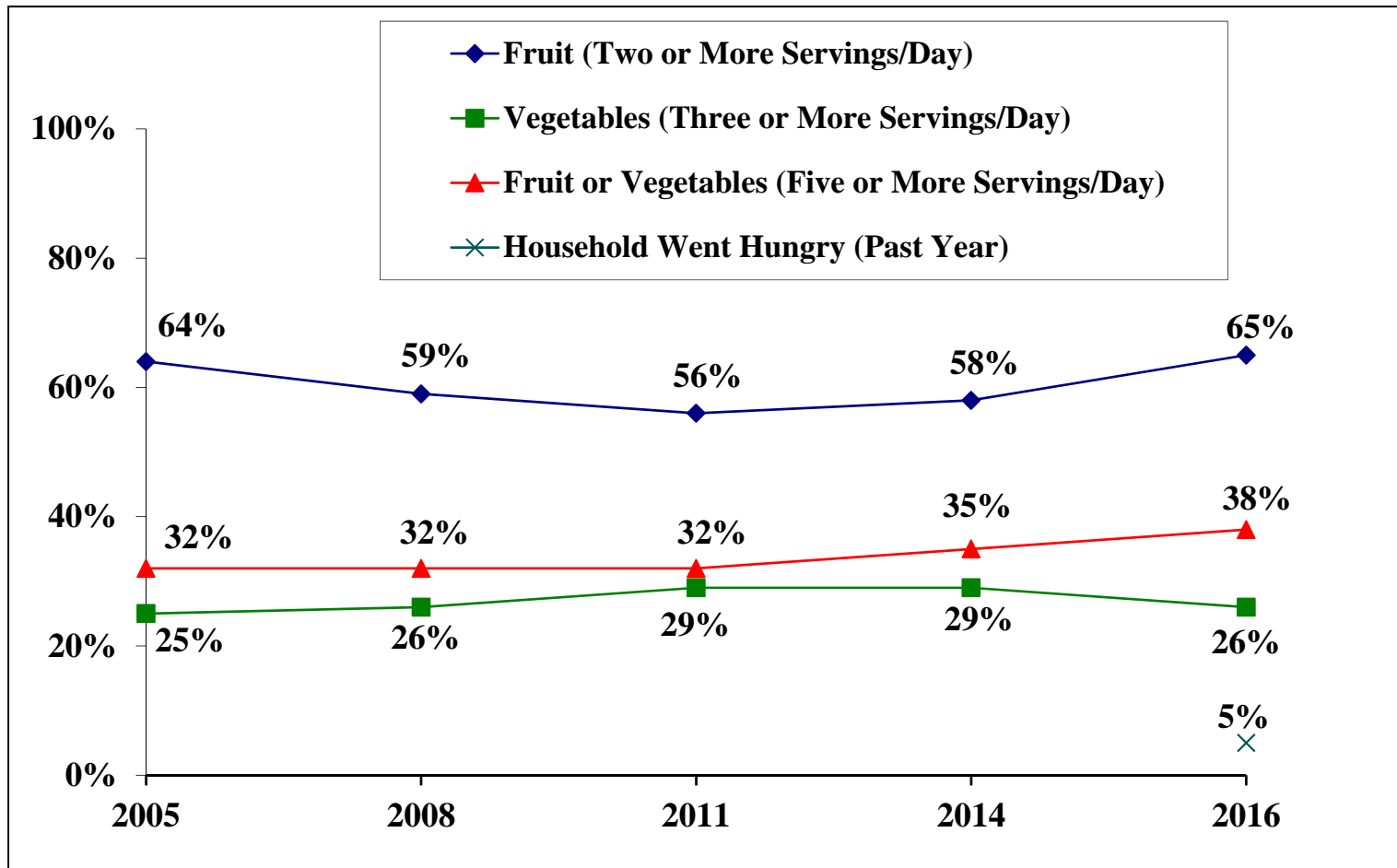
- Recommended Moderate or Vigorous Activity 2009
  - WI: 53%
  - US: 51%
- Moderate Activity 2005
  - WI: 42%
  - US: 33%
- Vigorous Activity 2009
  - WI: 31%
  - US: 29%



<sup>1</sup>Moderate activity: 5 times a week for 30 or more minutes/time

Vigorous activity: 3 times a week for 20 or more minutes/time

# Nutrition and Food Insecurity



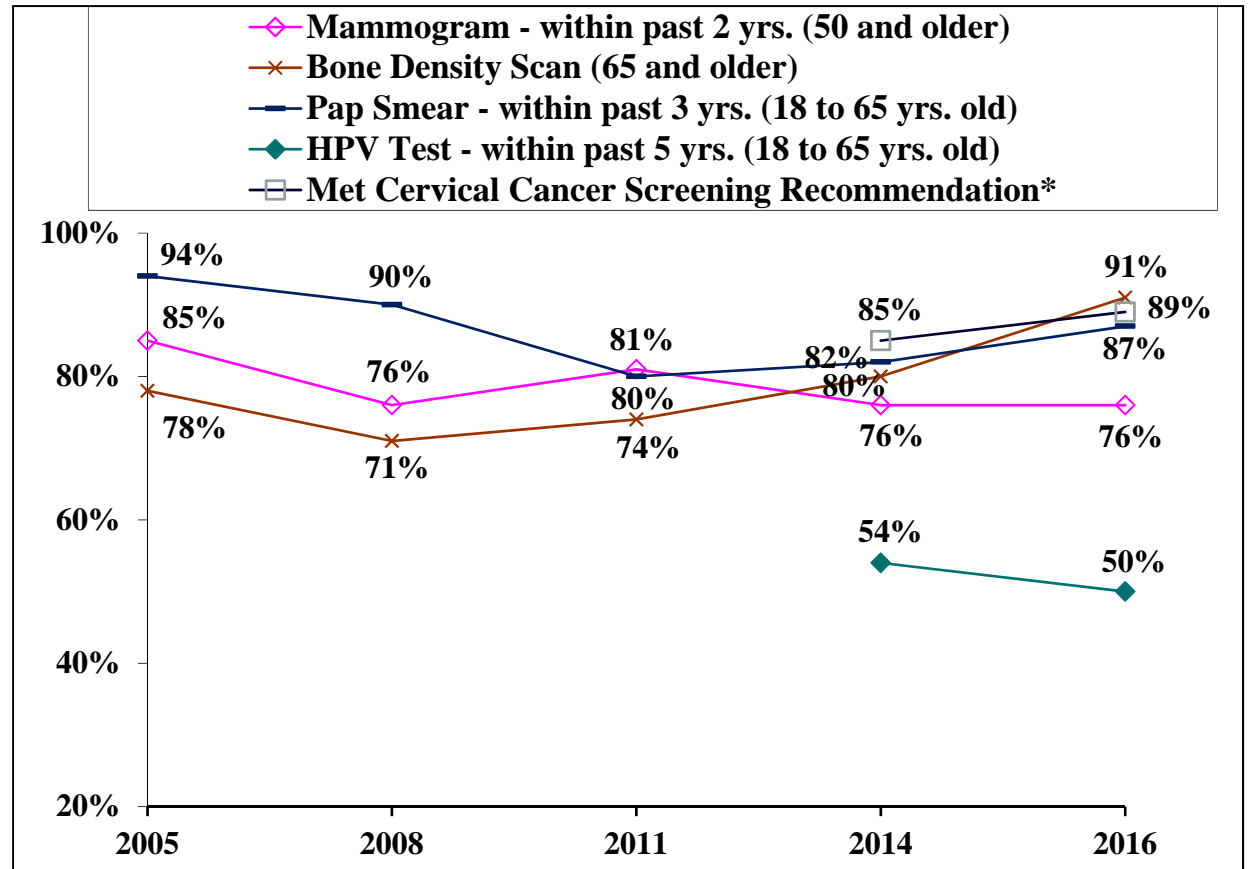


# Early Detection and Prevention of Cancer



# Women's Health

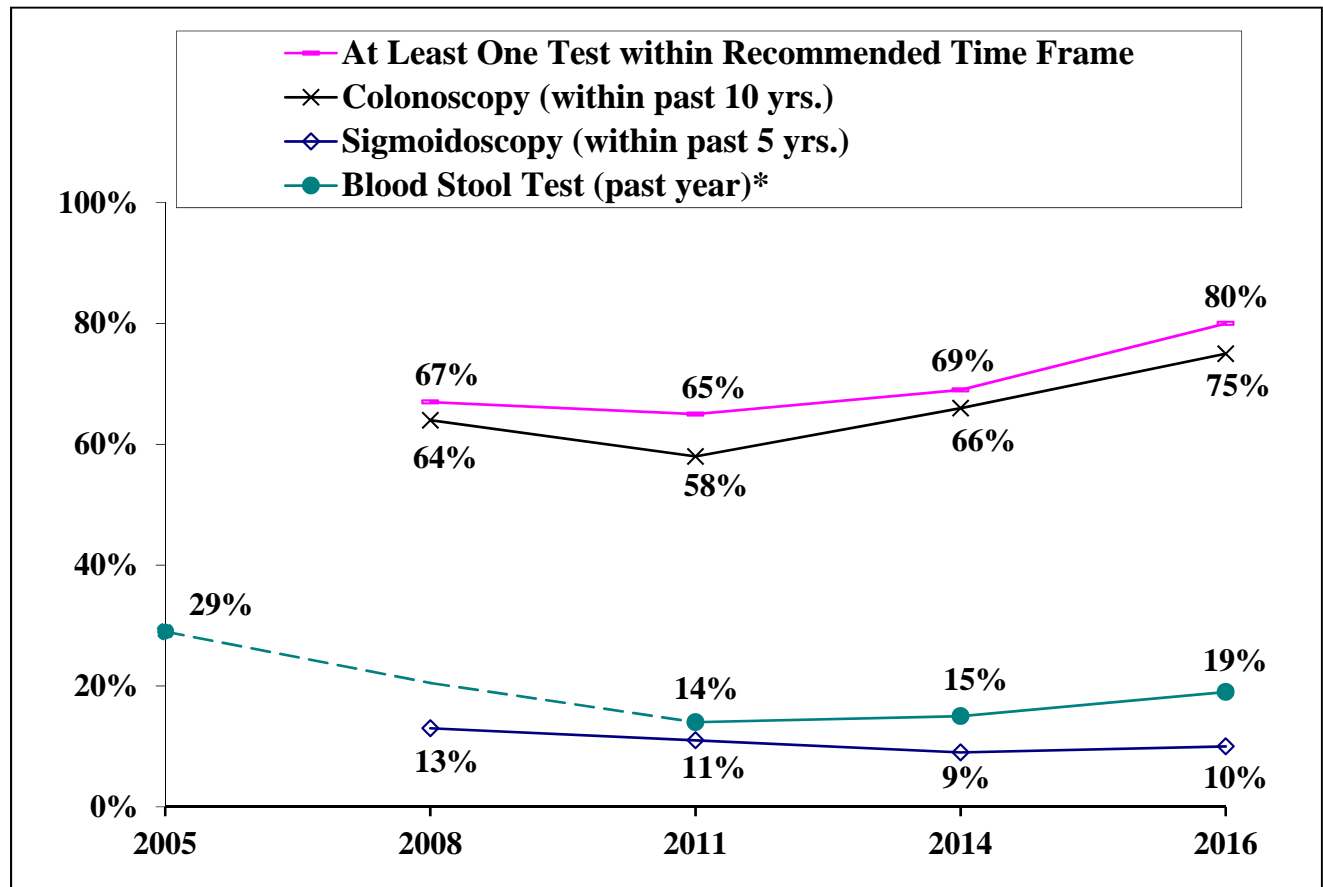
- Pap Smear (18+) 2014
  - WI: 77%
  - US: 75%
  - HP2020 Goal (21-65 years old): 93%
- Mammogram (50+) 2014
  - WI: 77%
  - US: 76%



\*Recommended Cervical Cancer Screening: 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.

# Colorectal Cancer (50 and Older)

- Screening in Recommended Time Frame:
  - HP2020 Goal: 71%

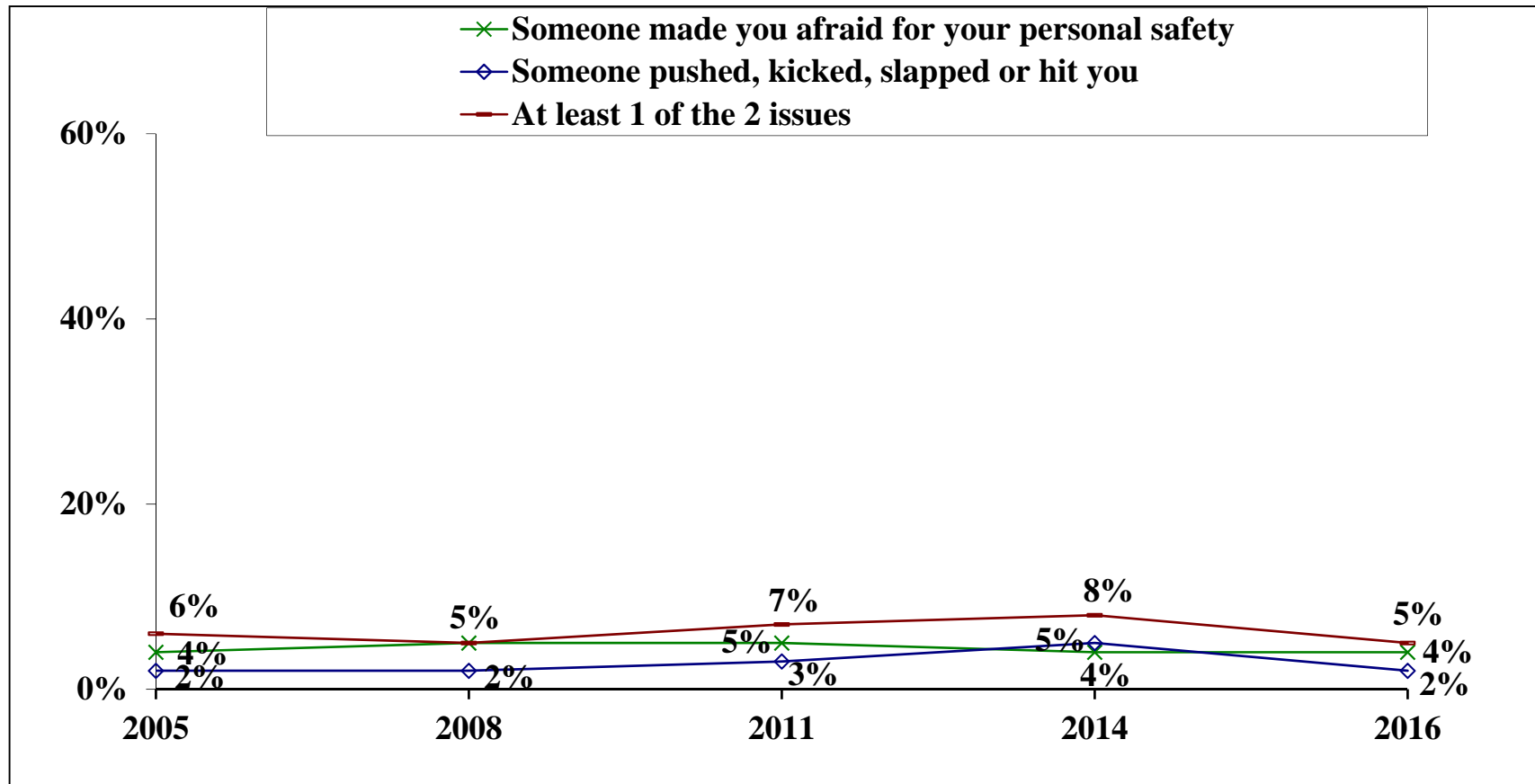


\*Not asked in 2008

Safety



# Personal Safety Issues in Past Year

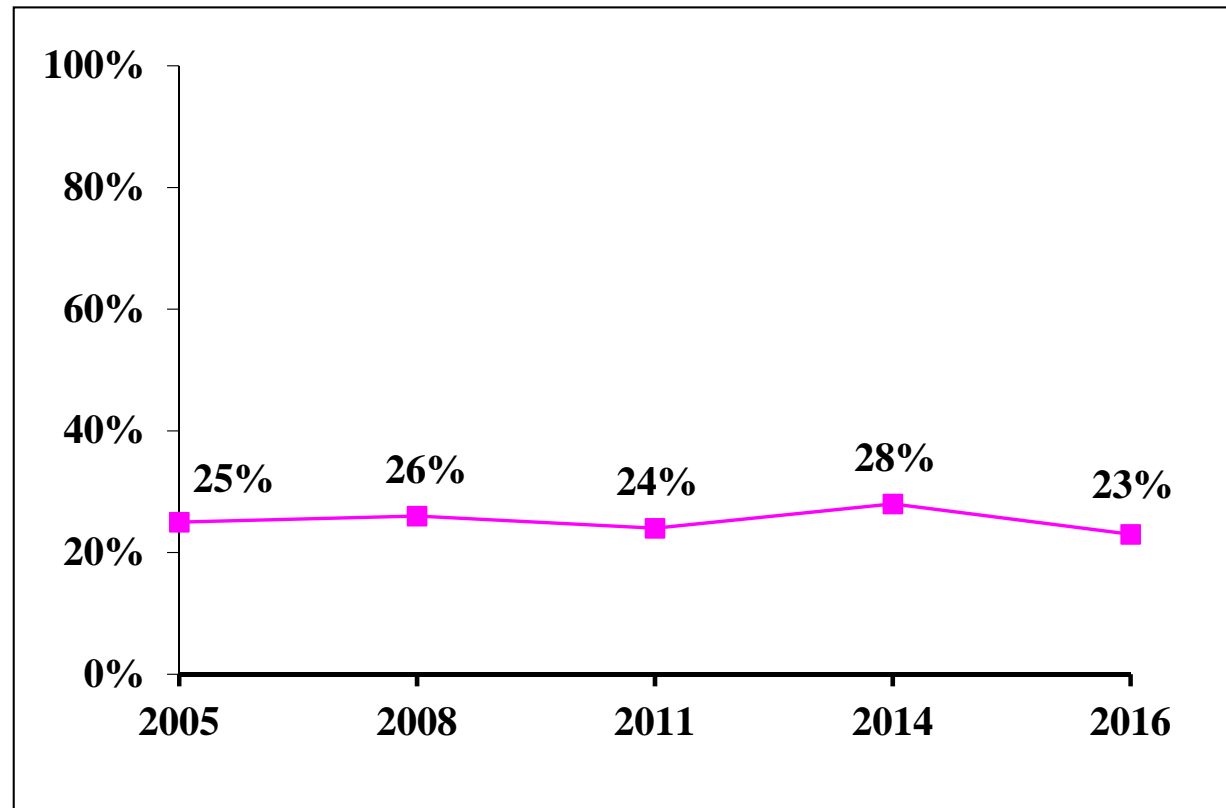


# Tobacco Use



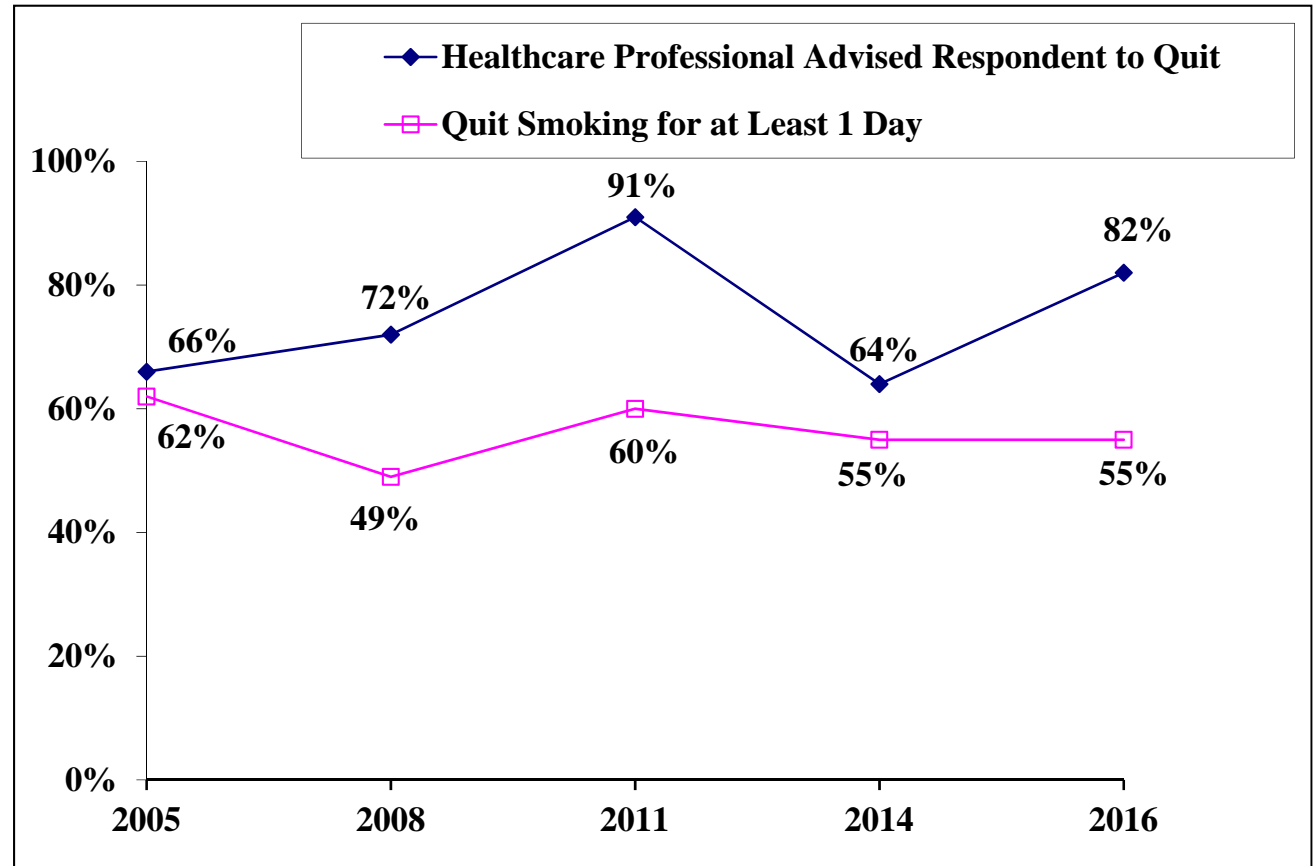
# Current Tobacco Cigarette Smoker in Past Month

- Current Smokers 2014
  - WI: 17%
  - US: 18%
  - HP2020 Goal: 12%



# Smoking Cessation in Past 12 Months (Current Tobacco Cigarette Smokers)

- Tried to Quit 2005
  - WI: 49%
  - US: 56%
  - HP2020 Goal: 80%





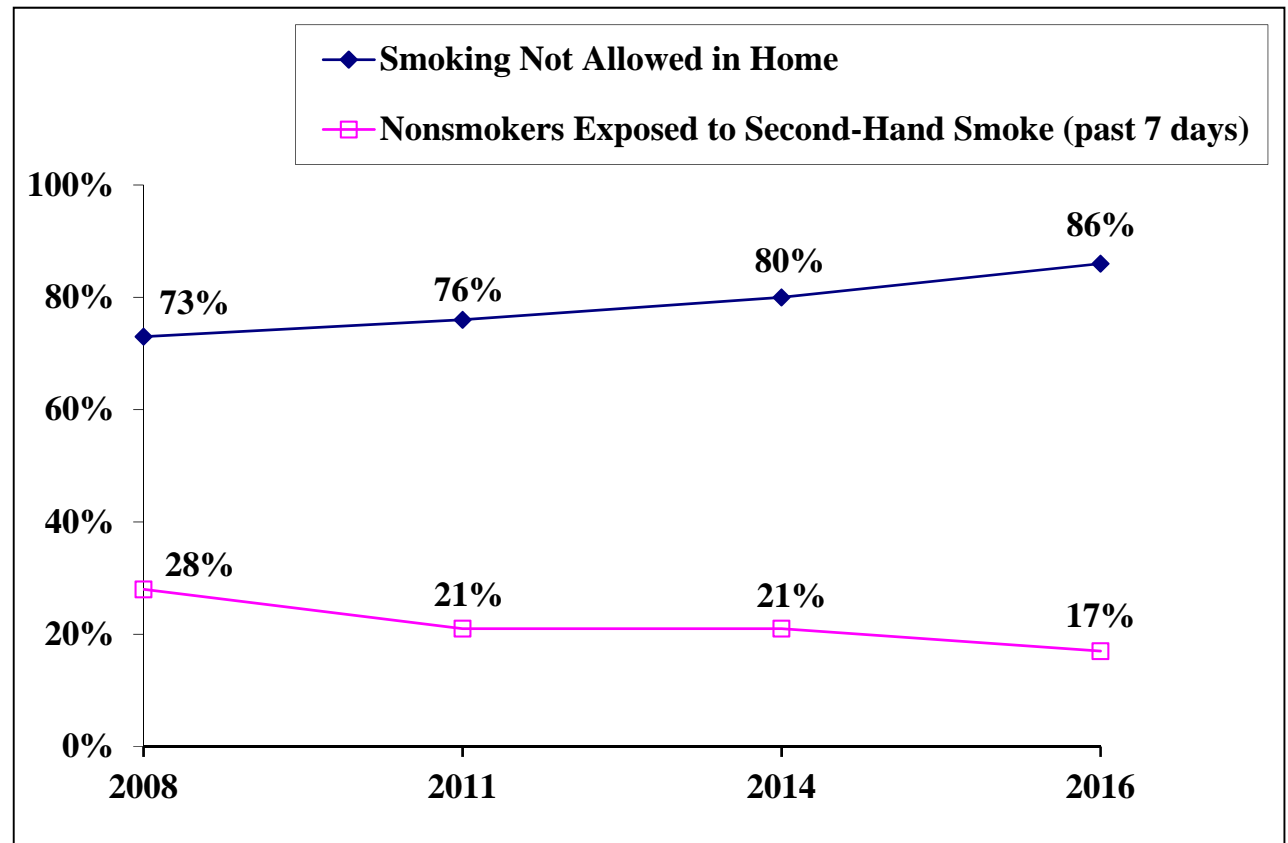
# Exposure to Cigarette Smoke

## Smoking Prohibited at Home 2003

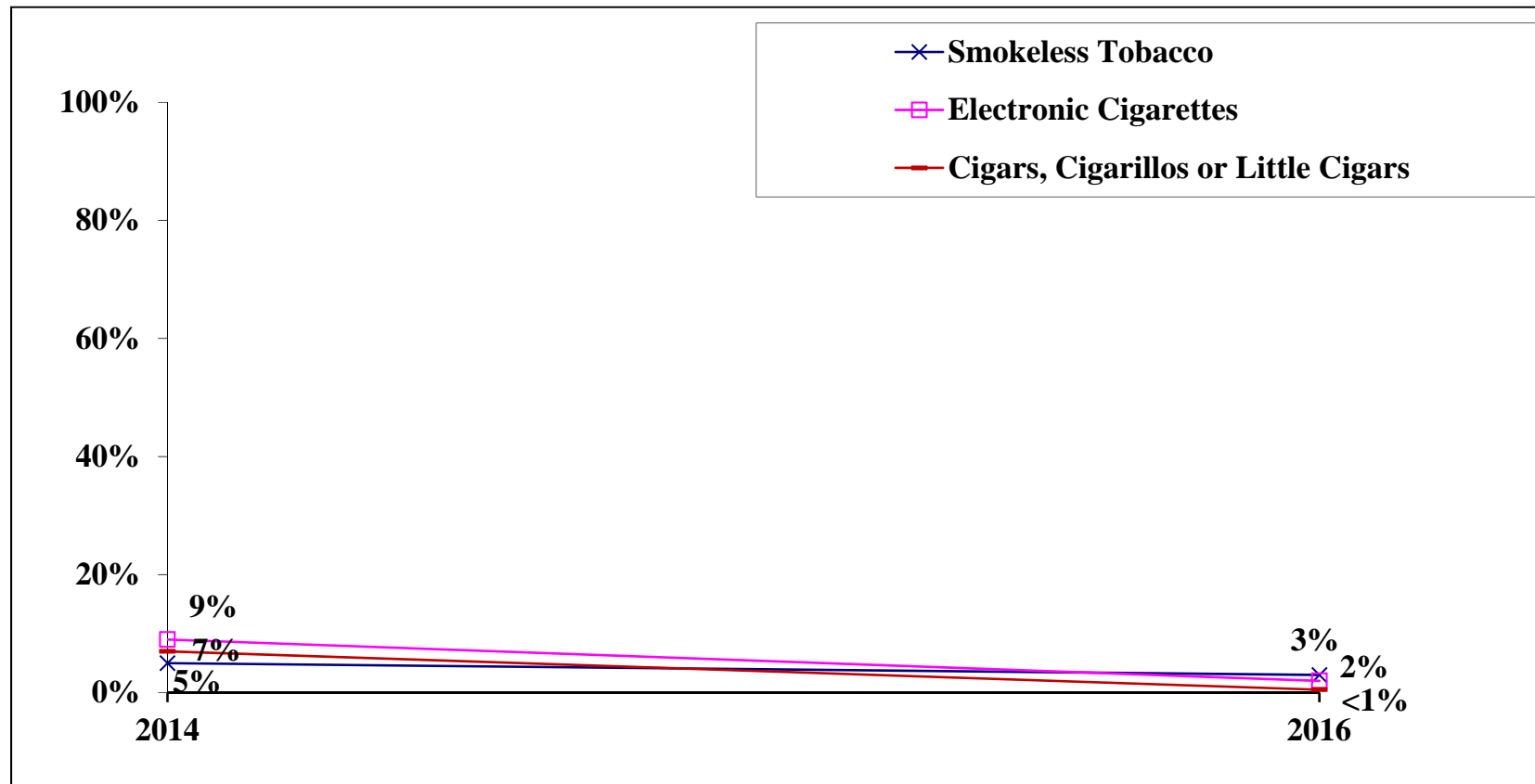
- WI: 75%

## Nonsmokers Exposed to Second-Hand Smoke

- HP2020 Goal: 34%



# Other Tobacco Products in Past Month

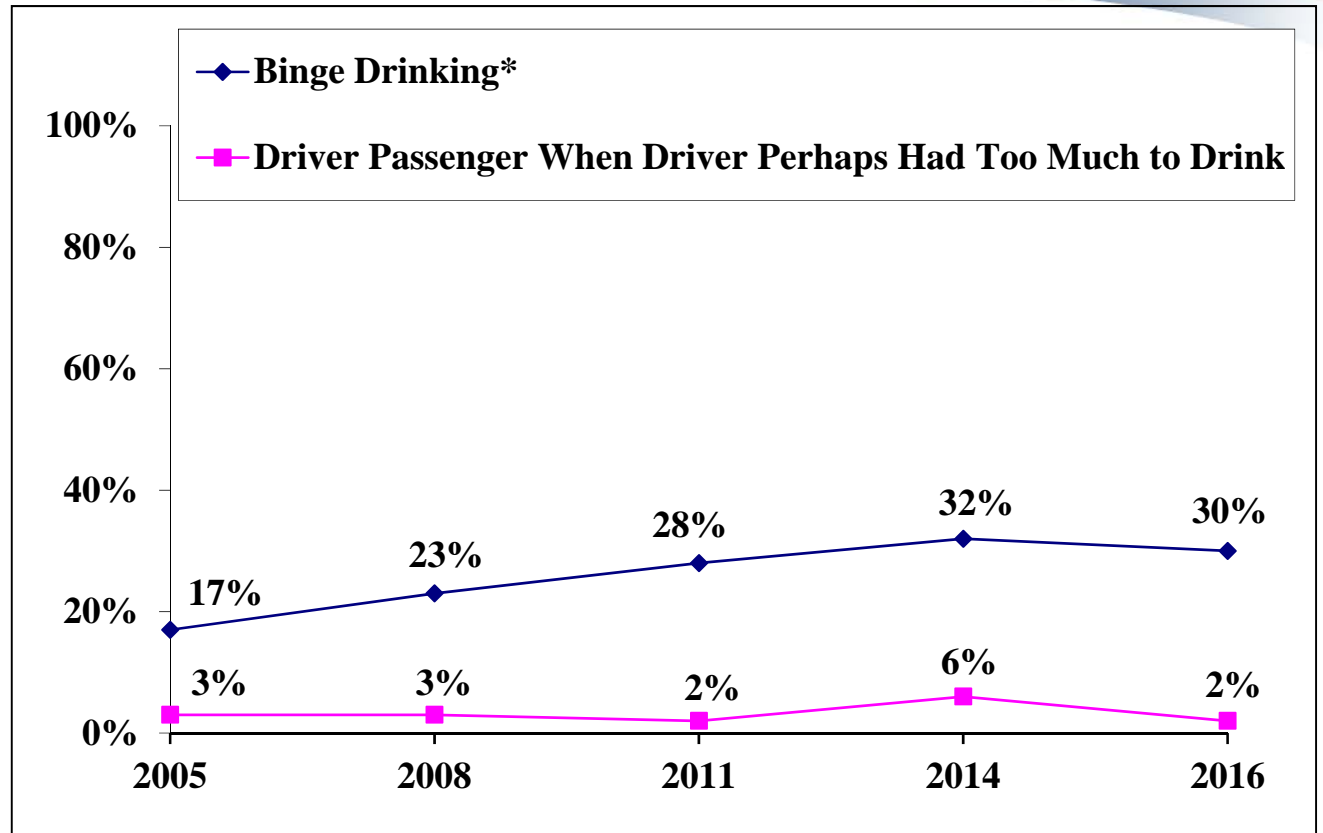


# Alcohol Use



# Alcohol Use in Past Month

- Binge Drinking 2014  
[Male 5+; Female 4+]
  - WI: 22%
  - US: 16%
  - HP2020 Goal: 24%  
[Male & Female 5+]

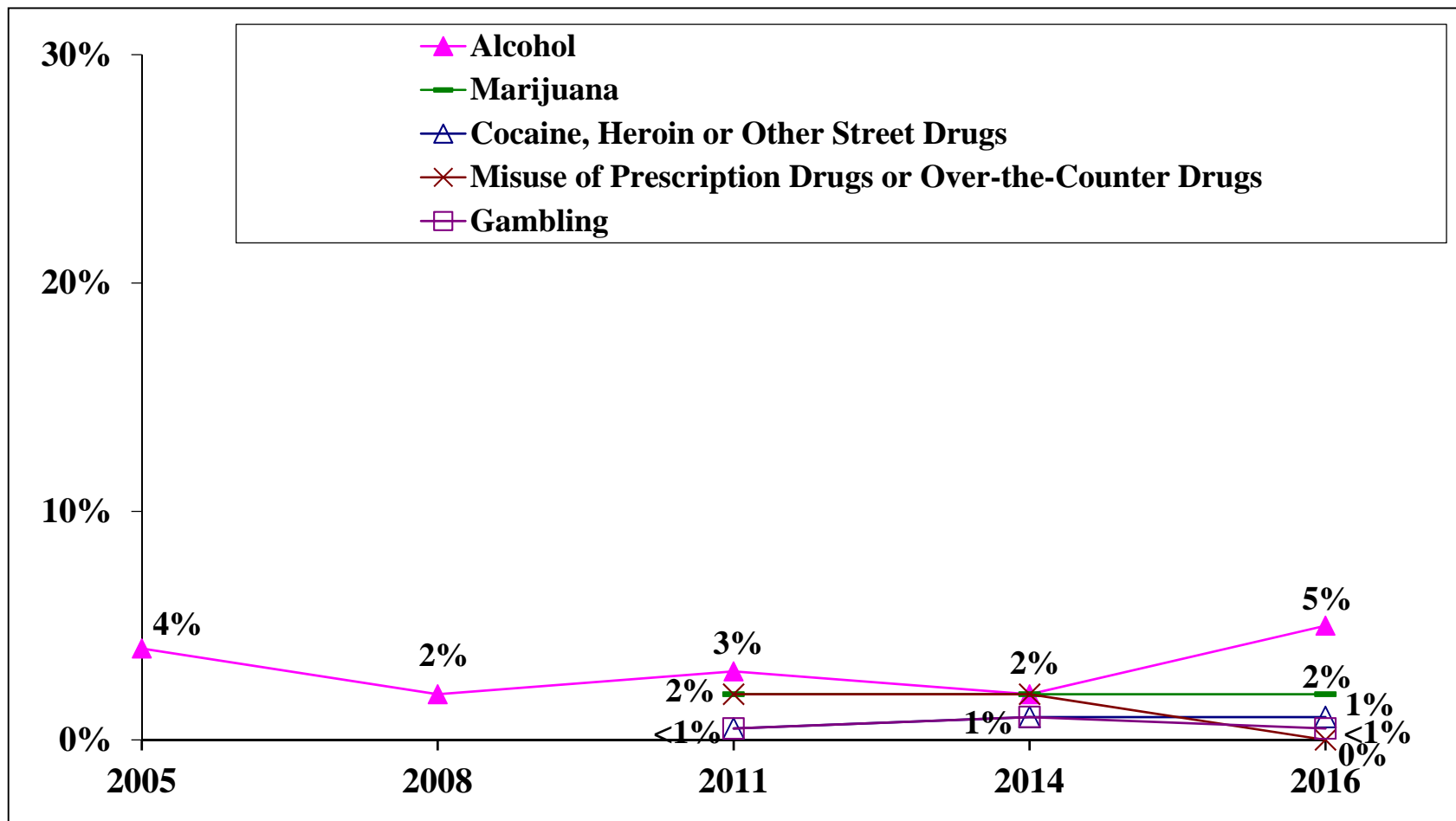


\*In 2011, 2014 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2005 and 2008, “5 or more drinks on an occasion” was used for both males and females.

# Household Problems



# Household Problems In Past Year



## Times of Distress in Past Three Years (2016)

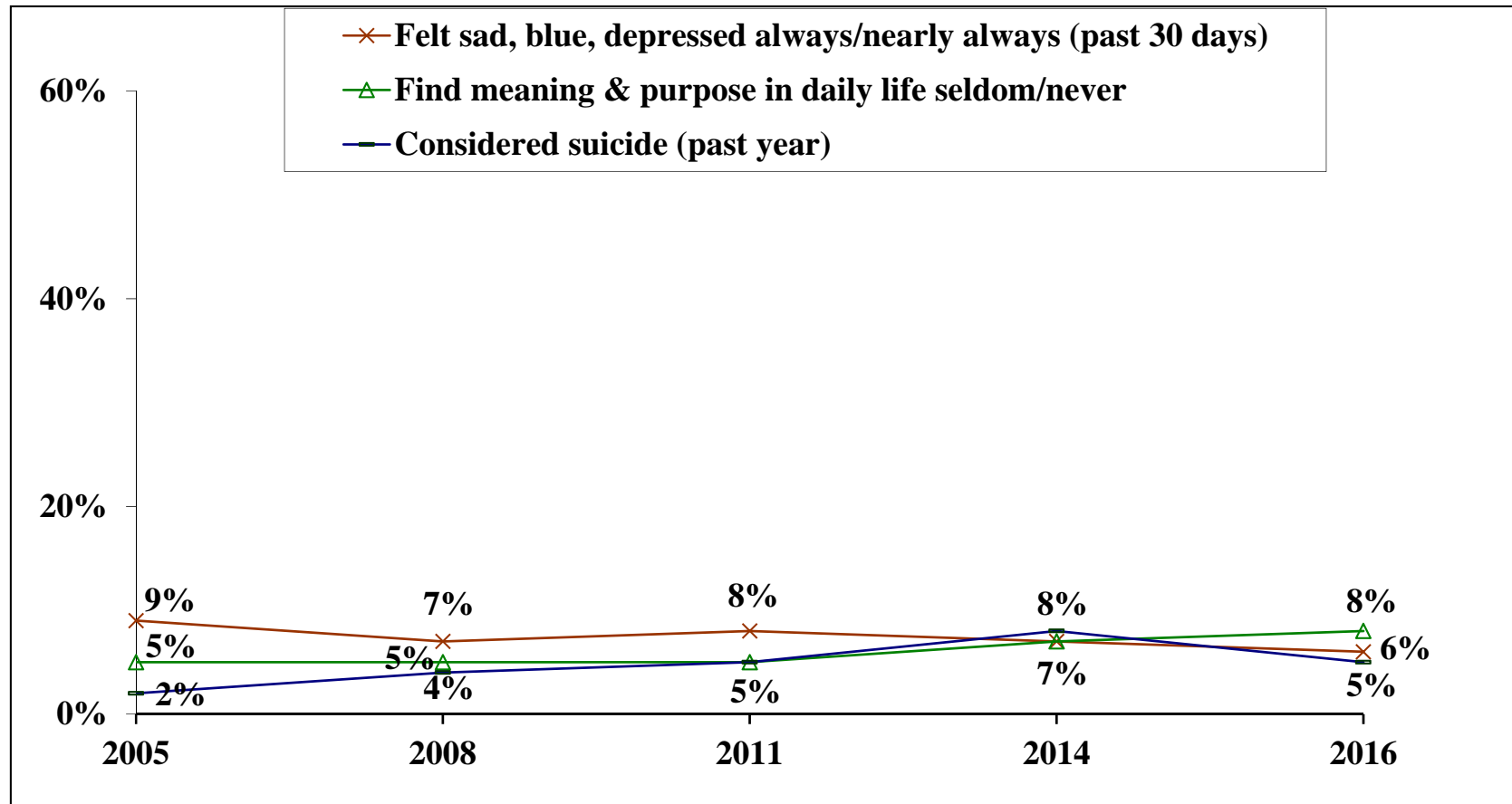
	2016
Household Looked for Community Resource Support During Time of Distress (Economic, Medical, Family Issue or Other)	23%
Degree of Support Felt (n=93)	
Extremely Supported or Very Supported	40%
Somewhat Supported, Slightly Supported or Not At All Supported	60%

# Mental Health Status





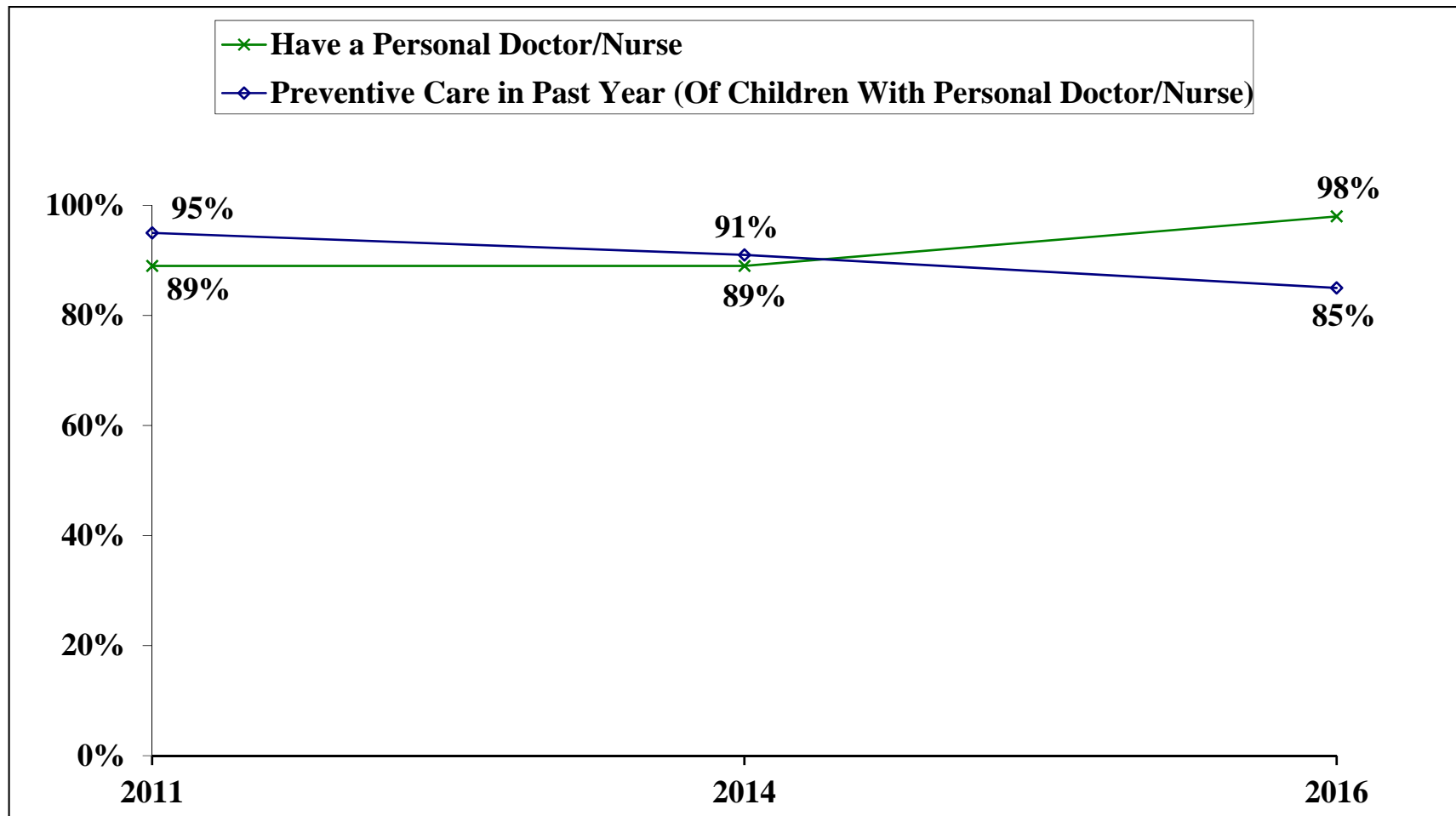
# Mental Health Status



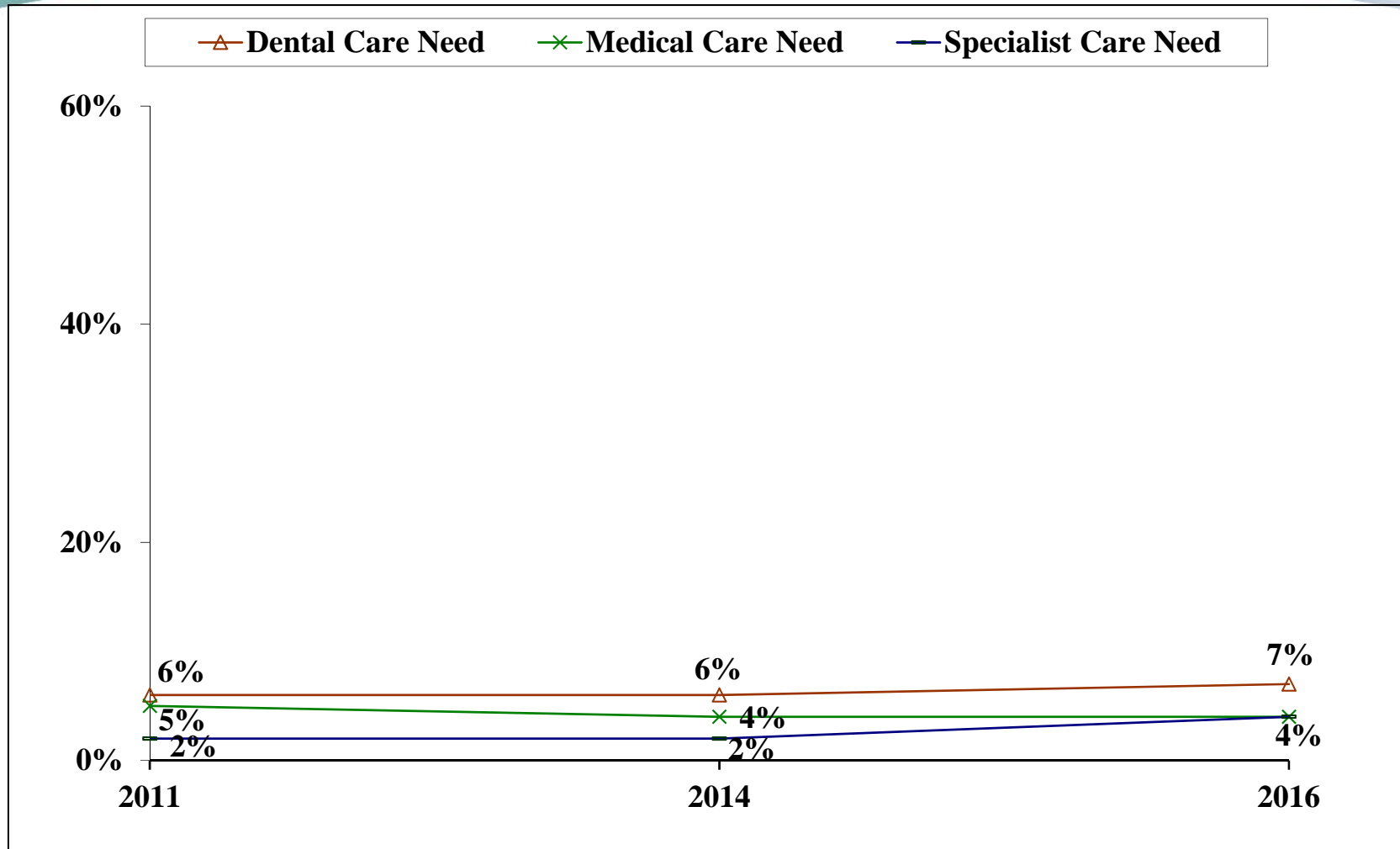
# Children In Household



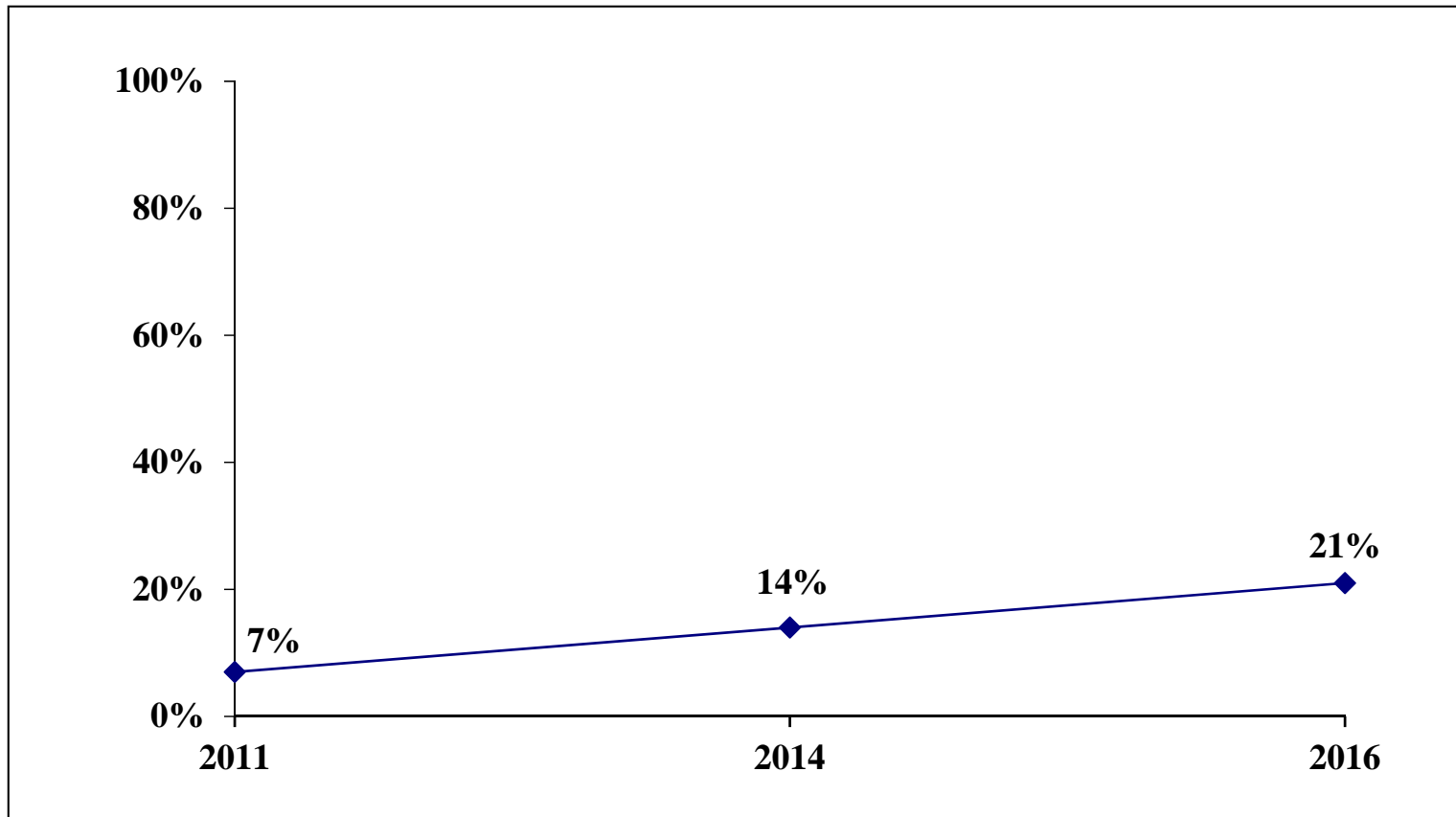
# Child's Personal Doctor [Child 17 or Younger]



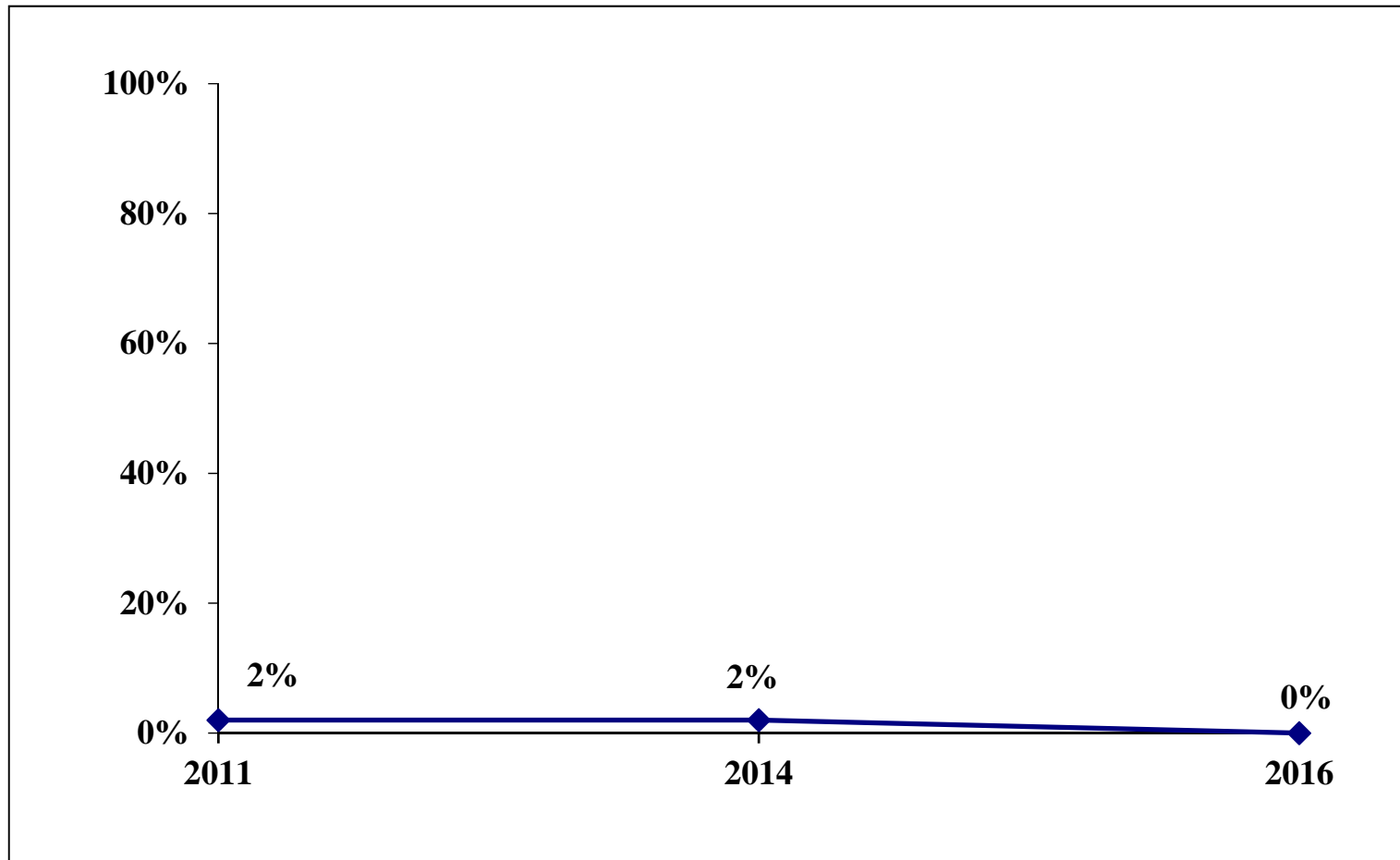
# Child's Unmet Care in Past 12 Months [17 or Younger]



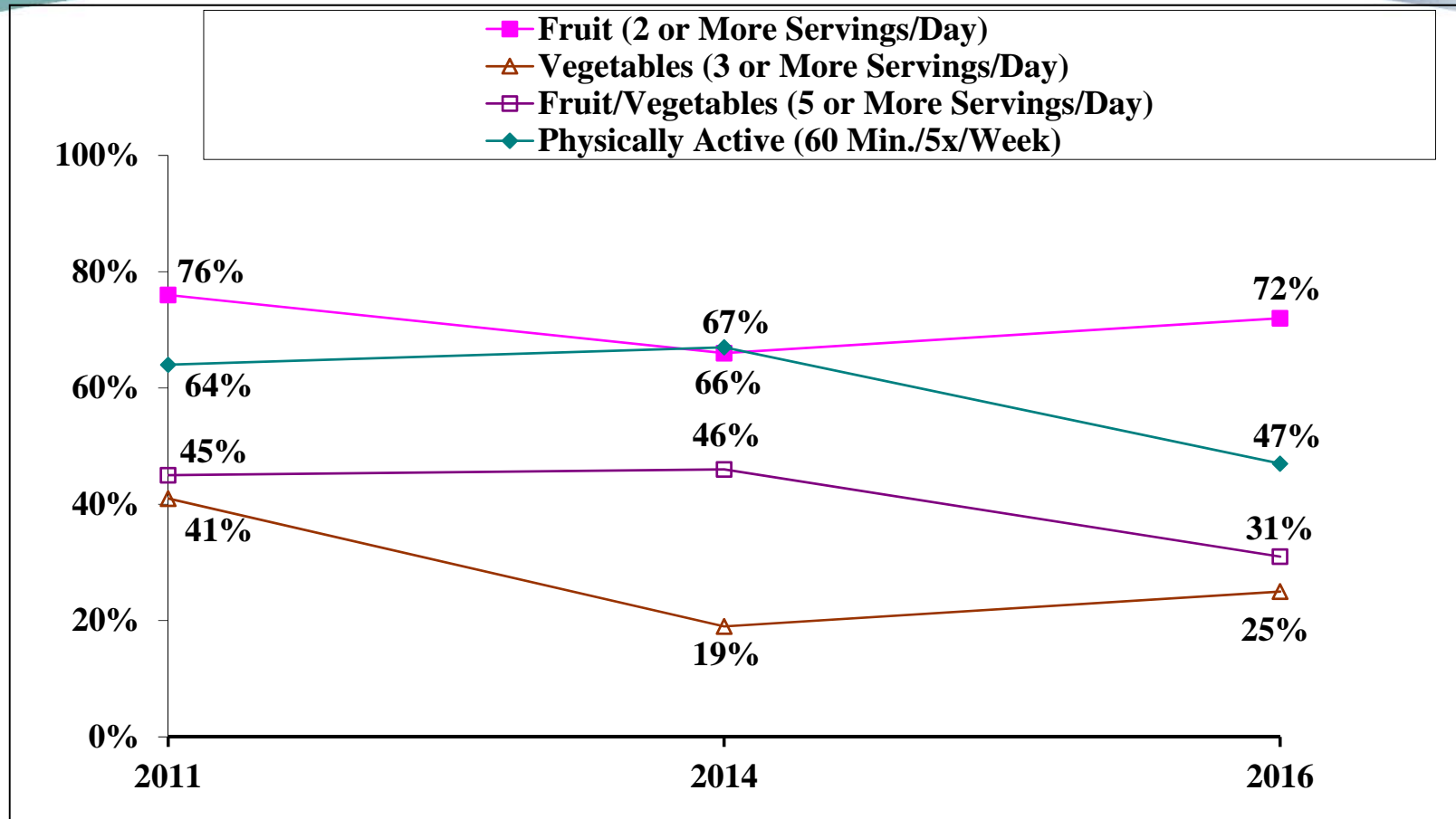
# Child Currently Has Asthma [17 or Younger]



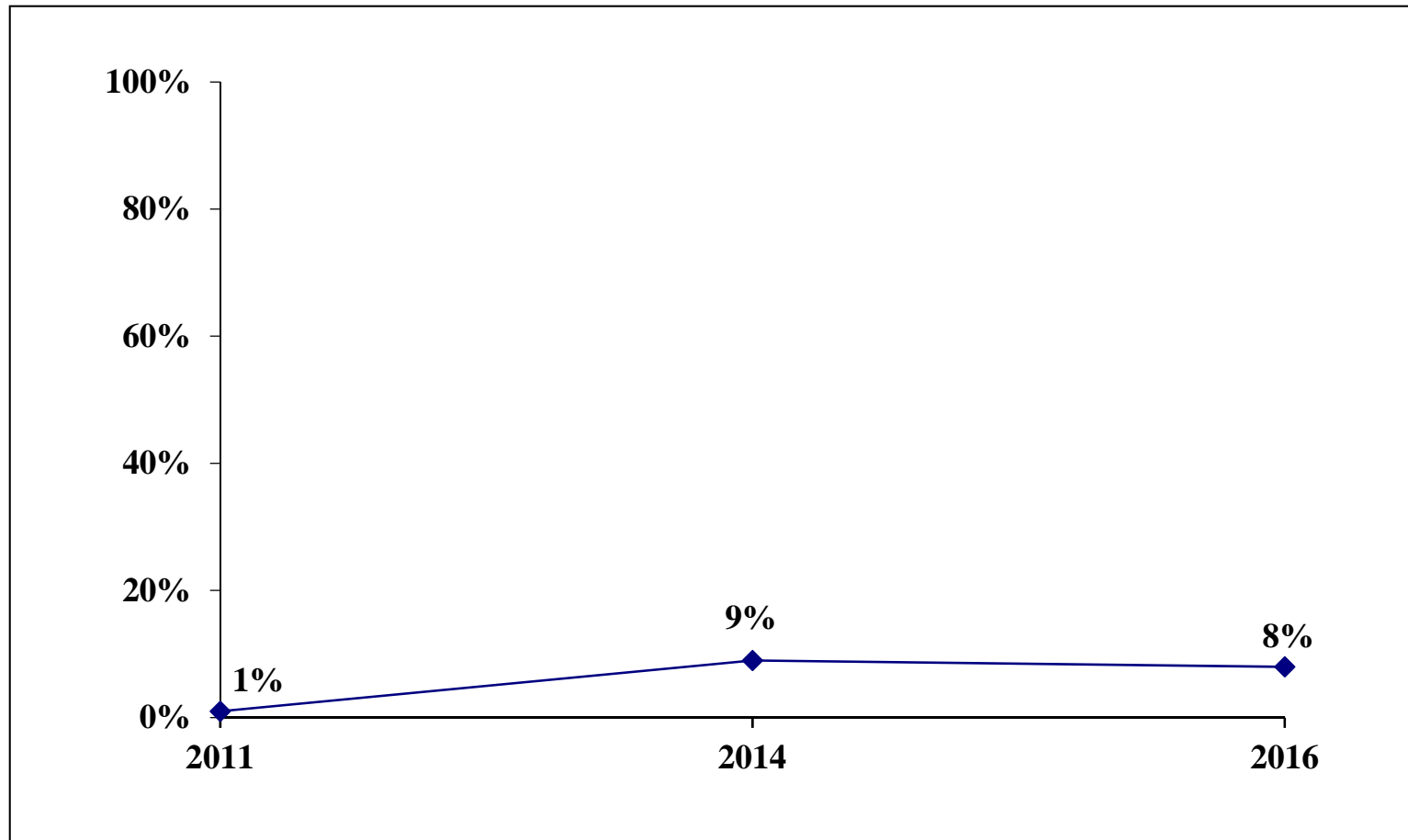
# Child is Seldom/Never Safe in Community [17 or Younger]



# Child's Nutrition and Exercise [5 to 17 Years Old]

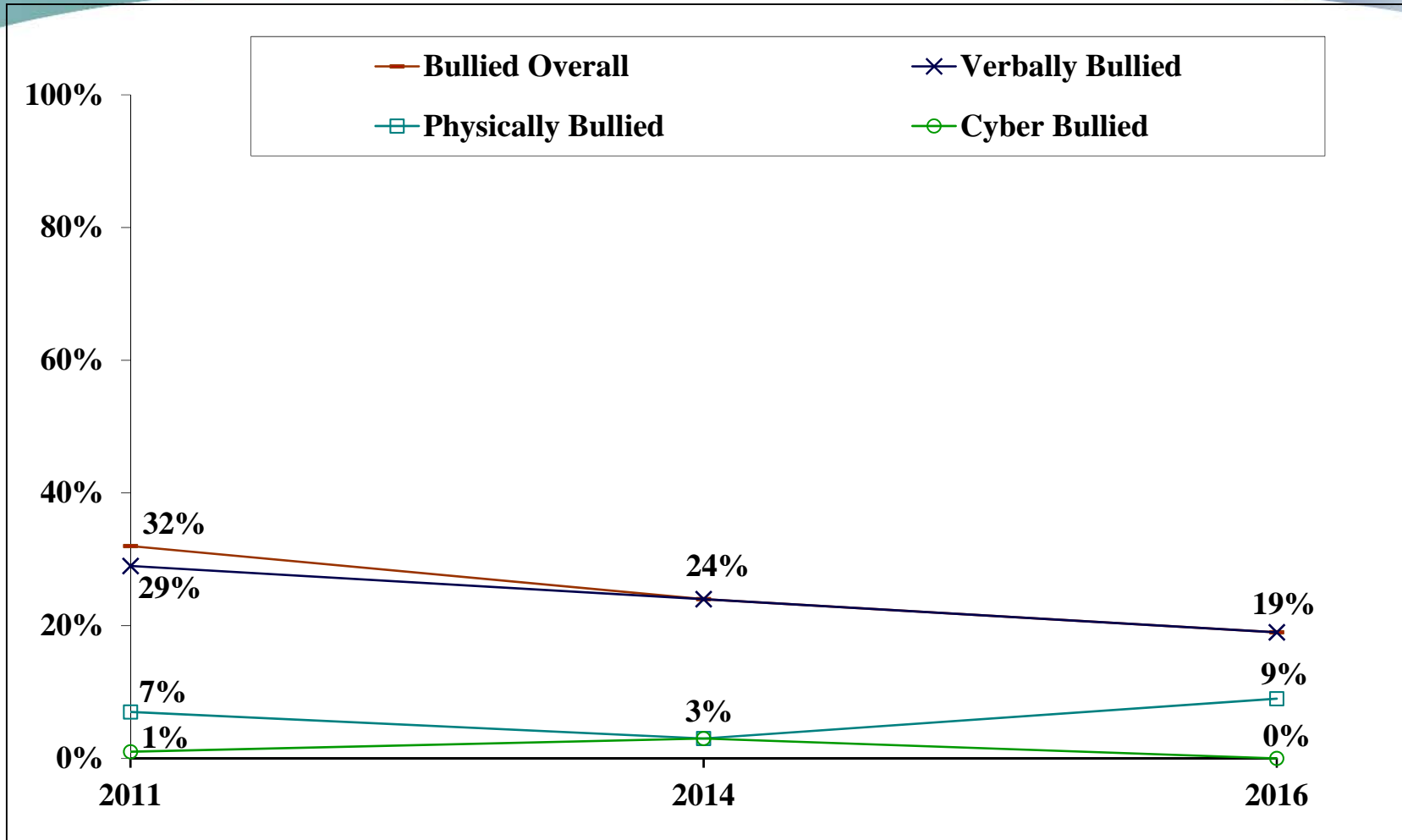


# Child Always/Nearly Always Felt Unhappy, Sad or Depressed in Past 6 Months [8 to 17 Years Old]





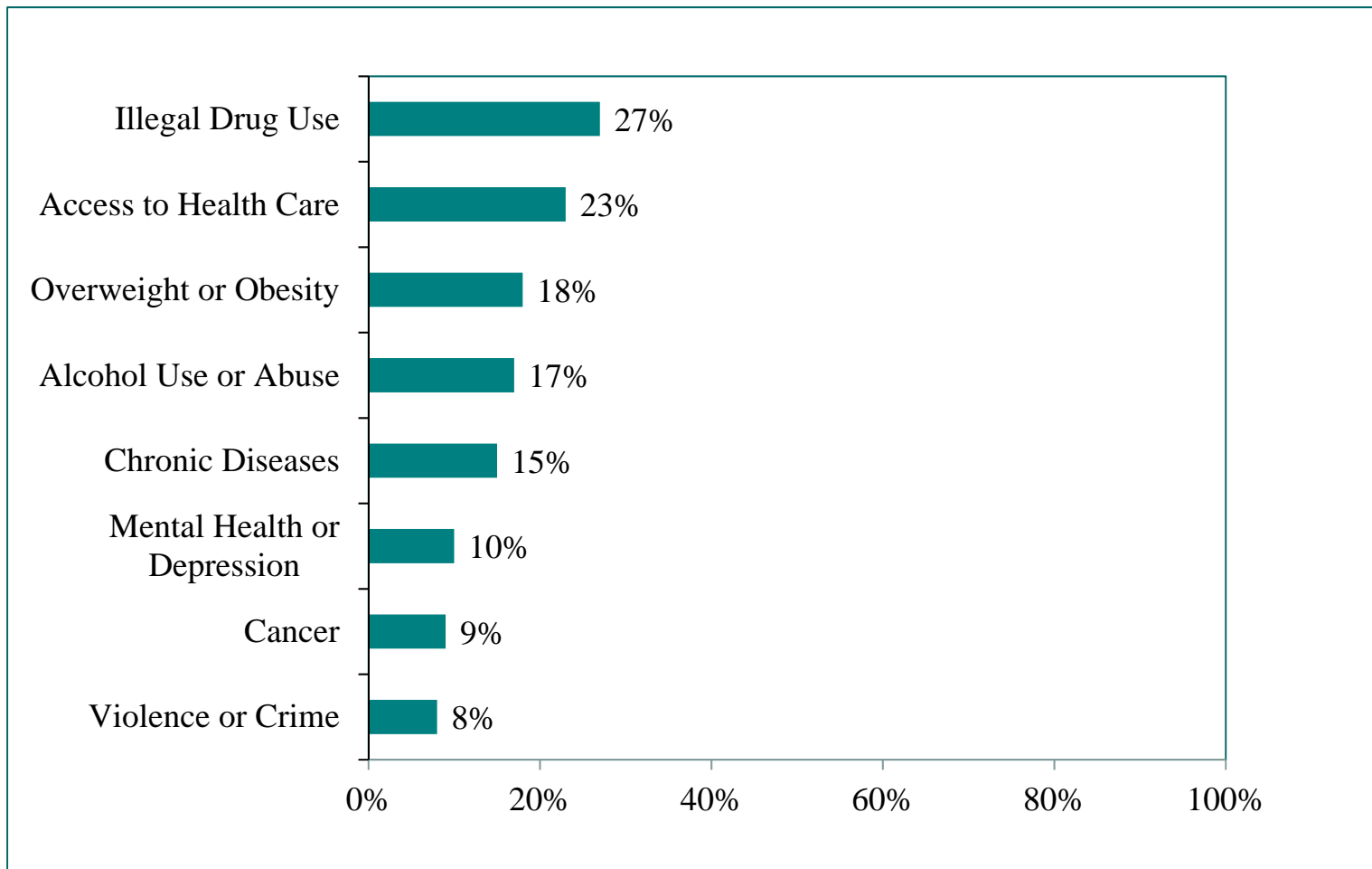
# Child Experienced Bullying in Past 12 Months [8 to 17 Years Old]



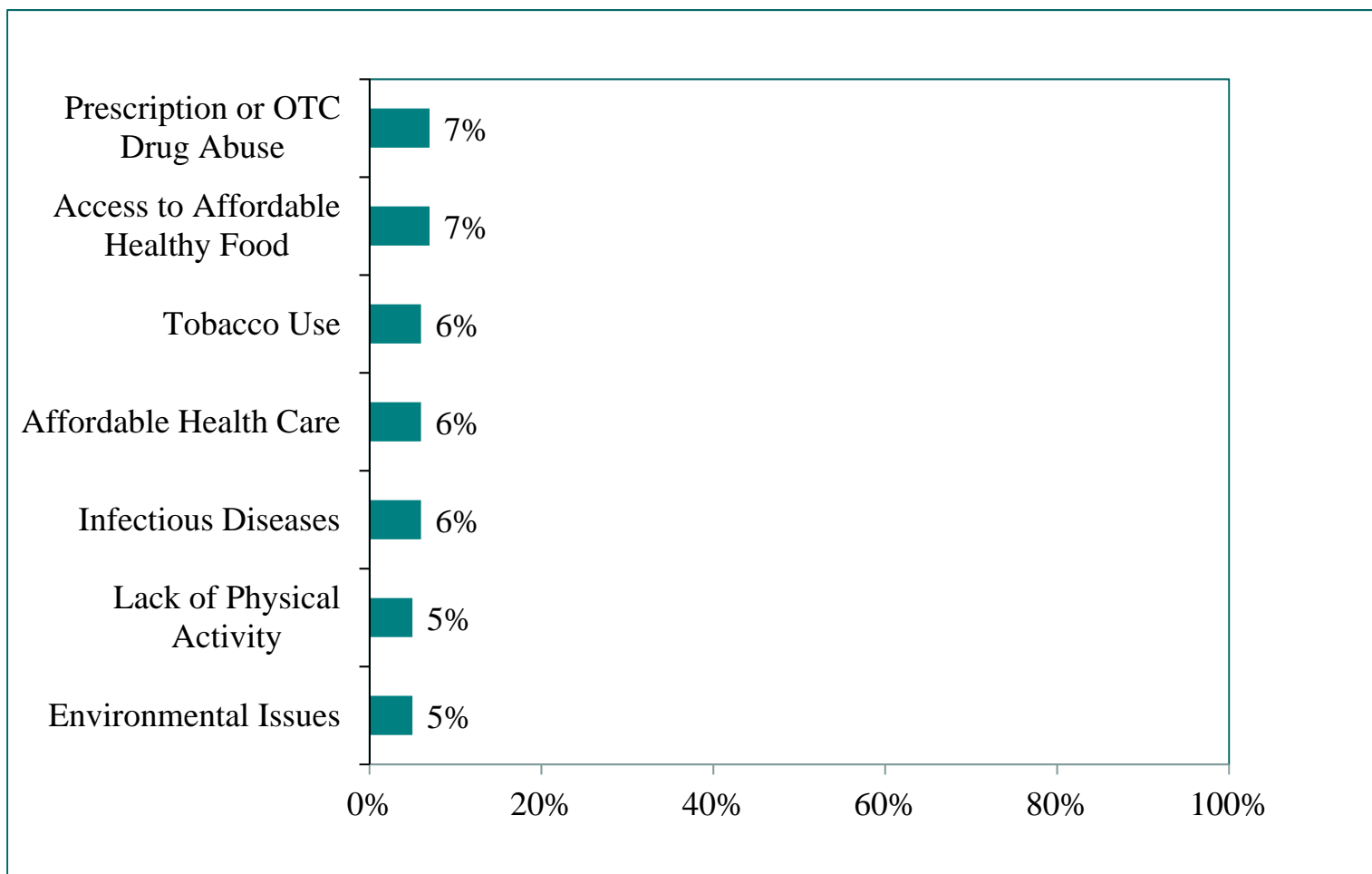
# County Health Issues



# Top County Health Issues Up to 3 Open-Ended Responses Accepted [Part 1] (2016)



# Top County Health Issues Up to 3 Open-Ended Responses Accepted [Part 2] (2016)



# Select Key Findings of Need

- 21% Delayed/Did Not Seek Medical Care Due to Cost (past year)
- 15% HH Member Not Taken Prescription Due to Cost (past year) vs. 3% HP2020
- 15% Unmet Medical Care vs. 4% HP2020
- 16% Unmet Dental Care vs. 5% HP2020
- 44% Flu Vaccination (past year, 18+) vs. 70% HP2020
- 75% Cholesterol Test (4 years ago or less) vs. 82% HP2020
- 26% High Blood Pressure
- 68% At Least Overweight (BMI 25.0+)
- 33% Obese (BMI 30.0+) vs. 31% HP2020
- 23% Current Smokers vs. 12% HP2020
- 55% Smokers Tried to Quit Smoking (past year) vs. 80% HP2020
- 30% Binge Drinkers (past month, 4+ F & 5+ M) vs. 24% HP2020 (past month, 5+)
- 21% HH Looked for Community Resource Support (past 3 years)
- 19% Children 8 to 17 Years Old Bullied Overall (past year)

# **Kenosha County Health Needs Assessment**

## **Kenosha County Community Health Survey Summary**

## 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 for Aurora Health Care, Children’s Hospital of Wisconsin and United Hospital Systems in partnership with the Center for Urban Population Health and Kenosha County Public Health Department. Additional data is available at <https://ahc.aurorahealthcare.org/aboutus/community-benefits>, [www.chw.org](http://www.chw.org) and [www.co.kenosha.wi.us](http://www.co.kenosha.wi.us).

Overall Health						Health Conditions in Past 3 Years					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Excellent	20%	19%	14%	18%	21%	High Blood Pressure	24%	23%	27%	28%	26%
Very Good	34%	35%	36%	33%	33%	High Blood Cholesterol	25%	23%	23%	20%	18%
Fair or Poor	15%	15%	19%	21%	18%	Mental Health Condition		18%	18%	25%	18%
<i>Other Research: (2014)</i>						<i>Other Research: (2014)</i>					
<i>Fair or Poor</i>						<i>Fair or Poor</i>					
<u>WI</u> <u>U.S.</u>						<u>WI</u> <u>U.S.</u>					
<b>Health Care Coverage</b>						<b>Condition Controlled Through Meds, Therapy or Lifestyle Changes</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	High Blood Pressure			90%	91%	95%
Not Covered						High Blood Cholesterol			78%	90%	83%
Personally (currently)	6%	12%	15%	9%	8%	Mental Health Condition			83%	89%	86%
Personally (past 12 months)		17%	21%	18%	12%	Asthma (Current)			85%	91%	94%
Household Member (past 12 months)	18%	19%	22%	20%	14%	Diabetes			92%	89%	94%
<i>Other Research: (2014)</i>						<i>Other Research: (2014)</i>					
<i>Personally Not Covered (currently)</i>						<i>Personally Not Covered (currently)</i>					
<u>WI</u> <u>U.S.</u>						<u>WI</u> <u>U.S.</u>					
<b>Did Not Receive Care Needed in Past 12 Months</b>						<b>Routine Procedures</b>					
Kenosha County			<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Delayed/Did Not Seek Care Due to Cost			21%	18%	21%	Routine Checkup (2 yrs. ago or less)	83%	87%	85%	80%	88%
Prescript. Meds Not Taken Due to Cost (Household)		13%	13%	15%		Cholesterol Test (4 years ago or less)	75%	72%	76%	74%	75%
Unmet Care in Past 12 Months						Dental Checkup (past year)	60%	66%	57%	61%	67%
Medical Care		13%	15%	15%		Eye Exam (past year)	42%	47%	42%	46%	43%
Dental Care		24%	20%	16%		<i>Other Research:</i>					
Mental Health Care		6%	6%	5%		<i>Routine Checkup (≤2 years; 2014)</i>					
						<i>Cholesterol Test (≤5 years; 2014)</i>					
						<i>Dental Checkup (past year; 2012)</i>					
<b>Health Information and Services</b>						<b>Physical Health and Nutrition</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Primary Source of Health Information						Physical Activity/Week					
Doctor			40%	47%	47%	Moderate Activity (5 times/30 min)	28%	34%	34%	39%	40%
Internet			35%	25%	29%	Vigorous Activity (3 times/20 min)		24%	34%	29%	31%
Myself/Family Member in Health Field			5%	7%	11%	Recommended Moderate or Vigorous		44%	48%	49%	49%
Have a Primary Care Physician					88%	<b>Overweight Status</b>					
Primary Health Services						Overweight (BMI 25.0+)	61%	64%	69%	65%	68%
Doctor/nurse practitioner’s office	82%	74%	69%	68%	69%	Obese (BMI 30.0+)	23%	31%	35%	33%	33%
Urgent care center	2%	5%	5%	8%	13%	Fruit Intake (2+ servings/day)	64%	59%	56%	58%	65%
Public health clinic/com. health center	6%	5%	6%	7%	4%	Vegetable Intake (3+ servings/day)	25%	26%	29%	29%	26%
Hospital emergency room	1%	5%	7%	8%	6%	At Least 5 Fruit/Vegetables/Day	32%	32%	32%	35%	38%
Quickcare clinic/Fastcare clinic	--	--	--	--	4%	Household Went Hungry in Past Year					7%
Worksite clinic	--	--	--	--	<1%	<i>Other Research (2014):</i>					
No usual place	1%	2%	6%	3%	4%	<i>Overweight (BMI 25.0+)</i>					
Advance Care Plan	35%	34%	33%	34%	34%	<i>Obese (BMI 30.0+)</i>					
Fallen and Injured Self at Home in Past Year (60 and Older)			11%	13%							
<b>Vaccinations (65 and Older)</b>						<b>Colorectal Cancer Screenings (50 and Older)</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Flu Vaccination (past year)	54%	73%	68%	62%	75%	Blood Stool Test (within past year)	29%	--	14%	15%	19%
Pneumonia (ever)	69%	73%	62%	68%	77%	Sigmoidoscopy (within past 5 years)		13%	11%	9%	10%
<i>Other Research: (2014)</i>						<i>Other Research: (2014)</i>					
<i>Flu Vaccination (past year)</i>						<i>Flu Vaccination (past year)</i>					
<i>Pneumonia (ever)</i>						<i>Pneumonia (ever)</i>					
<u>WI</u> <u>U.S.</u>						<u>WI</u> <u>U.S.</u>					

<b>Women's Health</b>						<b>Alcohol Use in Past Month</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Mammogram (50+; within past 2 years)	85%	76%	81%	76%	76%	Binge Drinker	17%	23%	28%	32%	30%
Bone Density Scan (65 and older)	78%	71%	74%	80%	91%	Driver/Passenger When Driver					
Cervical Cancer Screening						Perhaps Had Too Much to Drink	3%	3%	2%	6%	2%
Pap Smear (18 – 65; within past 3 years)	94%	90%	80%	82%	87%						
HPV Test (18 – 65; within past 5 years)				54%	50%	<i>Other Research: (2014)</i>				<u>WI</u>	<u>U.S.</u>
Screening in Recommended Time Frame						<i>Binge Drinker</i>				22%	16%
(18-29: Pap every 3 years; 30 to 65: Pap and HPV every 5 years or Pap only every 3 years)				85%	89%						
						<b>Household Problems Associated With...</b>					
<i>Other Research (2014)</i>				<u>WI</u>	<u>U.S.</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Mammogram (50+; within past 2 years)				77%	76%	Alcohol	4%	2%	3%	2%	5%
Pap Smear (18+; within past 3 years)				77%	75%	Marijuana			2%	2%	2%
						Gambling			<1%	1%	<1%
						Cocaine, Heroin or Other Street Drugs			<1%	1%	1%
						Misuse of Prescription or OTC Drugs			2%	2%	0%
<b>Tobacco Cigarette Use</b>											
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>						
Current Smokers (past 30 days)	25%	26%	24%	28%	23%	<b>Times of Distress in Past Three Years</b>					
Of Current Smokers...						Kenosha County					<u>2016</u>
Quit Smoking 1 Day or More in Past Year Because Trying to Quit	62%	49%	60%	55%	55%	Time of Distress and Someone in HH Looked for Community Support					23%
Saw a Health Care Professional in Past Year and Advised to Quit Smoking	66%	72%	91%	64%	82%	Of Respondents Who Looked for Support Felt Somewhat/Slightly or Not At All Supported					60%
<i>Other Research:</i>				<u>WI</u>	<u>U.S.</u>	<b>Mental Health Status</b>					
<i>Current Smokers (2014)</i>				17%	18%	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
<i>Tried to Quit (2005)</i>				49%	56%	Felt Sad, Blue or Depressed					
						Always/Nearly Always (past 30 days)	9%	7%	8%	7%	6%
<b>Exposure to Smoke</b>						Find Meaning & Purpose in Daily Life					
Kenosha County	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>		Seldom/Never	5%	5%	5%	7%	8%
Smoking Policy at Home						Considered Suicide (past year)	2%	4%	5%	8%	5%
Not allowed anywhere	73%	76%	80%	86%							
Allowed in some places/at some times	12%	12%	9%	6%		<b>Children in Household</b>					
Allowed anywhere	4%	3%	<1%	<1%		Kenosha County			<u>2011</u>	<u>2014</u>	<u>2016</u>
No rules inside home	12%	10%	11%	7%		Personal Health Doctor/Nurse Who Knows Child Well and Familiar with History			89%	89%	98%
Nonsmokers Exposed to Second-Hand Smoke In Past Seven Days	28%	21%	21%	17%		Visited Personal Doctor/Nurse for Preventive Care (past 12 months)			95%	91%	85%
						Did Not Receive Care Needed (past 12 months)					
<i>Other Research: (WI: 2005; US: 2006-08)</i>				<u>WI</u>	<u>U.S.</u>	Medical Care			5%	4%	4%
<i>Smoking Prohibited at Home</i>				75%	79%	Dental Care			6%	6%	7%
						Specialist			2%	2%	4%
<b>Other Tobacco Products in Past Month</b>						Current Asthma			7%	14%	21%
Kenosha County				<u>2014</u>	<u>2016</u>	Safe in Community/Neighborhood (seldom/never)			2%	2%	0%
Smokeless Tobacco				5%	3%	Children 5 to 17 Years Old					
Electronic Cigarettes				9%	2%	Fruit Intake (2+ servings/day)			76%	66%	72%
Cigars, Cigarillos or Little Cigars				7%	<1%	Vegetable Intake (3+ servings/day)			41%	19%	25%
						5+ Fruit/Vegetables per Day			45%	46%	31%
<b>Top County Health Issues</b>						Physical Activity (60 min./5 or more days/week)			64%	67%	47%
Kenosha County				<u>2016</u>		Children 8 to 17 Years Old					
Illegal Drug Use				27%		Unhappy, Sad or Depressed in Past 6 Months					
Access to Health Care				23%		Always/Nearly Always			1%	9%	8%
Overweight or Obesity				18%		Experienced Some Form of Bullying (past 12 months)			32%	24%	19%
Alcohol Use or Abuse				17%		Verbally Bullied			29%	24%	19%
Chronic Diseases				15%		Physically Bullied			7%	3%	9%
Mental Health or Depression				10%		Cyber Bullied			1%	3%	0%
Cancer				9%							
Violence or Crime				8%		<b>Personal Safety in Past Year</b>					
Prescription or OTC Drug Abuse				7%		Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Access to Affordable Healthy Food				7%		Afraid for Their Safety	4%	5%	5%	4%	4%
Affordable Health Care				6%		Pushed, Kicked, Slapped, or Hit	2%	2%	3%	5%	2%
Tobacco Use				6%		At Least One of the Safety Issues	6%	5%	7%	8%	5%
Infectious Diseases				6%							



## Overall Health and Health Care Key Findings

In 2016, 54% of respondents reported their health as excellent or very good; 18% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were inactive or smokers were more likely to report fair or poor health. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.*

In 2016, 8% of respondents reported they were not currently covered by health care insurance; respondents who were male, 35 to 44 years old, with some post high school education or less or unmarried were more likely to report this. Twelve percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 44 years old, with some post high school education, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Fourteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, 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 12 months while from 2014 to 2016, the overall percent statistically decreased. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically decreased.*

In 2016, 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 12 months; respondents 35 to 44 years old were more likely to report this. Fifteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old were more likely to report this. Sixteen percent of respondents reported in the past 12 months they did not receive the dental care needed. Respondents with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they did not receive the dental care needed. Five percent of respondents reported in the past 12 months they did not receive the mental health care needed; respondents 35 to 44 years old or with some post high school education were more likely to report this. *From 2011 to 2016, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care because of a high deductible/high co-pay/did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically decreased for respondents who reported unmet dental care while from 2014 to 2016, the overall percent statistically remained the same.*

In 2016, 47% of respondents reported they contact a doctor when they need health information or clarification while 29% reported they go to the Internet. Eleven percent reported themselves or a family member is in the health care field as their source of information. Respondents who were female, 65 and older, with some post high school education or less or unmarried respondents were more likely to report they contact a doctor. Respondents 18 to 34 years old, 45 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents who were male, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report themselves or a family member was in the health care field and their source for health information. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 and older or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were 45 to 54 years old, 65 and older, in the middle 20 percent household income bracket or married were more likely to report this. Thirty-four percent of respondents had an advance care plan; respondents who were 65 and older, with a college education or married were more likely to report an advance care plan. *From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting a doctor as their source for health information while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source for health information, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse*

*practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.*

In 2016, 88% of respondents reported a routine medical checkup two years ago or less while 75% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 43% reported an eye exam. Respondents who were 45 and older, with at least some post high school education, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 45 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married 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 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or an eye exam, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents reporting a dental checkup while from 2014 to 2016, there was no statistical change.*

In 2016, 44% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or married were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.*

In 2016, 13% of respondents 60 and older reported in the past 12 months they have fallen and injured themselves at home. *From 2014 to 2016, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home in the past 12 months.*

### **Health Risk Factors Key Findings**

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or inactive were more likely to report high blood pressure. Eighteen percent of respondents reported high blood cholesterol; respondents who were 55 to 64 years old or married were more likely to report this. Eighteen percent reported a mental health condition. Respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report a mental health condition in the past three years. Eight percent of respondents reported diabetes; respondents who were 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported they were treated for, or told they had heart disease in the past three years. Respondents who were female, 65 and older or nonsmokers were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents 45 to 54 years old were more likely to report this. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, diabetes, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was a statistical decrease.*

In 2016, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents 55 to 64 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, with a high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report seldom/never. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they considered suicide while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.*

## **Behavioral Risk Factors Key Findings**

In 2016, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-one percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 49% met the recommended amount of physical activity; respondents who were male or in the top 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2014 to 2016, there was no statistical change. From 2008 to 2016, 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 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2016.*

In 2016, 68% of respondents were classified as at least overweight while 33% were obese. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be classified as at least overweight. Respondents 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to be classified as obese. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.*

In 2016, 65% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents 35 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married, overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report this. Seven percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.*

In 2016, 76% of female respondents 50 and older reported a mammogram within the past two years. Ninety-one percent of female respondents 65 and older had a bone density scan. Eighty-seven percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-nine 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). Married respondents were more likely to meet the cervical cancer recommendation. *From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram or respondents 65 and older who reported a bone density scan, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a cervical cancer screening in the recommended time frame.*

In 2016, 19% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 75% reported a colonoscopy within the past ten years. This results in 80% of respondents meeting the current colorectal cancer screening recommendations. *From 2005 to 2016, 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 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.*

In 2016, 23% of respondents were current tobacco cigarette smokers; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. In the past 12 months, 55% of current smokers quit smoking for one day or longer because they were trying to quit. Eighty-two percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2005 to 2016, there was no*

*statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of current smokers who reported a health professional advised them to quit smoking, as well as from 2014 to 2016.*

*In 2016, 86% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 35 to 44 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 this. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.*

*In 2016, 3% of respondents used smokeless tobacco in the past month while 2% reported they used electronic cigarettes. Less than one percent reported they used cigars, cigarillos or little cigars in the past month. From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported past month use of electronic cigarettes or cigars/cigarillos/little cigars. From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported past month use of smokeless tobacco.*

*In 2016, 30% of respondents were binge drinkers in the past month; respondents 35 to 44 years old were more likely to report this. 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 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2014 to 2016, there was a statistical decrease.*

*In 2016, 5% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents reported someone in their household experienced a problem with marijuana. One percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs. Less than one percent of respondents reported someone in their household experienced a problem with gambling. Zero percent of respondents reported a household problem with the misuse of prescription drugs/over-the-counter drugs. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.*

*In 2016, 23% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or respondents with children in the household were more likely to report this. Sixty percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.*

*In 2016, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents 35 to 44 years old or in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents 35 to 44 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.*

## **Children in Household Key Findings**

In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-eight percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 85% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Seven percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 4% reported their child did not receive the medical care needed. Four percent reported their child was not able to visit a specialist they needed to see. Twenty-one percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 25% reported three or more servings of vegetables. This results in 31% of respondents reporting their 5 to 17 year old child ate at least five or more servings of fruits or vegetables. Forty-seven percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Eight percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Nineteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 19% reported verbal bullying, 9% reported physical bullying and 0% cyber bullying. *From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor/nurse, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting their child visited their personal doctor for preventive care in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child had asthma while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting their child was seldom/never safe in their community, as well as from 2014 to 2016. From 2011 to 2016, 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 a day, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least three servings of vegetables a day while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least five servings of fruits/vegetables or their child was physically active five times a week for at least 60 minutes, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall or the type of bullying, as well as from 2014 to 2016.*

## **County Health Issues Key Findings**

In 2016, respondents were asked to provide the top three health issues in the county. The most often cited was illegal drug use (27%) or access to health care (23%). Respondents with a college education were more likely to report illegal drug use as a top health issue. Respondents who were 35 to 44 years old or married were more likely to report access to health care (medical, dental or mental). Eighteen percent reported overweight or obesity as a top county health issue. Respondents with a college education or in the top 40 percent household income bracket were more likely to report overweight or obesity as a top issue. Seventeen percent of respondents reported alcohol use or abuse as a top county health issue; respondents who were male or with a college education were more likely to report this. Fifteen percent of respondents reported chronic diseases as a top issue; respondents who were female, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported mental health or depression as a top issue; respondents with at least some post high school education were more likely to report this. Nine percent of respondents reported cancer. Respondents in the middle 20 percent household income bracket were more likely to report cancer as a top issue. Eight percent of respondents reported violence or crime; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Seven percent of respondents reported prescription or over-the-counter drug abuse as a top county health issue; respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents reported access to affordable healthy food as a top health issue; respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Six percent of respondents reported tobacco use as a top issue; respondents 18 to 34 years old were more likely to report this. Six percent of respondents reported affordable health care; respondents 55 to 64 years old were more likely to report this. Six percent reported infectious diseases as a top health issue. Respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report infectious diseases. Five percent of respondents reported lack of physical activity; respondents 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported environmental issues as a top county health issue.

**Kenosha County  
Community Health Survey Report  
2016**

Commissioned by:  
**Aurora Health Care  
Children's Hospital of Wisconsin  
United Hospital Systems**

In Partnership with:  
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Kenosha County Public Health Department**

Prepared by:  
**JKV Research, LLC**

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## Purpose

The purpose of this project is to provide Kenosha County with information for an assessment of the health status of 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 the prevalence of risk factors and disease conditions existing within the adult population.
3. Compare, where appropriate, health data of residents to previous health studies.
4. 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 Hospital of Wisconsin and United Hospital Systems in partnership with the Center for Urban Population Health 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@jkrresearch.com. For further information about the survey, contact the Kenosha County Public Health Department at (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=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between July 5 and September 1, 2016.

### 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  $\pm 5$  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  $\pm 5$  percent, since fewer respondents are in that category (e.g., adults 65 years old or older who were asked if they ever received a pneumonia vaccination).

In 2015, the Census Bureau estimated 128,116 adult residents in the county. Thus, in this report, one percentage point equals approximately 1,280 adults. So, when 18% of respondents reported their health was fair or poor, this roughly equals 23,040 residents  $\pm 6,400$  individuals. Therefore, from 16,640 to 29,440 residents likely have fair or poor health. Because the margin of error is  $\pm 5\%$ , events or health risks that are small will include zero.

In 2014, the Census Bureau estimated 62,573 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 2014 household estimate, each percentage point for household-level data represents approximately 630 households.

### **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 reporting current asthma in 2005 (9%) and the percentage of adults reporting this in 2016 (13%) 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 Wisconsin and national percentages are included to provide another perspective of the health issues.

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.

### **Definitions**

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

**Marital status:** Married respondents were classified as those who reported married and those who reported 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. In 2005, the bottom 40% income bracket included survey categories less than \$30,001, the middle 20% income bracket was \$30,001 to \$50,000 and the top 40% income bracket was at least \$50,001. In 2008, 2011, 2014 and 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.

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 was calculated using the Center for Disease Control’s Body Mass Index (BMI). Body Mass Index is calculated by using kilograms/meter<sup>2</sup>. 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 is defined as someone who smoked a tobacco cigarette at least some days in the past 30 days.

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 2011, 2014 and 2016, 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 to account for weight and metabolism differences. In 2005 and 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 2016<sup>Ⓞ</sup>

	Survey Results
TOTAL	100%
Gender	
Male	49%
Female	51
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	33
College Graduate	38
Household Income	
Bottom 40 Percent Bracket	39%
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	37
Not Sure/No Answer	10
Married	54%

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

## 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.

<b>Overall Health</b>						<b>Health Conditions in Past 3 Years</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Excellent	20%	19%	14%	18%	21%	High Blood Pressure	24%	23%	27%	28%	26%
Very Good	34%	35%	36%	33%	33%	High Blood Cholesterol	25%	23%	23%	20%	18%
Fair or Poor	15%	15%	19%	21%	18%	Mental Health Condition		18%	18%	25%	18%
<i>Other Research: (2014)</i>				<u>WI</u>	<u>U.S.</u>	Asthma (Current)	9%	13%	14%	15%	13%
<i>Fair or Poor</i>				15%	16%	Diabetes	10%	13%	9%	12%	8%
						Heart Disease/Condition	7%	12%	8%	9%	6%
<b>Health Care Coverage</b>						<b>Condition Controlled Through Meds, Therapy or Lifestyle Changes</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	High Blood Pressure			90%	91%	95%
Not Covered						High Blood Cholesterol			78%	90%	83%
Personally (currently)	6%	12%	15%	9%	8%	Mental Health Condition			83%	89%	86%
Personally (past 12 months)		17%	21%	18%	12%	Asthma (Current)			85%	91%	94%
Household Member (past 12 months)	18%	19%	22%	20%	14%	Diabetes			92%	89%	94%
<i>Other Research: (2014)</i>				<u>WI</u>	<u>U.S.</u>	Heart Disease/Condition			90%	94%	84%
<i>Personally Not Covered (currently)</i>				9%	13%						
						<b>Routine Procedures</b>					
<b>Did Not Receive Care Needed in Past 12 Months</b>						Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Kenosha County			<u>2011</u>	<u>2014</u>	<u>2016</u>	Routine Checkup (2 yrs. ago or less)	83%	87%	85%	80%	88%
Delayed/Did Not Seek Care Due to Cost			21%	18%	21%	Cholesterol Test (4 years ago or less)	75%	72%	76%	74%	75%
Prescript. Meds Not Taken Due to						Dental Checkup (past year)	60%	66%	57%	61%	67%
Cost (Household)			13%	13%	15%	Eye Exam (past year)	42%	47%	42%	46%	43%
Unmet Care in Past 12 Months						<i>Other Research:</i>			<u>WI</u>	<u>U.S.</u>	
Medical Care			13%	15%	15%	<i>Routine Checkup (≤2 years; 2014)</i>			82%	81%	
Dental Care			24%	20%	16%	<i>Cholesterol Test (≤5 years; 2014)</i>			77%	76%	
Mental Health Care			6%	6%	5%	<i>Dental Checkup (past year; 2012)</i>			72%	67%	
<b>Health Information and Services</b>						<b>Physical Health and Nutrition</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Primary Source of Health Information						Physical Activity/Week					
Doctor			40%	47%	47%	Moderate Activity (5 times/30 min)	28%	34%	34%	39%	40%
Internet			35%	25%	29%	Vigorous Activity (3 times/20 min)		24%	34%	29%	31%
Myself/Family Member in Health Field			5%	7%	11%	Recommended Moderate or Vigorous		44%	48%	49%	49%
Have a Primary Care Physician					88%	Overweight Status					
Primary Health Services						Overweight (BMI 25.0+)	61%	64%	69%	65%	68%
Doctor/nurse practitioner's office	82%	74%	69%	68%	69%	Obese (BMI 30.0+)	23%	31%	35%	33%	33%
Urgent care center	2%	5%	5%	8%	13%	Fruit Intake (2+ servings/day)	64%	59%	56%	58%	65%
Public health clinic/com. health center	6%	5%	6%	7%	4%	Vegetable Intake (3+ servings/day)	25%	26%	29%	29%	26%
Hospital emergency room	1%	5%	7%	8%	6%	At Least 5 Fruit/Vegetables/Day	32%	32%	32%	35%	38%
Quickcare clinic/Fastcare clinic	--	--	--	--	4%	Household Went Hungry in Past Year					7%
Worksite clinic	--	--	--	--	<1%	<i>Other Research (2014):</i>			<u>WI</u>	<u>U.S.</u>	
No usual place	1%	2%	6%	3%	4%	<i>Overweight (BMI 25.0+)</i>			67%	65%	
Advance Care Plan	35%	34%	33%	34%	34%	<i>Obese (BMI 30.0+)</i>			31%	30%	
Fallen and Injured Self at Home in Past Year (60 and Older)			11%	13%							
						<b>Vaccinations (65 and Older)</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Flu Vaccination (past year)	54%	73%	68%	62%	75%	Blood Stool Test (within past year)	29%	--	14%	15%	19%
Pneumonia (ever)	69%	73%	62%	68%	77%	Sigmoidoscopy (within past 5 years)		13%	11%	9%	10%
<i>Other Research: (2014)</i>				<u>WI</u>	<u>U.S.</u>	Colonoscopy (within past 10 years)		64%	58%	66%	75%
<i>Flu Vaccination (past year)</i>				54%	61%	Screening in Recommended Time Frame		67%	65%	69%	80%
<i>Pneumonia (ever)</i>				72%	70%						

<b>Women's Health</b>						<b>Alcohol Use in Past Month</b>					
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Mammogram (50+; within past 2 years)	85%	76%	81%	76%	76%	Binge Drinker	17%	23%	28%	32%	30%
Bone Density Scan (65 and older)	78%	71%	74%	80%	91%	Driver/Passenger When Driver					
Cervical Cancer Screening						Perhaps Had Too Much to Drink	3%	3%	2%	6%	2%
Pap Smear (18 – 65; within past 3 years)	94%	90%	80%	82%	87%						
HPV Test (18 – 65; within past 5 years)				54%	50%	<i>Other Research: (2014)</i>			<u>WI</u>	<u>U.S.</u>	
Screening in Recommended Time Frame						<i>Binge Drinker</i>			22%	16%	
(18-29: Pap every 3 years; 30 to 65: Pap and HPV every 5 years or Pap only every 3 years)				85%	89%						
						<b>Household Problems Associated With...</b>					
<i>Other Research (2014)</i>				<u>WI</u>	<u>U.S.</u>	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
<i>Mammogram (50+; within past 2 years)</i>				77%	76%	Alcohol	4%	2%	3%	2%	5%
<i>Pap Smear (18+; within past 3 years)</i>				77%	75%	Marijuana			2%	2%	2%
						Gambling			<1%	1%	<1%
<b>Tobacco Cigarette Use</b>						Cocaine, Heroin or Other Street Drugs			<1%	1%	1%
Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	Misuse of Prescription or OTC Drugs			2%	2%	0%
Current Smokers (past 30 days)	25%	26%	24%	28%	23%						
Of Current Smokers...						<b>Times of Distress in Past Three Years</b>					
Quit Smoking 1 Day or More in Past						Kenosha County					<u>2016</u>
Year Because Trying to Quit	62%	49%	60%	55%	55%	Time of Distress and Someone in HH Looked					
Saw a Health Care Professional in Past						for Community Support					23%
Year and Advised to Quit Smoking	66%	72%	91%	64%	82%	Of Respondents Who Looked for Support					
						Felt Somewhat/Slightly or Not At All Supported					60%
<i>Other Research:</i>				<u>WI</u>	<u>U.S.</u>						
<i>Current Smokers (2014)</i>				17%	18%	<b>Mental Health Status</b>					
<i>Tried to Quit (2005)</i>				49%	56%	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
						Felt Sad, Blue or Depressed					
<b>Exposure to Smoke</b>						Always/Nearly Always (past 30 days)	9%	7%	8%	7%	6%
Kenosha County	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>		Find Meaning & Purpose in Daily Life					
Smoking Policy at Home						Seldom/Never	5%	5%	5%	7%	8%
Not allowed anywhere	73%	76%	80%	86%		Considered Suicide (past year)	2%	4%	5%	8%	5%
Allowed in some places/at some times	12%	12%	9%	6%							
Allowed anywhere	4%	3%	<1%	<1%		<b>Children in Household</b>					
No rules inside home	12%	10%	11%	7%		Kenosha County			<u>2011</u>	<u>2014</u>	<u>2016</u>
Non-smokers Exposed to Second-Hand						Personal Health Doctor/Nurse Who					
Smoke In Past Seven Days	28%	21%	21%	17%		Knows Child Well and Familiar with History			89%	89%	98%
						Visited Personal Doctor/Nurse for					
<i>Other Research: (WI: 2005; US: 2006-08)</i>				<u>WI</u>	<u>U.S.</u>	Preventive Care (past 12 months)			95%	91%	85%
<i>Smoking Prohibited at Home</i>				75%	79%	Did Not Receive Care Needed (past 12 months)					
						Medical Care			5%	4%	4%
<b>Other Tobacco Products in Past Month</b>						Dental Care			6%	6%	7%
Kenosha County				<u>2014</u>	<u>2016</u>	Specialist			2%	2%	4%
Smokeless Tobacco				5%	3%	Current Asthma			7%	14%	21%
Electronic Cigarettes				9%	2%	Safe in Community/Neighborhood (seldom/never)			2%	2%	0%
Cigars, Cigarillos or Little Cigars				7%	<1%	<b>Children 5 to 17 Years Old</b>					
						Fruit Intake (2+ servings/day)			76%	66%	72%
<b>Top County Health Issues</b>						Vegetable Intake (3+ servings/day)			41%	19%	25%
Kenosha County					<u>2016</u>	5+ Fruit/Vegetables per Day			45%	46%	31%
Illegal Drug Use					27%	Physical Activity (60 min./5 or more days/week)			64%	67%	47%
Access to Health Care					23%	<b>Children 8 to 17 Years Old</b>					
Overweight or Obesity					18%	Unhappy, Sad or Depressed in Past 6 Months					
Alcohol Use or Abuse					17%	Always/Nearly Always			1%	9%	8%
Chronic Diseases					15%	Experienced Some Form of Bullying (past 12 months)			32%	24%	19%
Mental Health or Depression					10%	Verbally Bullied			29%	24%	19%
Cancer					9%	Physically Bullied			7%	3%	9%
Violence or Crime					8%	Cyber Bullied			1%	3%	0%
Prescription or OTC Drug Abuse					7%						
Access to Affordable Healthy Food					7%	<b>Personal Safety in Past Year</b>					
Affordable Health Care					6%	Kenosha County	<u>2005</u>	<u>2008</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>
Tobacco Use					6%	Afraid for Their Safety	4%	5%	5%	4%	4%
Infectious Diseases					6%	Pushed, Kicked, Slapped, or Hit	2%	2%	3%	5%	2%
						At Least One of the Safety Issues	6%	5%	7%	8%	5%

## Overall Health and Health Care Key Findings

In 2016, 54% of respondents reported their health as excellent or very good; 18% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were inactive or smokers were more likely to report fair or poor health. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.*

In 2016, 8% of respondents reported they were not currently covered by health care insurance; respondents who were male, 35 to 44 years old, with some post high school education or less or unmarried were more likely to report this. Twelve percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 44 years old, with some post high school education, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Fourteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, 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 12 months while from 2014 to 2016, the overall percent statistically decreased. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically decreased.*

In 2016, 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 12 months; respondents 35 to 44 years old were more likely to report this. Fifteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old were more likely to report this. Sixteen percent of respondents reported in the past 12 months they did not receive the dental care needed. Respondents with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they did not receive the dental care needed. Five percent of respondents reported in the past 12 months they did not receive the mental health care needed; respondents 35 to 44 years old or with some post high school education were more likely to report this. *From 2011 to 2016, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care because of a high deductible/high co-pay/did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically decreased for respondents who reported unmet dental care while from 2014 to 2016, the overall percent statistically remained the same.*

In 2016, 47% of respondents reported they contact a doctor when they need health information or clarification while 29% reported they go to the Internet. Eleven percent reported themselves or a family member is in the health care field as their source of information. Respondents who were female, 65 and older, with some post high school education or less or unmarried respondents were more likely to report they contact a doctor. Respondents 18 to 34 years old, 45 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents who were male, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report themselves or a family member was in the health care field and their source for health information. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 and older or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were 45 to 54 years old, 65 and older, in the middle 20 percent household income bracket or married were more likely to report this. Thirty-four percent of respondents had an advance care plan; respondents who were 65 and older, with a college education or married were more likely to report an advance care plan. *From 2011 to 2016, there was a statistical increase in the overall percent of respondents*



*reporting a doctor as their source for health information while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source for health information, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.*

In 2016, 88% of respondents reported a routine medical checkup two years ago or less while 75% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 43% reported an eye exam. Respondents who were 45 and older, with at least some post high school education, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 45 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married 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 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or an eye exam, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents reporting a dental checkup while from 2014 to 2016, there was no statistical change.*

In 2016, 44% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or married were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.*

In 2016, 13% of respondents 60 and older reported in the past 12 months they have fallen and injured themselves at home. *From 2014 to 2016, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home in the past 12 months.*

### **Health Risk Factors Key Findings**

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or inactive were more likely to report high blood pressure. Eighteen percent of respondents reported high blood cholesterol; respondents who were 55 to 64 years old or married were more likely to report this. Eighteen percent reported a mental health condition. Respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report a mental health condition in the past three years. Eight percent of respondents reported diabetes; respondents who were 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported they were treated for, or told they had heart disease in the past three years. Respondents who were female, 65 and older or nonsmokers were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents 45 to 54 years old were more likely to report this. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, diabetes, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was a statistical decrease.*

In 2016, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents 55 to 64 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, with a high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report seldom/never. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they considered suicide while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.*

### **Behavioral Risk Factors Key Findings**

In 2016, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-one percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 49% met the recommended amount of physical activity; respondents who were male or in the top 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2014 to 2016, there was no statistical change. From 2008 to 2016, 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 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2016.*

In 2016, 68% of respondents were classified as at least overweight while 33% were obese. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be classified as at least overweight. Respondents 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to be classified as obese. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.*

In 2016, 65% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents 35 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married, overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report this. Seven percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.*

In 2016, 76% of female respondents 50 and older reported a mammogram within the past two years. Ninety-one percent of female respondents 65 and older had a bone density scan. Eighty-seven percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-nine 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). Married respondents were more likely to meet the cervical cancer recommendation. *From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram or respondents 65 and older who reported a bone density scan, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years,*

as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a cervical cancer screening in the recommended time frame.

In 2016, 19% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 75% reported a colonoscopy within the past ten years. This results in 80% of respondents meeting the current colorectal cancer screening recommendations. From 2005 to 2016, 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 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.

In 2016, 23% of respondents were current tobacco cigarette smokers; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. In the past 12 months, 55% of current smokers quit smoking for one day or longer because they were trying to quit. Eighty-two percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of current smokers who reported a health professional advised them to quit smoking, as well as from 2014 to 2016.

In 2016, 86% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 35 to 44 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 this. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.

In 2016, 3% of respondents used smokeless tobacco in the past month while 2% reported they used electronic cigarettes. Less than one percent reported they used cigars, cigarillos or little cigars in the past month. From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported past month use of electronic cigarettes or cigars/cigarillos/little cigars. From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported past month use of smokeless tobacco.

In 2016, 30% of respondents were binge drinkers in the past month; respondents 35 to 44 years old were more likely to report this. 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 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2014 to 2016, there was a statistical decrease.

In 2016, 5% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents reported someone in their household experienced a problem with marijuana. One percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs. Less than one percent of respondents reported

someone in their household experienced a problem with gambling. Zero percent of respondents reported a household problem with the misuse of prescription drugs/over-the-counter drugs. *From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.*

In 2016, 23% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or respondents with children in the household were more likely to report this. Sixty percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2016, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents 35 to 44 years old or in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents 35 to 44 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.*

### **Children in Household Key Findings**

In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-eight percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 85% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Seven percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 4% reported their child did not receive the medical care needed. Four percent reported their child was not able to visit a specialist they needed to see. Twenty-one percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 25% reported three or more servings of vegetables. This results in 31% of respondents reporting their 5 to 17 year old child ate at least five or more servings of fruits or vegetables. Forty-seven percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Eight percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Nineteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 19% reported verbal bullying, 9% reported physical bullying and 0% cyber bullying. *From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor/nurse, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting their child visited their personal doctor for preventive care in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child had asthma while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting their child was seldom/never safe in their community, as well as from 2014 to 2016. From 2011 to 2016, 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 a day, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least three servings of vegetables a day while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least five servings of fruits/vegetables or their child was physically active five times a week for at least 60 minutes, as well as from 2014 to 2016. From 2011 to 2016,*

*there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall or the type of bullying, as well as from 2014 to 2016.*

### **County Health Issues Key Findings**

In 2016, respondents were asked to provide the top three health issues in the county. The most often cited was illegal drug use (27%) or access to health care (23%). Respondents with a college education were more likely to report illegal drug use as a top health issue. Respondents who were 35 to 44 years old or married were more likely to report access to health care (medical, dental or mental). Eighteen percent reported overweight or obesity as a top county health issue. Respondents with a college education or in the top 40 percent household income bracket were more likely to report overweight or obesity as a top issue. Seventeen percent of respondents reported alcohol use or abuse as a top county health issue; respondents who were male or with a college education were more likely to report this. Fifteen percent of respondents reported chronic diseases as a top issue; respondents who were female, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported mental health or depression as a top issue; respondents with at least some post high school education were more likely to report this. Nine percent of respondents reported cancer. Respondents in the middle 20 percent household income bracket were more likely to report cancer as a top issue. Eight percent of respondents reported violence or crime; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Seven percent of respondents reported prescription or over-the-counter drug abuse as a top county health issue; respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents reported access to affordable healthy food as a top health issue; respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Six percent of respondents reported tobacco use as a top issue; respondents 18 to 34 years old were more likely to report this. Six percent of respondents reported affordable health care; respondents 55 to 64 years old were more likely to report this. Six percent reported infectious diseases as a top health issue. Respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report infectious diseases. Five percent of respondents reported lack of physical activity; respondents 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported environmental issues as a top county health issue.

## Key Findings

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

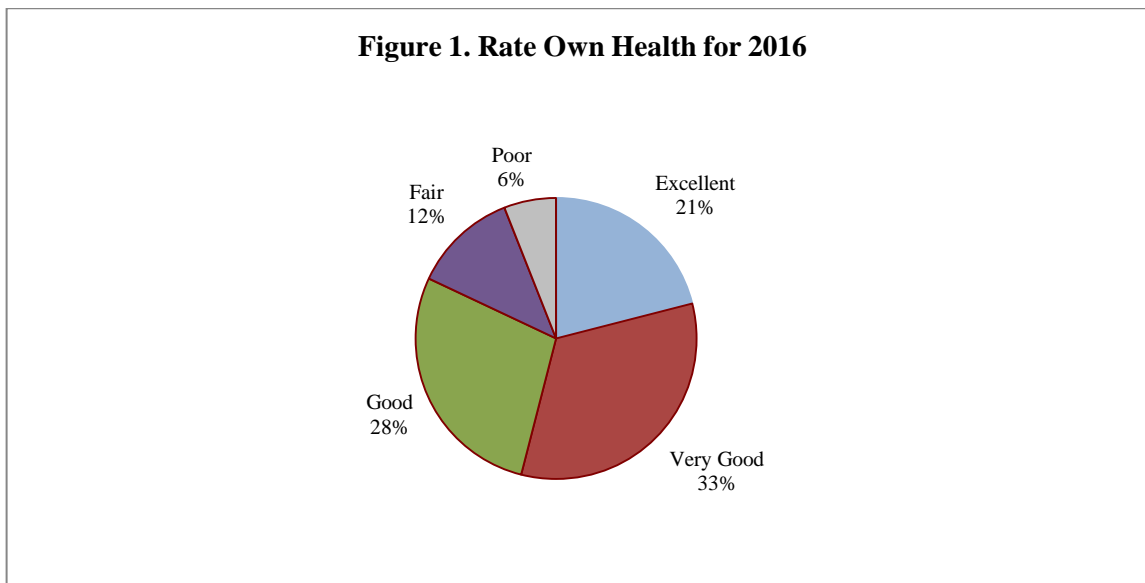
**KEY FINDINGS:** In 2016, 54% of respondents reported their health as excellent or very good; 18% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were inactive or smokers were more likely to report fair or poor health.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.*

*In 2014, 54% of Wisconsin respondents reported their health as excellent or very good while 15% reported fair or poor. Fifty-three percent of U.S. respondents reported their health as excellent or very good while 16% reported fair or poor (2014 Behavioral Risk Factor Surveillance).*

#### 2016 Findings

- Fifty-four percent of respondents said their own health, generally speaking, was either excellent (21%) or very good (33%). A total of 18% reported their health was fair or poor.



- Twenty-five percent of respondents with some post high school education and 24% of those with a high school education or less reported their health was fair or poor compared to 8% of respondents with a college education.
- Twenty-nine percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 13% of those in the middle 20 percent income bracket or 6% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to report their health was fair or poor (51%) compared to those who met the recommended amount of physical activity (15%) or respondents who did an insufficient amount of physical activity (14%).
- Smokers were more likely to report their health was fair or poor (26%) compared to nonsmokers (16%).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2005, female respondents were more likely to report fair or poor health. In 2016, gender was not a significant variable.
- In 2005, respondents 55 to 64 years old were more likely to report fair or poor health. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old reporting fair or poor health.
- In 2005, respondents with a high school education or less 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. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting fair or poor health.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2005, unmarried respondents were more likely to report fair or poor health. In 2016, marital status was not a significant variable.
- In 2005, overweight respondents were more likely to report fair or poor health. In 2016, overweight status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents who were not overweight reporting fair or poor health.
- In 2005, smoking status was not a significant variable. In 2016, smokers were more likely to report fair or poor health, with a noted increase since 2005.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2014 and 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting fair or poor health.
- In 2014, respondents 45 and older were more likely to report fair or poor health. In 2016, age was not a significant variable.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report fair or poor health. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education reporting fair or poor health.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report fair or poor health. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2014, unmarried respondents were more likely to report fair or poor health. In 2016, marital status was not a significant variable.
- In 2014, overweight respondents were more likely to report fair or poor health. In 2016, overweight status was not a significant variable.

- In 2014 and 2016, inactive respondents were more likely to report fair or poor health. From 2014 to 2016, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting fair or poor health.
- In 2014 and 2016, smokers were more likely to report fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year<sup>①-②</sup>

	2005	2008	2011	2014	2016
TOTAL	15%	15%	19%	21%	18%
Gender <sup>1</sup>					
Male <sup>b</sup>	11	14	15	24	16
Female	19	16	22	18	20
Age <sup>1,2,3,4</sup>					
18 to 34	7	7	10	19	13
35 to 44	19	23	24	8	13
45 to 54 <sup>a</sup>	7	13	18	27	21
55 to 64	31	25	29	27	27
65 and Older	22	16	23	26	25
Education <sup>1,2,3,5</sup>					
High School or Less	26	22	26	22	24
Some Post High School <sup>a</sup>	13	16	14	22	25
College Graduate <sup>b</sup>	4	7	17	18	8
Household Income <sup>1,2,3,4,5</sup>					
Bottom 40 Percent Bracket	23	25	25	30	29
Middle 20 Percent Bracket	8	20	13	27	13
Top 40 Percent Bracket	8	5	12	9	6
Marital Status <sup>1,2,4</sup>					
Married	11	12	17	16	16
Not Married	20	19	20	25	21
Overweight Status <sup>1,2,4</sup>					
Not Overweight <sup>a</sup>	8	9	17	14	16
Overweight	19	19	20	25	19
Physical Activity <sup>2,3,4,5</sup>					
Inactive	--	30	36	43	51
Insufficient <sup>b</sup>	--	15	18	27	14
Recommended	--	11	14	11	15
Smoking Status <sup>3,4,5</sup>					
Nonsmoker	16	14	16	17	16
Smoker <sup>a</sup>	14	18	28	32	26

<sup>①</sup>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.

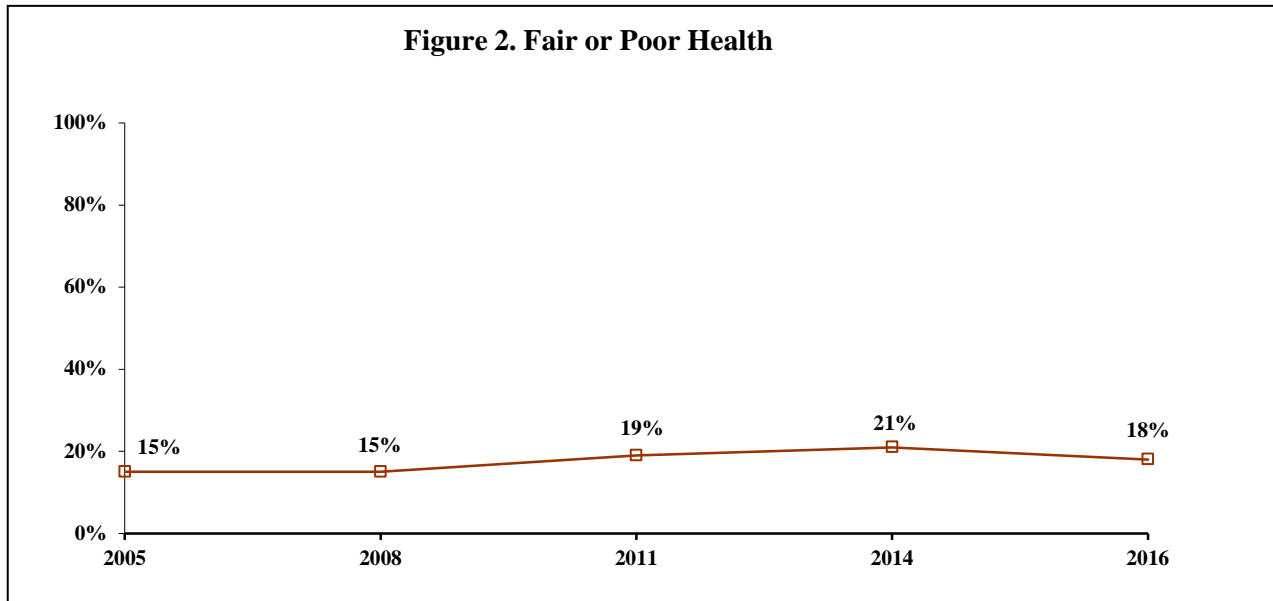
<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016



- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.



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

**KEY FINDINGS:** In 2016, 8% of respondents reported they were not currently covered by health care insurance; respondents who were male, 35 to 44 years old, with some post high school education or less or unmarried were more likely to report this. Twelve percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 44 years old, with some post high school education, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Fourteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this.

*From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, 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 12 months while from 2014 to 2016, the overall percent statistically decreased. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically decreased.*

#### Personally Not Covered Currently

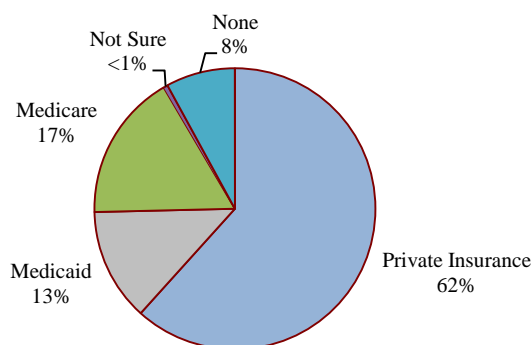
*The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)*

*In 2014, 9% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Thirteen percent of U.S. respondents reported this. Ten percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 15% of U.S. respondents 18 to 64 years old reported this (2014 Behavioral Risk Factor Surveillance).*

## 2016 Findings

- Eight percent of respondents reported they were not currently covered by any health care insurance. Sixty-two percent reported private insurance. Thirteen percent reported Medicaid, including medical assistance, Title 19 or Badger Care while 17% reported Medicare.

**Figure 3. Type of Health Care Coverage for 2016**



- Thirteen percent of male respondents reported they were not currently covered by health insurance compared to 2% of female respondents.
- Nineteen percent of respondents 35 to 44 years old reported they were not currently covered by health insurance compared to 3% of those 55 to 64 years old or 0% of respondents 45 to 54 years old or 65 and older.
- Eleven percent of respondents with a high school education or less and 10% of those with some post high school education reported they were not currently covered by health insurance compared to 3% of respondents with a college education.
- Unmarried respondents were more likely to report they were not currently covered by health insurance (11%) compared to married respondents (4%).
  - Of the 246 respondents who reported they had private insurance, 88% reported they received private health insurance through an employer, 12% reported an exchange while less than one percent reported directly from an insurance company.

## 2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 2005, gender was not a significant variable. In 2016, male respondents were more likely to report no current personal health care insurance, with a noted increase since 2005.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report no current personal health care insurance, with a noted increase since 2005. From 2005 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting no current personal health care insurance.

- In 2005, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report no personal health care coverage.
- In 2005 and 2016, unmarried respondents were more likely to report no health insurance.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 2014, gender was not a significant variable. In 2016, male respondents were more likely to report no current personal health care coverage. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting no current personal health care insurance.
- In 2014, respondents 18 to 34 years old were more likely to report no coverage. In 2016, respondents 35 to 44 years old were more likely to report no coverage, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 45 to 64 years old reporting no current personal health care insurance.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report no personal health care coverage.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report no coverage. In 2016, household income was not a significant variable.
- In 2014 and 2016, unmarried respondents were more likely to report no health insurance.

Table 3. Personally No Health Care Coverage by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL					
All Respondents	6%	12%	15%	9%	8%
Respondents 18 to 64 Years Old	6	14	17	11	9
Gender <sup>2,5</sup>					
Male <sup>a</sup>	5	19	18	11	13
Female <sup>b</sup>	6	5	12	7	2
Age <sup>2,3,4,5</sup>					
18 to 34	9	17	23	17	11
35 to 44 <sup>a,b</sup>	6	14	12	4	19
45 to 54 <sup>a,b</sup>	6	15	19	6	0
55 to 64 <sup>b</sup>	2	5	10	14	3
65 and Older	0	0	0	0	0
Education <sup>2,3,5</sup>					
High School or Less	7	19	18	12	11
Some Post High School	7	11	19	9	10
College Graduate	2	5	5	7	3
Household Income <sup>3,4</sup>					
Bottom 40 Percent Bracket	9	18	17	15	11
Middle 20 Percent Bracket	2	8	19	5	7
Top 40 Percent Bracket	3	9	6	2	5
Marital Status <sup>1,2,3,4,5</sup>					
Married	2	7	10	4	4
Not Married	10	18	19	13	11

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Personally Not Covered in the Past 12 Months

### 2016 Findings

- Twelve percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months.
- Male respondents were more likely to report they were not covered at least part of the year (16%) compared to female respondents (8%).
- Twenty-two percent of respondents 35 to 44 years old and 20% of those 18 to 34 years old reported they were not covered at least part of the year compared to 0% of respondents 65 and older.
- Eighteen percent of respondents with some post high school education reported they were not covered at least part of the year compared to 13% of those with a high school education or less or 7% of respondents with a college education.

- Nineteen percent of respondents in the bottom 40 percent household income bracket and 18% of those in the middle 20 percent income bracket reported they were not covered at least part of the year compared to 5% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they were not covered at least part of the year compared to married respondents (20% and 5%, respectively).

#### 2008 to 2016 Year Comparisons

- From 2008 to 2016, the overall percent remained statistically the same for respondents who reported no personal health care coverage at least part of the time in the past 12 months.
- In 2008 and 2016, male respondents were more likely to report no coverage at least part of the time in the past 12 months.
- In 2008, respondents 18 to 34 years old were more likely to report no coverage. In 2016, respondents 18 to 44 years old were more likely to report no coverage. From 2008 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting no coverage.
- In 2008, respondents with a high school education or less were more likely to report no coverage in the past 12 months. In 2016, respondents with some post high school education were more likely to report no coverage in the past 12 months. From 2008 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting no coverage.
- In 2008, respondents in the bottom 40 percent household income bracket were more likely to report no coverage. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report no coverage.
- In 2008 and 2016, unmarried respondents were more likely to report no health insurance at least part of the time in the past 12 months. From 2008 to 2016, there was a noted decrease in the percent of married respondents reporting no coverage.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to report no coverage at least part of the time in the past 12 months.
- In 2014, respondents 18 to 34 years old were more likely to report no coverage. In 2016, respondents 18 to 44 years old were more likely to report no coverage. From 2014 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting no coverage.
- In 2014, respondents with some post high school education or less were more likely to report no coverage. In 2016, respondents with some post high school education were more likely to report no coverage.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report no coverage at least part of the time in the past 12 months. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report no coverage. From 2014 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting no coverage.
- In 2014 and 2016, unmarried respondents were more likely to report no health insurance.

Table 4. Personally Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year<sup>①</sup>

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

<sup>①</sup>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.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2008; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2011

<sup>3</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>4</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2008 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Someone in Household Not Covered in the Past 12 Months

### 2016 Findings

- Fourteen percent of all respondents indicated someone in their household was not covered by insurance at least part of the time in the past 12 months.
- Twenty-four percent of respondents in the middle 20 percent household income bracket and 23% of those in the bottom 40 percent income bracket reported someone in their household was not covered by insurance compared to 5% of respondents in the top 40 percent household income bracket.
- Twenty-four percent of unmarried respondents reported someone in their household was not covered in the past 12 months compared to 6% of married respondents.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 12 months.

- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household was not covered by insurance in the past 12 months. From 2005 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting someone in their household was not covered.
- In 2005, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. From 2005 to 2016, there was a noted decrease in the percent of married respondents reporting someone in their household was not covered.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 12 months.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered by insurance at least part of the time in the past 12 months. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report someone in the household was not covered. From 2014 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting someone in their household was not covered.
- In 2014 and 2016, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months.

Table 5. Someone in Household Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>b</sup>	18%	19%	22%	20%	14%
Household Income <sup>2,3,4,5</sup>					
Bottom 40 Percent Bracket <sup>b</sup>	22	29	31	38	23
Middle 20 Percent Bracket <sup>b</sup>	19	19	20	10	24
Top 40 Percent Bracket <sup>a</sup>	13	12	12	5	5
Marital Status <sup>2,4,5</sup>					
Married <sup>a</sup>	17	13	18	12	6
Not Married	20	25	26	26	24

<sup>①</sup>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.

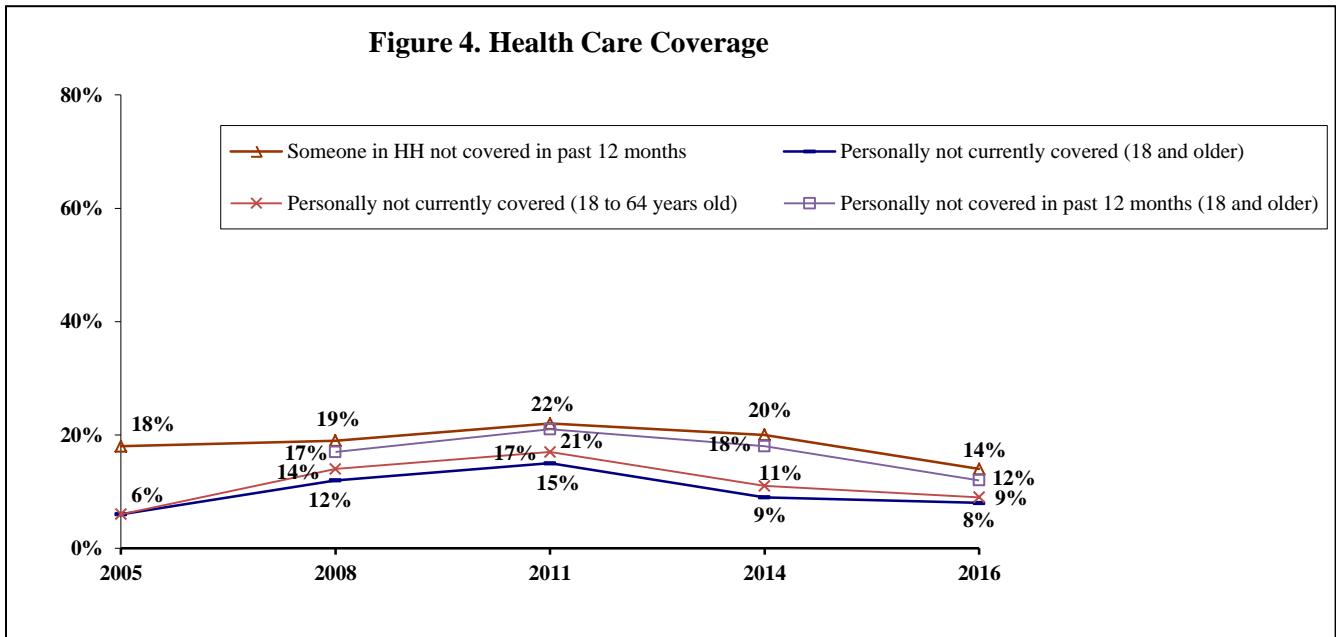
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Health Care Coverage Overall

### Year Comparisons

- From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, 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 12 months while from 2014 to 2016, the overall percent statistically decreased. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically decreased.



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

**KEY FINDINGS:** In 2016, 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 12 months; respondents 35 to 44 years old were more likely to report this. Fifteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old were more likely to report this. Sixteen percent of respondents reported in the past 12 months they did not receive the dental care needed. Respondents with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they did not receive the dental care needed. Five percent of respondents reported in the past 12 months they did not receive the mental health care needed; respondents 35 to 44 years old or with some post high school education were more likely to report this.

*From 2011 to 2016, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care because of a high deductible/high co-pay/did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically decreased for respondents who reported unmet dental care while from 2014 to 2016, the overall percent statistically remained the same.*

## **Financial Burden of Medical Care**

### 2016 Findings

- Twenty-one percent of respondents reported in the past 12 months 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-eight percent of respondents 35 to 44 years old 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 medical care compared to 19% of those 55 to 64 years old or 5% of respondents 65 and older.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who 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 medical care.
- In 2011, respondents 45 to 54 years old were more likely to report they delayed or did not seek medical care. In 2016, respondents 35 to 44 years old were more likely to report they delayed or did not seek medical care.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who 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 medical care.
- In 2014, female respondents were more likely to report they delayed or did not seek medical care. In 2016, gender was not a significant variable.
- In 2014, respondents 45 to 54 years old were more likely to report they delayed or did not seek medical care. In 2016, respondents 35 to 44 years old were more likely to report they delayed or did not seek medical care, with a noted increase since 2014.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they delayed or did not seek medical care. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they delayed or did not seek medical care.

Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past 12 Months by Demographic Variables for Each Survey Year<sup>ⓐ</sup>

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

<sup>ⓐ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## 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)*

### 2016 Findings

- Fifteen percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.
- There were no statistically significant differences between demographic variables and responses of someone in the household not taking prescribed medication due to prescription costs.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.

- There were no statistically significant differences between years and responses of someone in the household not taking prescribed medication due to prescription costs.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report in the past 12 months someone in their household had not taken their medication due to prescription costs. In 2016, household income was not a significant variable.

Table 7. Prescription Medications Not Taken Due to Cost in Past 12 Months by Demographic Variables for Each Survey Year (Household Member)<sup>①</sup>

	2011	2014	2016
TOTAL	13%	13%	15%
Household Income <sup>2</sup>			
Bottom 40 Percent Bracket	16	21	21
Middle 20 Percent Bracket	10	13	15
Top 40 Percent Bracket	13	7	11
Marital Status			
Married	13	14	16
Not Married	14	13	13

<sup>①</sup>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.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2011; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2014

<sup>3</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2011 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

### **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)*

### 2016 Findings

- Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed.
- Twenty-three percent of respondents 35 to 44 years old reported in the past 12 months they did not receive the medical care needed compared to 12% of those 55 to 64 years old or 3% of respondents 65 and older.
  - Of the 61 respondents who reported an unmet medical care need, 48% reported the inability to pay was the reason for the unmet need while 40% reported poor medical care. Nineteen percent reported insurance did not cover it and 18% reported co-payments were too high.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the medical care needed.

- In 2011, respondents 18 to 34 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2016, respondents 35 to 44 years old were more likely to report they did not receive the medical care needed, with a noted increase since 2011.
- In 2011 and 2016, education was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting they did not receive the medical care needed.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the medical care needed.
- In 2014, respondents 35 to 54 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2016, respondents 35 to 44 years old were more likely to report they did not receive the medical care needed.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the medical care needed. In 2016, household income was not a significant variable.

**Table 8. Unmet Medical Care in Past 12 Months by Demographic Variables for Each Survey Year<sup>①</sup>**

	2011	2014	2016
<b>TOTAL</b>	13%	15%	15%
<b>Gender</b>			
Male	9	12	13
Female	16	18	17
<b>Age<sup>1,2,3</sup></b>			
18 to 34	21	13	18
35 to 44 <sup>a</sup>	11	19	23
45 to 54	14	21	15
55 to 64	9	16	12
65 and Older	3	3	3
<b>Education</b>			
High School or Less	11	14	9
Some Post High School <sup>a</sup>	12	19	21
College Graduate	17	12	15
<b>Household Income<sup>2</sup></b>			
Bottom 40 Percent Bracket	13	21	19
Middle 20 Percent Bracket	8	8	17
Top 40 Percent Bracket	9	10	11
<b>Marital Status</b>			
Married	13	14	14
Not Married	12	16	17

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## 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)*

### 2016 Findings

- Sixteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- Twenty-six percent of respondents with some post high school education or less reported they did not receive the dental care needed compared to 13% of those with a high school education or less or 9% of respondents with a college education.
- Respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed (25%) compared to those in the middle 20 percent income bracket (17%) or respondents in the top 40 percent household income bracket (5%).
- Unmarried respondents were more likely to report they did not receive the dental care needed compared to married respondents (20% and 12%, respectively).
  - Of the 62 respondents who reported not receiving dental care needed, 40% reported they were uninsured while 38% reported they cannot afford to pay. Twenty-five percent reported insurance did not cover it and 18% reported they were unable to find a dentist to take Medicaid or other insurance.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically decreased for respondents who reported there was a time in the past 12 months they did not receive the dental care needed.
- In 2011, female respondents were more likely to report they did not receive the dental care needed. In 2016, gender was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of female respondents reporting they did not receive the dental care needed.
- In 2011 and 2016, age was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they did not receive the dental care needed.
- In 2011, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report they did not receive the dental care needed. From 2011 to 2016, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting they did not receive the dental care needed.
- In 2011 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they did not receive the dental care needed.
- In 2011, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they did not receive the dental care needed. From 2011 to 2016, there was a noted decrease in the percent of married respondents reporting they did not receive the dental care needed.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the dental care needed.

- In 2014, female respondents were more likely to report in the past 12 months they did not receive the dental care needed. In 2016, gender was not a significant variable.
- In 2014 and 2016, respondents with some post high school education were more likely to report they did not receive the dental care needed.
- In 2014 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they did not receive the dental care needed.

Table 9. Unmet Dental Care in Past 12 Months by Demographic Variables for Each Survey Year<sup>Ⓞ</sup>

	2011	2014	2016
TOTAL <sup>a</sup>	24%	20%	16%
Gender <sup>1,2</sup>			
Male	19	14	13
Female <sup>a</sup>	28	25	18
Age			
18 to 34 <sup>a</sup>	23	17	12
35 to 44	32	26	19
45 to 54	26	24	19
55 to 64	20	16	16
65 and Older	15	15	15
Education <sup>2,3</sup>			
High School or Less <sup>a</sup>	27	17	13
Some Post High School	24	27	26
College Graduate <sup>a</sup>	19	14	9
Household Income <sup>1,2,3</sup>			
Bottom 40 Percent Bracket	32	34	25
Middle 20 Percent Bracket	20	12	17
Top 40 Percent Bracket <sup>a</sup>	19	7	5
Marital Status <sup>3</sup>			
Married <sup>a</sup>	22	16	12
Not Married	26	22	20

<sup>Ⓞ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Unmet Mental Health Care

### 2016 Findings

- Five percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.

- Eleven percent of respondents 35 to 44 years old reported they did not receive the mental health care needed compared to 2% of those 18 to 34 years old or 0% of respondents 55 and older.
- Ten percent of respondents with some post high school education reported they did not receive the mental health care needed compared to 3% of those with a college education or 0% of respondents with a high school education or less.
  - Of the 18 respondents who reported not receiving mental health care needed, five respondents each reported they cannot afford to pay or insurance did not cover it as the reason for not receiving the care needed.

#### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed.
- In 2011, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they did not receive the mental health care needed. From 2011 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old or 55 to 64 years old reporting they did not receive the mental health care needed.
- In 2011, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report they did not receive the mental health care needed, with a noted increase since 2011. From 2011 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting they did not receive the mental health care needed.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the mental health care needed. In 2016, household income was not a significant variable.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed.
- In 2014, female respondents were more likely to report they did not receive the mental health care needed. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting they did not receive the mental health care needed.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they did not receive the mental health care needed.
- In 2014 and 2016, respondents with some post high school education were more likely to report they did not receive the mental health care needed.

Table 10. Unmet Mental Health Care in Past 12 Months by Demographic Variables for Each Survey Year<sup>⓪</sup>

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

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

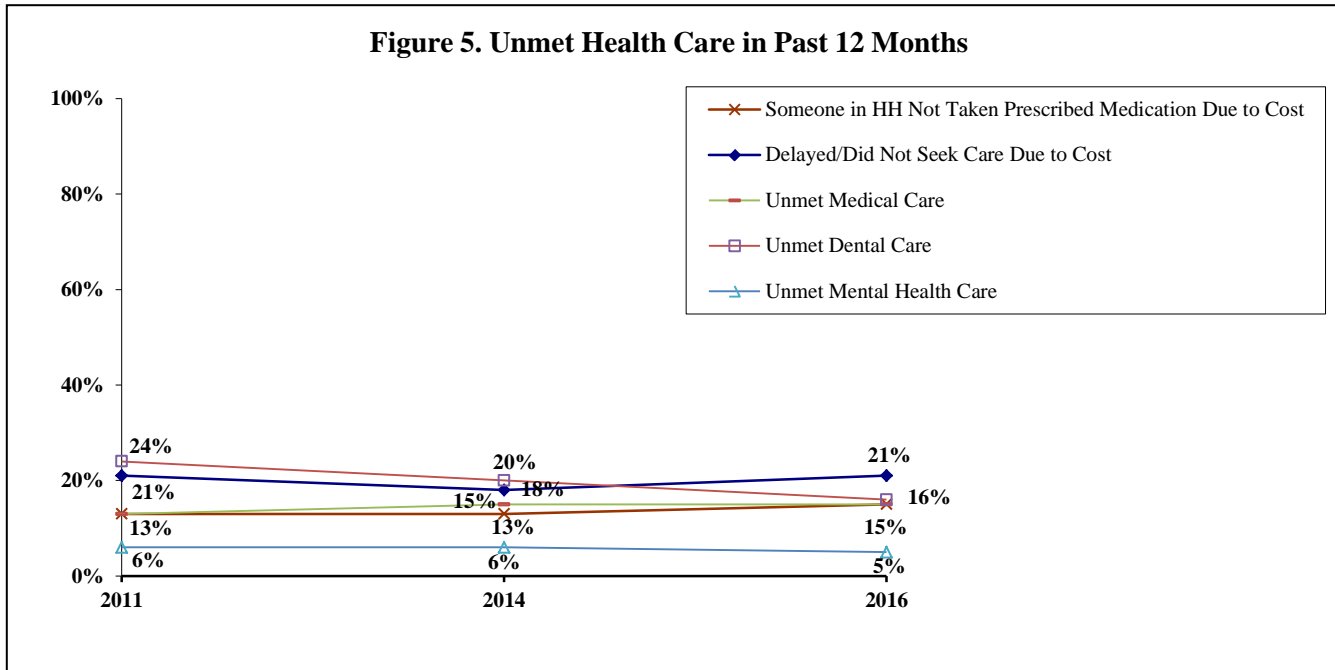
<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016



## Health Care Needed Overall

### Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet mental health care, as well as from 2014 to 2016. From 2011 to 2016, the overall percent statistically decreased for respondents who reported unmet dental health care while from 2014 to 2016, the overall percent statistically remained the same.



## Health Information and Services (Figure 6; Tables 11 - 16)

**KEY FINDINGS:** In 2016, 47% of respondents reported they contact a doctor when they need health information or clarification while 29% reported they go to the Internet. Eleven percent reported themselves or a family member is in the health care field as their source of information. Respondents who were female, 65 and older, with some post high school education or less or unmarried respondents were more likely to report they contact a doctor. Respondents 18 to 34 years old, 45 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents who were male, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report themselves or a family member was in the health care field and their source for health information. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 and older or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were 45 to 54 years old, 65 and older, in the middle 20 percent household income bracket or married were more likely to report this. Thirty-four percent of respondents had an advance care plan; respondents who were

65 and older, with a college education or married were more likely to report an advance care plan.

*From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting a doctor as their source for health information while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source for health information, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.*

## **Doctor as Source for Health Information**

### 2016 Findings

- Forty-seven percent of respondents reported they contact their doctor when looking for health information or clarification.
- Female respondents were more likely to report they contact their doctor when looking for health information/clarification compared to male respondents (56% and 38%, respectively).
- Sixty-five percent of respondents 65 and older reported a doctor as their source of health information/clarification compared to 44% of those 45 to 54 years old or 30% of respondents 35 to 44 years old.
- Fifty-six percent of respondents with some post high school education and 55% of those with a high school education or less reported a doctor as their source of health information/clarification compared to 34% of respondents with a college education.
- Unmarried respondents were more likely to report a doctor as their source of health information/clarification compared to married respondents (55% and 40%, respectively).

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically increased for respondents reporting they contact their doctor for health information/clarification.
- In 2011, gender was not a significant variable. In 2016, female respondents were more likely to report a doctor as their source of health information/clarification, with a noted increase since 2011.
- In 2011 and 2016, respondents 65 and older were more likely to report a doctor as their source of health information/clarification. From 2011 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting a doctor as their source.
- In 2011, education was not a significant variable. In 2016, respondents with some post high school education or less reported a doctor as their source of health information/clarification. From 2011 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting a doctor as their source of health information/clarification.

- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a doctor as their source.
- In 2011, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report a doctor as their source of health information/clarification, with a noted increase since 2011.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents reporting they contact their doctor for health information/clarification.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report a doctor as their source.
- In 2014, age was not a significant variable. In 2016, respondents 65 and older were more likely to report a doctor as their source.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report they contact their doctor for health information/clarification.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report a doctor as their source of health information/clarification.

Table 11. Doctor as Source for Health Information by Demographic Variables for Each Survey Year<sup>①</sup>

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

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Internet as Source for Health Information

### 2016 Findings

- Twenty-nine percent of respondents reported they go to the Internet when looking for health information or clarification.
- Thirty-eight percent of respondents 18 to 34 years old or 45 to 54 years old reported the Internet as their source for health information compared to 11% of respondents 65 and older.
- Thirty-seven percent of respondents with a college education reported they go to the Internet when looking for health information or clarification compared to 25% of respondents with some post high school education or less.
- Fifty-one percent of respondents in the middle 20 percent household income bracket reported they go to the Internet when looking for health information or clarification compared to 32% of those in the top 40 percent income bracket or 24% of respondents in the bottom 40 percent household income bracket.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents reporting they go to the Internet for health information/clarification.
- In 2011, respondents 18 to 34 years old were more likely to report 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 they go to the Internet when looking for health information or clarification.
- In 2011 and 2016, respondents with a college education were more likely to report they go to the Internet when looking for health information or clarification.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report they go to the Internet when looking for health information or clarification. In 2016, respondents in the middle 20 percent household income bracket were more likely to report the Internet, with a noted increase since 2011. From 2011 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or the top 40 percent household income bracket reporting they go to the Internet.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting they go to the Internet for health information/clarification.
- In 2014, respondents 35 to 44 years old were more likely to report 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 they go to the Internet. From 2014 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting they go to the Internet.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report they go to the Internet when looking for health information or clarification.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report they go to the Internet when looking for health information or clarification. In 2016, respondents in the middle 20 percent household income bracket were more likely to report the Internet, with a noted increase since 2014.
- In 2014, married respondents were more likely to report they go to the Internet when looking for health information or clarification. In 2016, marital status was not a significant variable.

Table 12. Internet as Source for Health Information by Demographic Variables for Each Survey Year<sup>⓪</sup>

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

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

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

### 2016 Findings

- Eleven percent of respondents reported they were, or a family member was, in the health care field and was their source to go to when looking for health information or clarification.
- Male respondents were more likely to report they were, or a family member was, in the health care field and was their source when looking for health information or clarification compared to female respondents (15% and 7%, respectively).
- Twenty-eight percent of respondents 35 to 44 years old reported they were, or a family member was, in the health care field and their source compared to 6% of those 18 to 34 years old or 4% of respondents 45 to 54 years old.
- Seventeen percent of respondents with a college education reported they were, or a family member was, in the health care field and their source compared to 10% of those with some post high school education or 3% of respondents with a high school education or less.

- Eighteen 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 compared to 7% of respondents in the bottom 60 percent household income bracket.
- Married respondents were more likely to report they were, or a family member was, in the health care field and was their source compared to unmarried respondents (15% and 5%, respectively).

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source to go to when looking for health information or clarification.
- In 2011, gender was not a significant variable. In 2016, male respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2011.
- In 2011, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they were, or a family member was their source for health information. From 2011 to 2016, there was a noted increase 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 their source for health information or 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 their source. In 2016, respondents with a college education were more likely to report they were, or a family member was, in the health care field and their source. From 2011 to 2016, there was a noted increase in the percent of respondents with at least some post high school education reporting they were, or a family member was, in the health care field and their source for health information or 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 their source for health information or clarification. In 2016, 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 their source, with a noted increase since 2011.
- In 2011, marital status was not a significant variable. In 2016, married respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2011.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source to go to when looking for health information or clarification.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014.
- In 2014, age was not a significant variable. 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 their source for health information, with a noted increase since 2014.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report they were, or a family member was, in the health care field and their source for health information/clarification.

- In 2014, 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 their source. In 2016, respondents in the top 40 percent household income bracket were more likely to report this, with a noted increase since 2014.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014.

Table 13. Myself/Family Member as Source for Health Information by Demographic Variables for Each Survey Year<sup>Ⓞ</sup>

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

<sup>Ⓞ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Primary Care Physician

### 2016 Findings

- Eighty-eight percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (92%) compared to male respondents (84%).



- Ninety-eight percent of respondents 45 to 54 years old and 97% of those 55 and older were more likely to report a primary care physician compared to 74% of respondents 18 to 34 years old.
- Married respondents were more likely to report a primary care physician compared to unmarried respondents (92% and 84%, respectively).

Table 14. Have a Primary Care Physician by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	88%
Gender <sup>1</sup>	
Male	84
Female	92
Age <sup>1</sup>	
18 to 34	74
35 to 44	84
45 to 54	98
55 to 64	97
65 and Older	97
Education	
High School or Less	86
Some Post High School	89
College Graduate	88
Household Income	
Bottom 40 Percent Bracket	85
Middle 20 Percent Bracket	88
Top 40 Percent Bracket	89
Marital Status <sup>1</sup>	
Married	92
Not Married	84

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Primary Health Care Services

### 2016 Findings

- Sixty-nine percent of respondents reported they go to a doctor’s or nurse practitioner’s office when they are sick. Thirteen percent of respondents reported urgent care center and 6% reported the hospital emergency room.
- Eighty-seven percent of respondents 45 to 54 years old and 85% of those 65 and older reported a doctor’s or nurse practitioner’s office compared to 41% of respondents 18 to 34 years old.
- Eighty-three percent of respondents in the middle 20 percent household income bracket reported a doctor’s or nurse practitioner’s office compared to 67% of those in the bottom 40 percent income bracket or 64% of respondents in the top 40 percent household income bracket.

- Married respondents were more likely to report a doctor's or nurse practitioner's office compared to unmarried respondents (78% and 59%, respectively).

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2005, female respondents were more likely to report a doctor's or nurse practitioner's office. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.
- In 2005, age was not a significant variable. 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. From 2005 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a doctor's or nurse practitioner's office.
- In 2005, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. In 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting a doctor's or nurse practitioner's office.
- In 2005, household income was not a significant variable. In 2016, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2016, 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 a doctor's or nurse practitioner's office.
- In 2005 and 2016, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2016, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2014, respondents 65 and older were more likely to report 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. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting a doctor's or nurse practitioner's office.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2016, respondents in the middle 20 percent income bracket were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket and a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their primary place was a doctor's or nurse practitioner's office.
- In 2014 and 2016, married respondents were more likely to report a doctor's or nurse practitioner's office.

Table 15. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year<sup>⓪</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	82%	74%	69%	68%	69%
Gender <sup>1,2</sup>					
Male <sup>a</sup>	76	63	64	64	66
Female <sup>a</sup>	87	83	73	71	72
Age <sup>2,3,4,5</sup>					
18 to 34 <sup>a,b</sup>	80	65	56	59	41
35 to 44	75	68	69	55	71
45 to 54 <sup>b</sup>	84	83	62	67	87
55 to 64	82	74	78	81	81
65 and Older	90	89	93	88	85
Education <sup>1,2,3</sup>					
High School or Less <sup>a</sup>	79	67	67	62	69
Some Post High School	77	72	61	66	65
College Graduate <sup>a</sup>	90	82	81	76	73
Household Income <sup>3,4,5</sup>					
Bottom 40 Percent Bracket <sup>a,b</sup>	78	69	63	55	67
Middle 20 Percent Bracket <sup>b</sup>	83	76	71	67	83
Top 40 Percent Bracket <sup>a,b</sup>	86	75	77	84	64
Marital Status <sup>1,2,4,5</sup>					
Married <sup>a</sup>	87	79	73	79	78
Not Married <sup>a</sup>	76	68	64	59	59

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Advance Care Plan

### 2016 Findings

- Thirty-four 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.
- Seventy-two percent of respondents 65 and older reported they had an advance care plan compared to 46% of those 45 to 64 years old or 13% of respondents 18 to 44 years old.
- Forty-five percent of respondents with a college education reported they had an advance care plan compared to 30% of those with a high school education or less or 24% of respondents with some post high school education.
- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (39% and 27%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, the overall percent statistically remained the same for respondents having an advance care plan.
- In 2005 and 2016, respondents 65 and older were more likely to report having an advance care plan. From 2005 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they had an advance care plan.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report they had an advance care plan.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting an advance care plan.
- In 2005 and 2016, married respondents were more likely to report they had an advance care plan.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016 the overall percent statistically remained the same for respondents having an advance care plan.
- In 2014 and 2016, respondents 65 and older were more likely to report having an advance care plan.
- In 2014, respondents with at least some post high school education were more likely to report having an advance care plan. In 2016, respondents with a college education were more likely to report having an advance care plan. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting they had an advance care plan.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report having an advance care plan. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting an advance care plan.
- In 2014 and 2016, married respondents were more likely to report having an advanced care plan.

Table 16. Advance Care Plan by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL	35%	34%	33%	34%	34%
Gender <sup>2</sup>					
Male	35	41	36	35	32
Female	35	28	29	33	36
Age <sup>1,2,3,4,5</sup>					
18 to 34	14	14	11	17	13
35 to 44 <sup>a</sup>	26	27	28	18	13
45 to 54	31	42	29	38	46
55 to 64	49	37	44	44	46
65 and Older	78	73	77	70	72
Education <sup>3,4,5</sup>					
High School or Less	34	33	34	24	30
Some Post High School <sup>b</sup>	32	31	25	39	24
College Graduate	39	38	42	40	45
Household Income <sup>3,4</sup>					
Bottom 40 Percent Bracket <sup>a</sup>	42	35	29	26	27
Middle 20 Percent Bracket	27	32	47	32	39
Top 40 Percent Bracket <sup>b</sup>	35	32	32	50	36
Marital Status <sup>1,4,5</sup>					
Married	40	38	37	41	39
Not Married	28	30	29	28	27

<sup>①</sup>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.

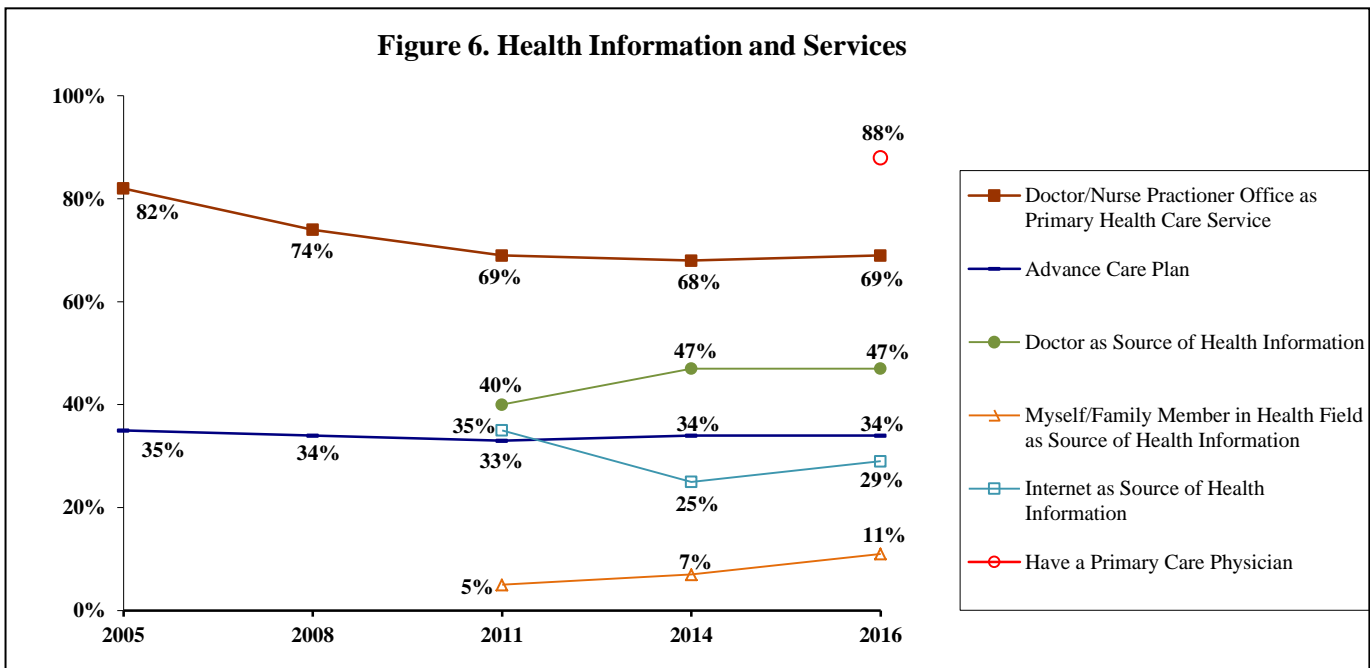
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Health Information and Services Overall

### Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting a doctor as their source of health information while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source of health information, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source of health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.



### Routine Procedures (Figure 7; Tables 17 - 20)

**KEY FINDINGS:** In 2016, 88% of respondents reported a routine medical checkup two years ago or less while 75% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 43% reported an eye exam. Respondents who were 45 and older, with at least some post high school education, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 45 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married 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 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a*

*cholesterol test or an eye exam, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents reporting a dental checkup while from 2014 to 2016, there was no statistical change.*

## **Routine Checkup**

*In 2014, 68% of Wisconsin respondents reported in the past year they had a routine checkup, 14% reported past two years, 9% past five years and 8% five or more years ago. Nationally, 68% reported past year, 13% past two years, 8% past five years and 8% five or more years ago (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Eighty-eight percent of respondents reported they had a routine checkup in the past two years.
- Ninety-seven percent of respondents 65 and older and 95% of those 45 to 64 years old reported a routine checkup in the past two years compared to 78% of respondents 18 to 34 years old.
- Ninety-eight percent of respondents in the top 40 percent household income bracket reported a routine checkup in the past two years compared to 79% of those in the bottom 40 percent income bracket or 78% of respondents in the middle 20 percent household income bracket.
- Ninety-two percent of respondents with some post high school education and 90% of those with a college education reported a routine checkup in the past two years compared to 79% of respondents with a high school education or less.
- Married respondents were more likely to report a routine checkup in the past two years compared to unmarried respondents (94% and 80%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2005, female respondents were more likely to report a routine checkup two years ago or less. In 2016, gender was not a significant variable.
- In 2005 and 2016, respondents 45 and older were more likely to report a routine checkup two years ago or less.
- In 2005, education was not a significant variable. In 2016, respondents with at least some post high school education were more likely to report a routine checkup two years ago or less. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting a routine checkup two years ago or less.
- In 2005 and 2016, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. From 2005 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a routine checkup two years ago or less.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report a routine checkup two years ago or less, with a noted increase since 2005.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.

- In 2014 and 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase across gender reporting a routine checkup two years ago or less.
- In 2014, respondents 65 and older 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. From 2014 to 2016, there was a noted increase in the percent of respondents 45 to 64 years old reporting a routine checkup two years ago or less.
- In 2014, education was not a significant variable. In 2016, respondents with at least some post high school education were more likely to report a routine checkup, with a noted increase since 2014.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a routine checkup two years ago or less.
- In 2014 and 2016, married respondents were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting a routine checkup.

Table 17. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year<sup>ⓐ</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>b</sup>	83%	87%	85%	80%	88%
Gender <sup>1</sup>					
Male <sup>b</sup>	78	84	82	77	86
Female <sup>b</sup>	87	90	88	83	90
Age <sup>1,4,5</sup>					
18 to 34	76	88	79	70	78
35 to 44	75	86	83	84	82
45 to 54 <sup>b</sup>	93	85	88	81	95
55 to 64 <sup>b</sup>	93	84	90	83	95
65 and Older	93	92	92	92	97
Education <sup>2,3,5</sup>					
High School or Less	84	88	86	78	79
Some Post High School <sup>a,b</sup>	78	80	79	81	92
College Graduate <sup>b</sup>	86	94	91	82	90
Household Income <sup>1,3,4,5</sup>					
Bottom 40 Percent Bracket	84	87	86	72	79
Middle 20 Percent Bracket	73	90	78	80	78
Top 40 Percent Bracket <sup>a,b</sup>	89	87	93	93	98
Marital Status <sup>4,5</sup>					
Married <sup>a,b</sup>	82	87	88	85	94
Not Married	85	88	82	76	80

<sup>ⓐ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016



## **Cholesterol Test**

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

*In 2014, 77% of Wisconsin respondents and 76% of U.S. respondents reported they had their cholesterol checked within the past five years (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Seventy-five 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.
- Ninety percent of respondents 55 to 64 years old, 89% of those 45 to 54 years old and 88% of respondents 65 and older reported a cholesterol test four years ago or less compared to 50% of respondents 18 to 34 years old.
- Eighty-eight percent of respondents with a college education reported a cholesterol test four years ago or less compared to 79% of those with some post high school education or 51% of respondents with a high school education or less.
- Eighty-four percent of respondents in the top 40 percent household income bracket reported having their cholesterol tested four years ago or less compared to 70% of those in the middle 20 percent income bracket or 69% 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 (85% and 62%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2005, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less. In 2016, respondents 45 and older were more likely to report a cholesterol test four years ago or less.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2005 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting a cholesterol test four years ago or less.
- In 2005, household income was not a significant variable. 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 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report a cholesterol test four years ago or less, with a noted increase since 2005. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a cholesterol test four years ago or less.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2014, respondents 35 to 44 years old or 65 and older were more likely to report a cholesterol test four years ago or less. In 2016, respondents 45 and older were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a cholesterol test.
- In 2014 and 2016, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting a cholesterol test.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less.
- In 2014 and 2016, married respondents were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting a cholesterol test four years ago or less.

Table 18. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL	75%	72%	76%	74%	75%
Gender					
Male	76	73	78	74	74
Female	74	72	75	74	75
Age <sup>1,2,3,4,5</sup>					
18 to 34	47	47	53	46	50
35 to 44 <sup>b</sup>	79	81	83	92	73
45 to 54	88	84	89	82	89
55 to 64	93	95	85	84	90
65 and Older	89	79	88	90	88
Education <sup>2,3,4,5</sup>					
High School or Less <sup>a,b</sup>	75	61	70	66	51
Some Post High School	69	71	70	73	79
College Graduate	80	87	92	87	88
Household Income <sup>2,3,4,5</sup>					
Bottom 40 Percent Bracket	78	62	78	63	69
Middle 20 Percent Bracket	76	76	71	78	70
Top 40 Percent Bracket	78	77	88	90	84
Marital Status <sup>2,3,4,5</sup>					
Married <sup>a,b</sup>	76	78	83	92	85
Not Married <sup>a</sup>	73	65	70	61	62

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## 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.<sup>1</sup>*

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

*In 2012, 72% of Wisconsin respondents and 67% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2012 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Sixty-seven percent of respondents reported a dental visit in the past year. An additional 17% had a visit in the past one to two years.
- Female respondents were more likely to report a dental visit in the past year (71%) compared to male respondents (62%).
- Respondents with a college education were more likely to report a dental checkup in the past year (81%) compared to those with a high school education or less (64%) or respondents with some post high school education (53%).
- Eighty-five percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 73% of those in the middle 20 percent income bracket or 46% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a dental visit in the past year compared to unmarried respondents (72% and 60%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year.
- In 2005, respondents 45 and older were more likely to report a dental checkup in the past year. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting a dental checkup in the past year.
- In 2005 and 2016, respondents with a college education were more likely to report a dental checkup in the past year. From 2005 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting a dental checkup within the past year.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year, with a noted increase since 2005.
- In 2005 and 2016, married respondents were more likely to report a dental checkup in the past year.

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<sup>1</sup> “Chapter 61: Counseling to Prevent Dental and Periodontal Diseases.” U.S. Preventive Services Task Force: Guide to Clinical Preventive Services. 2<sup>nd</sup> ed. Baltimore: Williams & Wilkins, 1996. Page 711.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year.
- In 2014 and 2016, respondents with a college education were more likely to report a dental checkup in the past year.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2014 and 2016, married respondents were more likely to report a dental checkup in the past year.

Table 19. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	60%	66%	57%	61%	67%
Gender <sup>5</sup>					
Male	56	63	55	56	62
Female	63	69	61	66	71
Age <sup>1</sup>					
18 to 34 <sup>a</sup>	46	67	49	61	61
35 to 44	60	64	59	57	61
45 to 54	69	73	64	60	73
55 to 64	66	70	62	71	73
65 and Older	67	59	58	57	69
Education <sup>1,2,3,4,5</sup>					
High School or Less <sup>a</sup>	50	61	50	52	64
Some Post High School	53	60	49	58	53
College Graduate	78	78	78	76	81
Household Income <sup>2,3,4,5</sup>					
Bottom 40 Percent Bracket	54	47	46	38	46
Middle 20 Percent Bracket	68	67	58	70	73
Top 40 Percent Bracket <sup>a</sup>	68	86	81	84	85
Marital Status <sup>1,2,3,4,5</sup>					
Married	67	72	65	67	72
Not Married	51	60	50	57	60

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Eye Exam

### 2016 Findings

- Forty-three percent of respondents had an eye exam in the past year while 35% reported one to two years ago.
- Fifty-one percent of female respondents had an eye exam in the past year compared to 33% of male respondents.
- Sixty-three percent of respondents 65 and older reported an eye exam in the past year compared to 36% of those 55 to 64 years old or 31% of respondents 35 to 44 years old.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2005 and 2016, female respondents were more likely to report an eye exam less than a year ago.
- In 2005 and 2016, respondents 65 and older were more likely to report an eye exam less than a year ago.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report an eye exam less than a year ago. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting an eye exam less than a year ago.
- In 2014 and 2016, respondents 65 and older were more likely to report an eye exam less than a year ago. From 2014 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting an eye exam less than a year ago.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report an eye exam less than a year ago. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting an eye exam.

Table 20. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year<sup>ⓐ</sup>

	2005	2008	2011	2014	2016
TOTAL	42%	47%	42%	46%	43%
Gender <sup>1,5</sup>					
Male <sup>b</sup>	36	48	39	46	33
Female	48	47	45	46	51
Age <sup>1,3,4,5</sup>					
18 to 34	34	49	31	40	45
35 to 44	32	41	45	34	31
45 to 54 <sup>b</sup>	44	41	39	55	37
55 to 64	47	56	41	43	36
65 and Older	68	56	66	64	63
Education <sup>2</sup>					
High School or Less	40	49	38	51	42
Some Post High School	42	38	43	42	39
College Graduate	45	54	45	45	45
Household Income <sup>4</sup>					
Bottom 40 Percent Bracket	50	44	38	43	43
Middle 20 Percent Bracket	41	45	47	30	37
Top 40 Percent Bracket <sup>b</sup>	37	44	48	56	40
Marital Status					
Married	42	46	41	47	43
Not Married	43	48	42	46	41

<sup>ⓐ</sup>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.

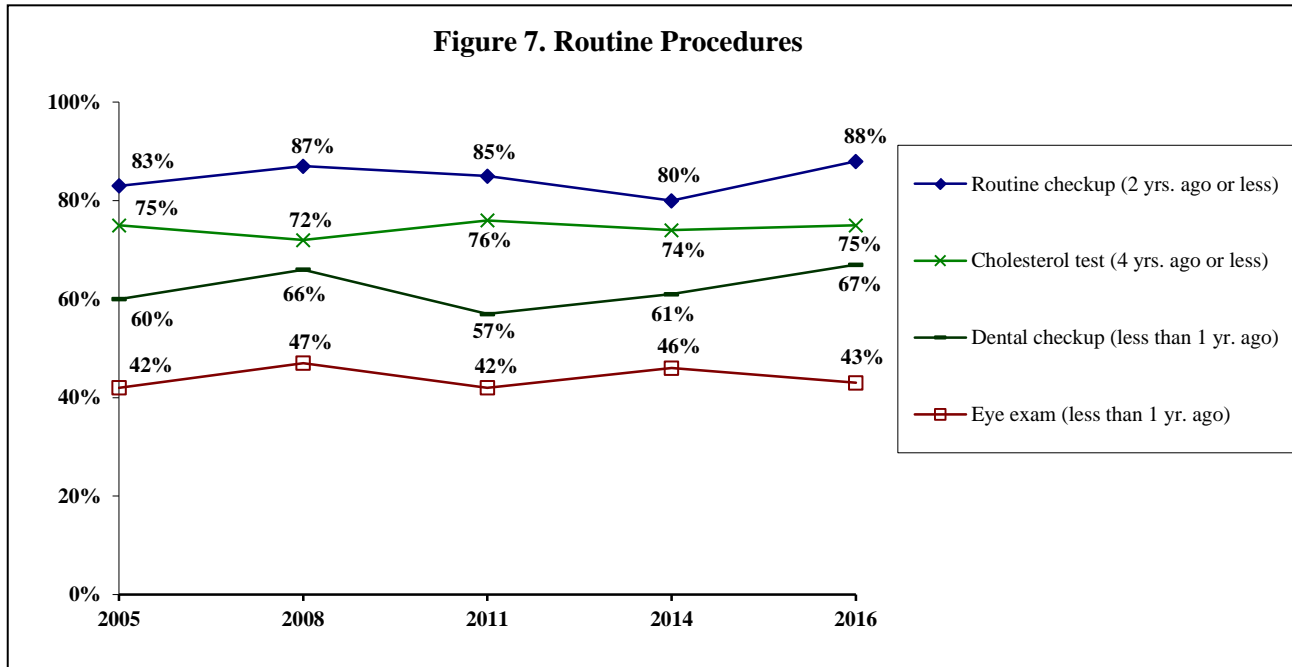
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Routine Procedures Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or an eye exam, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents reporting a dental checkup while from 2014 to 2016, there was no statistical change.



## Vaccinations (Figure 8; Table 21)

**KEY FINDINGS:** In 2016, 44% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or married were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

*Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.*

### Flu Vaccination

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

*In 2014, 54% of Wisconsin respondents and 61% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Forty-four percent of respondents had a flu shot or flu vaccine that was sprayed in their nose in the past 12 months.
- Seventy-five percent of respondents 65 and older reported receiving a flu vaccination compared to 35% of those 35 to 44 years old or 33% of respondents 18 to 34 years old.
- Married respondents were more likely to report receiving a flu vaccination compared to unmarried respondents (50% and 38%, respectively).

### 2005 to 2016 Year Comparisons

*In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.*

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2005, female respondents were more likely to report a flu vaccination. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2005 and 2016, respondents 65 and older were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across age reporting a flu vaccination.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across education reporting a flu vaccination.
- In 2005, respondents in the bottom 40 percent household income bracket were more likely to report a flu vaccination. In 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.
- In 2005, unmarried respondents were more likely to report a flu vaccination. In 2016, married respondents were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 12 months.
- In 2014 and 2016, respondents 65 and older were more likely to report a flu vaccination.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report a flu vaccination. In 2016, household income was not a significant variable.
- In 2014 and 2016, married respondents were more likely to report a flu vaccination.



Table 21. Flu Vaccination by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	18%	37%	37%	40%	44%
Gender <sup>1</sup>					
Male <sup>a</sup>	13	35	35	36	39
Female <sup>a</sup>	21	39	39	43	49
Age <sup>1,2,3,4,5</sup>					
18 to 34 <sup>a</sup>	7	22	26	32	33
35 to 44 <sup>a</sup>	7	28	33	36	35
45 to 54 <sup>a</sup>	16	38	33	35	43
55 to 64 <sup>a</sup>	18	49	40	42	51
65 and Older <sup>a</sup>	54	73	68	62	75
Education <sup>3</sup>					
High School or Less <sup>a</sup>	20	39	37	36	47
Some Post High School <sup>a</sup>	17	32	31	37	40
College Graduate <sup>a</sup>	15	40	47	47	45
Household Income <sup>1,4</sup>					
Bottom 40 Percent Bracket <sup>a</sup>	25	38	44	37	44
Middle 20 Percent Bracket <sup>a</sup>	8	36	30	27	40
Top 40 Percent Bracket <sup>a</sup>	12	34	33	52	46
Marital Status <sup>1,4,5</sup>					
Married <sup>a</sup>	14	40	41	46	50
Not Married <sup>a</sup>	22	34	34	35	38

<sup>①</sup>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.

<sup>②</sup>In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2005; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2008; <sup>3</sup>demographic difference at  $p \leq 0.05$  in 2011; <sup>4</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>5</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2005 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Pneumonia Vaccination

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

*In 2014, 72% of Wisconsin respondents and 70% of U.S. respondents 65 and older reported they received a pneumonia shot (2014 Behavioral Risk Factor Surveillance).*

### 2011 Findings

- Seventy-seven 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.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 both study years.

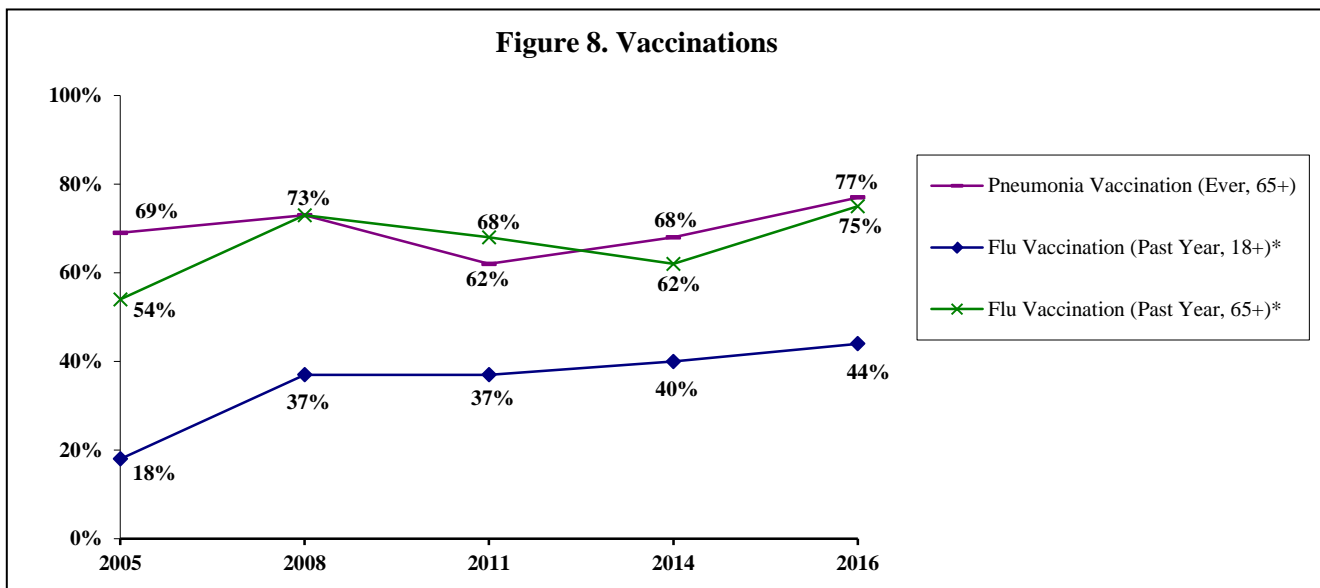
### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 study years.

## **Vaccinations Overall**

### Year Comparisons

- Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.



\*In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.

## Mobility

**KEY FINDINGS:** In 2016, 13% of respondents 60 and older reported in the past 12 months they have fallen and injured themselves at home.

*From 2014 to 2016, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home in the past 12 months.*

### 2016 Findings

- Thirteen percent of 87 respondents 60 and older reported in the past 12 months 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 11 respondents 60 and older who fell and injured themselves...

- As a result of the last injury due to a fall, two of the 11 respondents reported they were hospitalized.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home (11% and 13%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who were asked this question in both study years.

## Prevalence of Select Health Conditions (Figures 9 & 10; Tables 22 - 27)

*Respondents were asked a series of questions regarding if they had certain health conditions in the past three years. Current diagnosis of asthma was asked.*

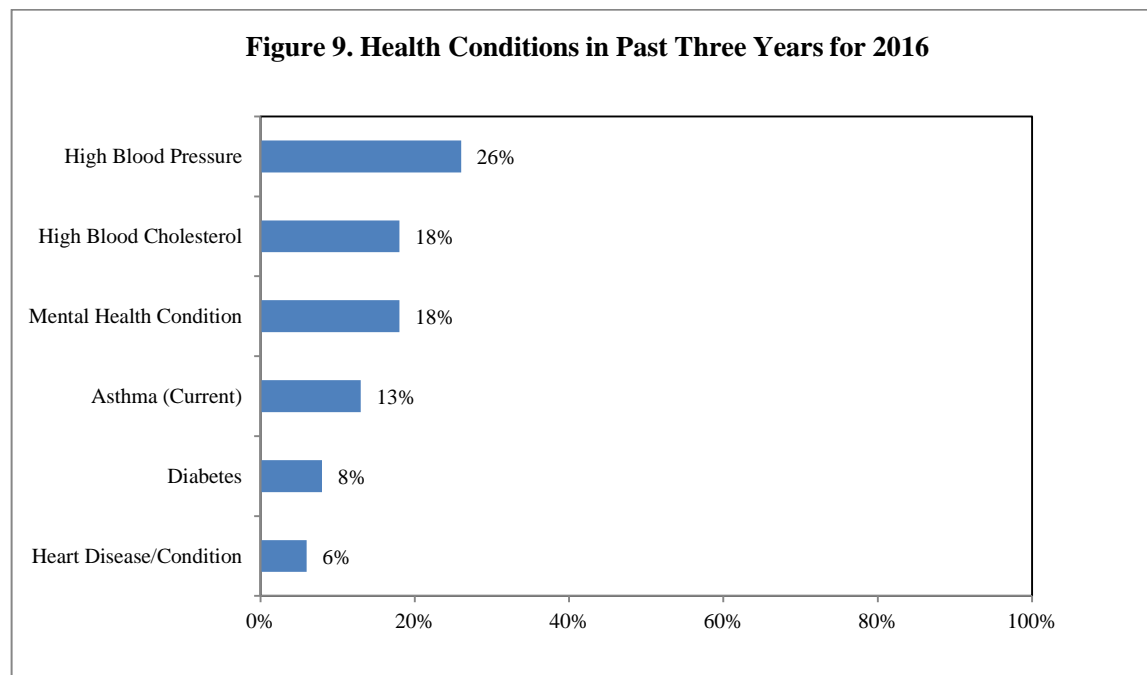
**KEY FINDINGS:** In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or inactive were more likely to report high blood pressure. Eighteen percent of respondents reported high blood cholesterol; respondents who were 55 to 64 years old or married were more likely to report this. Eighteen percent reported a mental health condition. Respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report a mental health condition in the past three years. Eight percent of respondents reported diabetes; respondents who were 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported they were treated for, or told they had heart disease in the past three years. Respondents who were female, 65 and older or nonsmokers were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents 45 to 54 years old were more likely to report this.

*From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, diabetes, heart disease/condition or current asthma, as well as*

from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was a statistical decrease.

## 2016 Findings

- Respondents were more likely to report high blood pressure (26%) in the past three years out of six health conditions listed.



## **High Blood Pressure**

### 2016 Findings

- Twenty-six 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 (60%) compared to those 35 to 44 years old (8%) or respondents 18 to 34 years old (5%).
- Thirty-four percent of respondents with a high school education or less reported high blood pressure compared to 26% of those with some post high school education or 19% of respondents with a college education.
- Thirty-three percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 20% of respondents in the top 60 percent household income bracket.
- Inactive respondents were more likely to report high blood pressure (53%) compared to those who did an insufficient amount (25%) or respondents who met the recommended amount of physical activity (21%).
  - Of the 102 respondents who reported high blood pressure, 95% had it under control through medication, exercise or lifestyle changes.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2005 and 2016, respondents 65 and older were more likely to report high blood pressure.
- In 2005 and 2016, respondents with a high school education or less were more likely to report high blood pressure.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of married respondents reporting high blood pressure.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2014 to 2016, there was no statistical change in the overall percent of respondents with high blood pressure reporting it was under control through medication, exercise or lifestyle changes (91% and 95%, respectively).
- In 2014, male respondents were more likely to report high blood pressure. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting high blood pressure.
- In 2014 and 2016, respondents 65 and older were more likely to report high blood pressure.
- In 2014, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to report high blood pressure.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2014, overweight respondents were more likely to report high blood pressure. In 2016, overweight status was not a significant variable.
- In 2014 and 2016, inactive respondents were more likely to report high blood pressure.

Table 22. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL	24%	23%	27%	28%	26%
Gender <sup>4</sup>					
Male <sup>b</sup>	23	24	28	37	25
Female	24	22	27	19	26
Age <sup>1,2,3,4,5</sup>					
18 to 34	5	4	8	10	5
35 to 44	17	21	20	19	8
45 to 54	28	28	25	26	33
55 to 64	40	42	49	43	43
65 and Older	48	47	58	60	60
Education <sup>1,3,5</sup>					
High School or Less	31	29	36	28	34
Some Post High School	21	19	19	27	26
College Graduate	15	21	27	28	19
Household Income <sup>1,5</sup>					
Bottom 40 Percent Bracket	35	25	29	32	33
Middle 20 Percent Bracket	20	29	20	35	20
Top 40 Percent Bracket	11	15	27	23	20
Marital Status					
Married <sup>a</sup>	20	20	26	31	28
Not Married	27	26	28	25	23
Overweight Status <sup>2,4</sup>					
Not Overweight	18	10	25	13	20
Overweight	26	31	27	34	29
Physical Activity <sup>2,3,4,5</sup>					
Inactive	--	31	43	44	53
Insufficient	--	25	25	30	25
Recommended	--	17	24	22	21
Smoking Status					
Nonsmoker	26	25	29	27	26
Smoker	17	18	22	29	24

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## High Blood Cholesterol

### 2016 Findings

- Eighteen percent of respondents reported high blood cholesterol in the past three years.
- Respondents 55 to 64 years old were more likely to report high blood cholesterol in the past three years (42%) compared to those 35 to 44 years old (7%) or respondents 18 to 34 years old (5%).
- Married respondents were more likely to report high blood cholesterol compared to unmarried respondents (23% and 12%, respectively).
  - Of the 72 respondents who reported high blood cholesterol, 83% had it under control through medication, exercise or lifestyle changes.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol.
- In 2005 and 2016, respondents 55 to 64 years old were more likely to report high blood cholesterol. From 2005 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting high blood cholesterol.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting high blood cholesterol.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting high blood cholesterol.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report high blood cholesterol. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting high blood cholesterol.
- In 2005, overweight respondents were more likely to report high blood cholesterol. In 2016, overweight status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of overweight respondents reporting high blood cholesterol.
- In 2005 and 2016, smoking status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of nonsmokers reporting high blood cholesterol.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol. From 2014 to 2016, there was no statistical change in the overall percent of respondents with high blood cholesterol reporting it was under control through medication, exercise or lifestyle changes (90% and 83%, respectively).
- In 2014 and 2016, respondents 55 to 64 years old were more likely to report high blood cholesterol.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report high blood cholesterol.

- In 2014, overweight respondents were more likely to report high blood cholesterol. In 2016, overweight status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents who were not overweight and a noted decrease in the percent of overweight respondents reporting high blood cholesterol.
- In 2014, inactive respondents were more likely to report high blood cholesterol. In 2016, physical activity was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of inactive respondents reporting high blood cholesterol.
- In 2014, nonsmokers were more likely to report high blood cholesterol. In 2016, smoking status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of nonsmokers and a noted increase in the percent of smokers reporting high blood cholesterol.



Table 23. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	25%	23%	23%	20%	18%
Gender					
Male	25	23	25	19	18
Female	25	23	22	22	18
Age <sup>1,2,3,4,5</sup>					
18 to 34	10	2	4	3	5
35 to 44 <sup>a</sup>	25	28	16	16	7
45 to 54	26	20	28	13	20
55 to 64	44	48	41	48	42
65 and Older	38	44	48	43	34
Education <sup>3</sup>					
High School or Less <sup>a</sup>	30	23	30	23	18
Some Post High School	24	24	16	20	21
College Graduate	19	22	26	18	16
Household Income					
Bottom 40 Percent Bracket <sup>a</sup>	31	27	25	20	17
Middle 20 Percent Bracket	25	25	24	20	22
Top 40 Percent Bracket	18	16	27	21	15
Marital Status <sup>5</sup>					
Married	22	22	26	23	23
Not Married <sup>a</sup>	28	24	20	18	12
Overweight Status <sup>1,2,4</sup>					
Not Overweight <sup>b</sup>	16	13	19	7	20
Overweight <sup>a,b</sup>	31	28	25	27	17
Physical Activity <sup>4</sup>					
Inactive <sup>b</sup>	--	35	30	39	20
Insufficient	--	24	24	22	22
Recommended	--	19	21	14	15
Smoking Status <sup>2,4</sup>					
Nonsmoker <sup>a,b</sup>	27	26	23	24	17
Smoker <sup>b</sup>	20	15	26	10	20

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Heart Disease/Condition

### 2016 Findings

- Six percent of respondents reported heart disease or condition in the past three years.
- Nine percent of female respondents reported heart disease/condition in the past three years compared to 4% of male respondents.
- Twenty-five percent of respondents 65 and older reported heart disease/condition in the past three years compared to less than one percent of those 18 to 34 years old or 0% of respondents 35 to 44 years old.
- Nonsmokers were more likely to report heart disease/condition compared to smokers (8% and 1%, respectively).
  - Of the 25 respondents who reported heart disease/condition, 84% had it under control through medication, exercise or lifestyle changes.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported heart disease/condition.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report heart disease/condition. From 2005 to 2016, there was a noted decrease in the percent of male respondents reporting heart disease/condition.
- In 2005 and 2016, respondents 65 and older were more likely to report heart disease/condition.
- In 2005, respondents with a high school education or less were more likely to report heart disease/condition. In 2016, education was not a significant variable.
- In 2005, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2016, household income was not a significant variable.
- In 2005, smoking status was not a significant variable. In 2016, nonsmokers were more likely to report heart disease/condition.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported heart disease/condition. From 2014 to 2016, there was no statistical change in the overall percent of respondents with a heart disease/condition reporting it was under control through medication, exercise or lifestyle changes (94% and 84%, respectively).
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report heart disease/condition. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting heart disease/condition.
- In 2014 and 2016, respondents 65 and older were more likely to report heart disease/condition. From 2014 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting heart disease/condition.

- In 2014, respondents with some post high school education or less were more likely to report heart disease/condition. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting heart disease/condition.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2016, household income was not a significant variable.
- In 2014, overweight respondents were more likely to report heart disease/condition. In 2016, overweight status was not a significant variable.
- In 2014, inactive respondents were more likely to report heart disease/condition. In 2016, physical activity was not a significant variable.
- In 2014, smoking status was not a significant variable. In 2016, nonsmokers were more likely to report heart disease/condition.

Table 24. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL	7%	12%	8%	9%	6%
Gender <sup>5</sup>					
Male <sup>a,b</sup>	9	14	8	10	4
Female	6	10	8	7	9
Age <sup>1,2,3,4,5</sup>					
18 to 34	2	2	0	4	<1
35 to 44	0	20	8	0	0
45 to 54 <sup>b</sup>	1	3	8	9	1
55 to 64	18	18	7	7	12
65 and Older	25	25	22	28	25
Education <sup>1,3,4</sup>					
High School or Less	13	10	12	11	8
Some Post High School <sup>b</sup>	4	14	5	11	5
College Graduate	4	12	6	3	6
Household Income <sup>1,2,4</sup>					
Bottom 40 Percent Bracket	12	18	9	14	8
Middle 20 Percent Bracket	5	7	10	3	3
Top 40 Percent Bracket	2	9	4	5	3
Marital Status					
Married	7	9	9	8	6
Not Married	7	15	6	9	7
Overweight Status <sup>4</sup>					
Not Overweight	7	7	7	4	5
Overweight	8	13	7	11	7
Physical Activity <sup>2,3,4</sup>					
Inactive	--	20	22	19	7
Insufficient	--	12	6	11	6
Recommended	--	8	4	4	7
Smoking Status <sup>2,5</sup>					
Nonsmoker	8	14	8	9	8
Smoker	6	3	7	6	1

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **Mental Health Condition**

### 2016 Findings

- Eighteen 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 compared to male respondents (23% and 12%, respectively).
- Respondents with some post high school education were more likely to report a mental health condition in the past three years (27%) compared to those with a high school education or less (22%) or respondents with a college education (6%).
- Thirty-one percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 8% of respondents in the top 60 percent household income bracket.
  - Of the 70 respondents who reported a mental health condition, 86% had it under control through medication, therapy or lifestyle changes.

### 2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents reporting a mental health condition.
- In 2008 and 2016, female respondents were more likely to report a mental health condition.
- In 2008, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report a mental health condition. From 2008 to 2016, there was a noted decrease in the percent of respondents with a college education reporting a mental health condition.
- In 2008, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. From 2008 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a mental health condition.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents reporting a mental health condition. From 2014 to 2016, there was no statistical change in the overall percent of respondents with a mental health condition reporting it was under control through medication, therapy or lifestyle changes (89% and 86%, respectively).
- In 2014 and 2016, female respondents were more likely to report a mental health condition. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting a mental health condition.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report a mental health condition. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education reporting a mental health condition.
- In 2014 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a mental health condition.

- In 2014, unmarried respondents were more likely to report a mental health condition. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a mental health condition.

Table 25. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year<sup>①</sup>

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

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Diabetes

### 2016 Findings

- Eight percent of respondents reported diabetes in the past three years.
- Twenty-one percent of respondents 65 and older reported diabetes in the past three years compared to 7% of those 35 to 54 years old or 0% of respondents 18 to 34 years old.
- Overweight respondents were more likely to report diabetes in the past three years (11%) compared to respondents who were not overweight (2%).
- Ten percent of nonsmokers reported diabetes in the past three years compared to 2% of smokers.
  - Of the 32 respondents who reported diabetes, 94% had it under control through medication, exercise or lifestyle changes.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes.
- In 2005, respondents 55 and older were more likely to report diabetes. In 2016, respondents 65 and older were more likely to report diabetes. From 2005 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting diabetes.
- In 2005, respondents with a high school education or less were more likely to report diabetes. In 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting diabetes.
- In 2005, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting diabetes.
- In 2005, unmarried respondents were more likely to report diabetes. In 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting diabetes.
- In 2005 and 2016, overweight respondents were more likely to report diabetes.
- In 2005 and 2016, nonsmokers were more likely to report diabetes.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes. From 2014 to 2016, there was no statistical change in the overall percent of respondents with diabetes reporting it was under control through medication, exercise or lifestyle changes (89% and 94%, respectively).
- In 2014, male respondents were more likely to report diabetes. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting diabetes.
- In 2014, respondents 55 to 64 years old were more likely to report diabetes. In 2016, respondents 65 and older were more likely to report diabetes.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting diabetes.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting diabetes.
- In 2014 and 2016, overweight respondents were more likely to report diabetes.
- In 2014, respondents who did not meet the recommended amount of physical activity were more likely to report diabetes. In 2016, physical activity was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting diabetes.
- In 2014 to 2016, nonsmokers were more likely to report diabetes.

Table 26. Diabetes in Past Three Years by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL	10%	13%	9%	12%	8%
Gender <sup>4</sup>					
Male <sup>b</sup>	10	16	9	17	7
Female	10	11	9	6	9
Age <sup>1,2,3,4,5</sup>					
18 to 34 <sup>a</sup>	4	5	<1	0	0
35 to 44	10	22	13	7	7
45 to 54	12	8	8	16	7
55 to 64	16	18	12	24	15
65 and Older	17	21	18	20	21
Education <sup>1</sup>					
High School or Less <sup>a</sup>	16	17	10	13	6
Some Post High School	7	9	11	11	12
College Graduate	6	13	5	10	6
Household Income <sup>1,4</sup>					
Bottom 40 Percent Bracket <sup>a,b</sup>	18	17	12	17	9
Middle 20 Percent Bracket	2	17	10	7	8
Top 40 Percent Bracket	10	6	6	7	5
Marital Status <sup>1</sup>					
Married	7	12	11	9	10
Not Married <sup>a,b</sup>	13	15	7	14	5
Overweight Status <sup>1,2,3,4,5</sup>					
Not Overweight	3	9	4	1	2
Overweight	13	16	11	16	11
Physical Activity <sup>4</sup>					
Inactive	--	13	12	16	13
Insufficient <sup>b</sup>	--	15	9	18	10
Recommended	--	12	9	6	5
Smoking Status <sup>1,4,5</sup>					
Nonsmoker	12	13	10	14	10
Smoker	5	13	6	5	2

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016



## Current Asthma

*In 2014, 10% of Wisconsin respondents and 9% of U.S. respondents reported they were told they currently have asthma (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Thirteen percent of respondents reported they currently have asthma.
- Respondents 45 to 54 years old were more likely to report current asthma (31%) compared to respondents 35 to 44 years old or 65 and older (7% each).
  - Of the 50 respondents who reported current asthma, 94% had it under control through medication, therapy or lifestyle changes.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2005, female respondents were more likely to report current asthma. In 2016, gender was not a significant variable.
- In 2005, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report current asthma, with a noted increase since 2005.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with a college education reporting current asthma.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting current asthma.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported current asthma. From 2014 to 2016, there was no statistical change in the overall percent of respondents with current asthma reporting it was under control through medication, therapy or lifestyle changes (91% and 94%, respectively).
- In 2014, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report current asthma.
- In 2014, respondents with some post high school education were more likely to report current asthma. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting current asthma.
- In 2014 and 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting current asthma.

Table 27. Current Asthma by Demographic Variables for Each Survey Year<sup>⓪</sup>

	2005	2008	2011	2014	2016
TOTAL	9%	13%	14%	15%	13%
Gender <sup>1,3</sup>					
Male	6	10	6	12	10
Female	12	15	21	17	15
Age <sup>5</sup>					
18 to 34	13	13	14	14	8
35 to 44	6	15	19	15	7
45 to 54 <sup>a</sup>	10	6	15	21	31
55 to 64	9	23	14	9	9
65 and Older	9	8	5	11	7
Education <sup>2,3,4</sup>					
High School or Less	12	6	14	10	12
Some Post High School <sup>b</sup>	8	14	9	23	12
College Graduate <sup>a</sup>	6	17	20	10	14
Household Income					
Bottom 40 Percent Bracket	14	17	17	13	16
Middle 20 Percent Bracket <sup>a</sup>	3	16	12	18	18
Top 40 Percent Bracket <sup>b</sup>	8	9	13	19	9
Marital Status <sup>2</sup>					
Married	7	5	14	13	12
Not Married	11	21	13	16	13

<sup>⓪</sup>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.

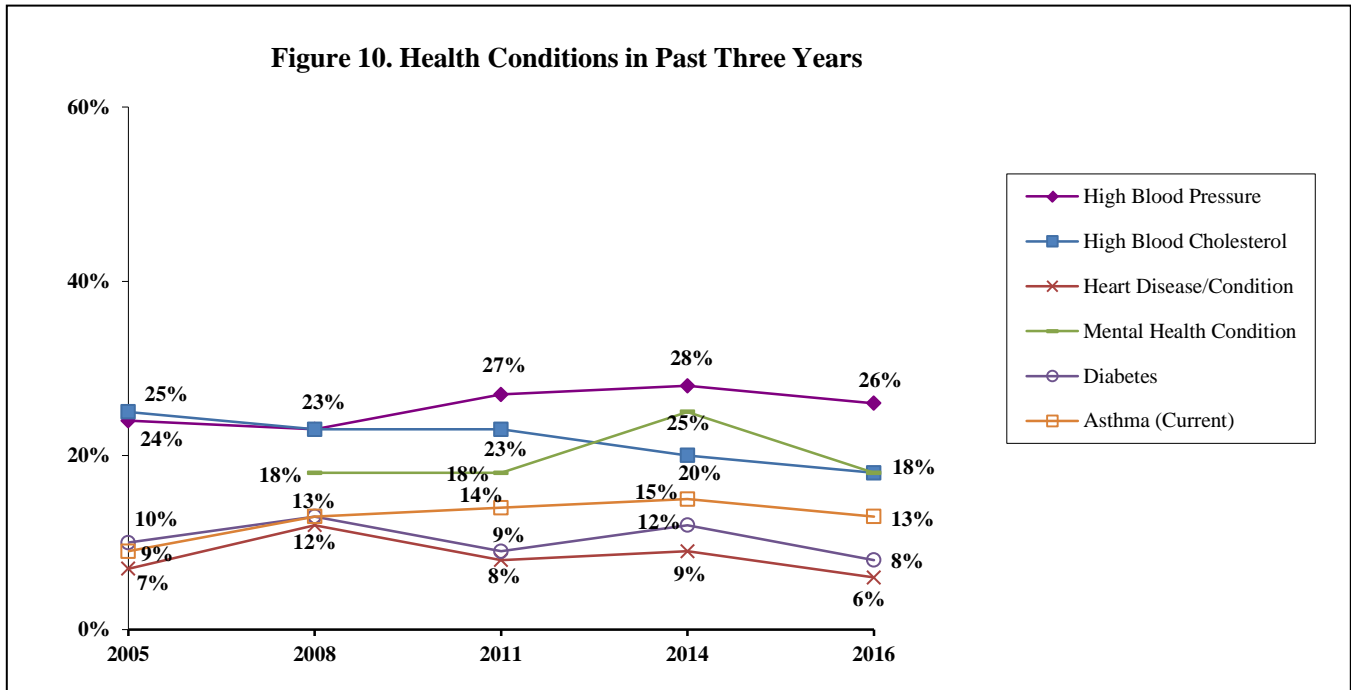
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Health Conditions Overall

### Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, diabetes, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was a statistical decrease.



## Physical Activity (Figures 11 & 12; Tables 28 - 30)

**KEY FINDINGS:** In 2016, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-one percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 49% met the recommended amount of physical activity; respondents who were male or in the top 40 percent household income bracket were more likely to report this.

*From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2014 to 2016, there was no statistical change. From 2008 to 2016, 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 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2016.*

## **Moderate Physical Activity in Usual Week**

*Moderate physical activity includes walking briskly, 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).*

### 2016 Findings

- Forty percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Forty-nine percent did some moderate activity while 11% did not do any moderate physical activity.
- There were no statistically significant differences between demographic variables and responses of meeting the recommended amount of moderate physical activity.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of female respondents meeting the recommended amount of moderate physical activity.
- In 2005, respondents 55 to 64 years old were more likely to meet the recommended amount of physical activity. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting the recommended amount of moderate physical activity.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting the recommended amount of physical activity.
- In 2005, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. In 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of physical activity.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of physical activity.
- In 2005 and 2016, overweight status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of overweight respondents meeting the recommended amount of physical activity.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2014, respondents 18 to 44 years old were more likely to meet the recommended amount of physical activity. In 2016, age was not a significant variable. From 2014 to 2016, 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 meeting the recommended amount of physical activity.

- In 2014, respondents with some post high school education were more likely to meet the recommended amount of physical activity. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less meeting the recommended amount of moderate physical activity.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2014, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. In 2016, overweight status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents who were not overweight meeting the recommended amount of moderate physical activity.

Table 28. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	28%	34%	34%	39%	40%
Gender <sup>3</sup>					
Male	31	34	39	36	39
Female <sup>a</sup>	26	33	29	43	40
Age <sup>1,4</sup>					
18 to 34 <sup>a</sup>	21	40	38	53	46
35 to 44 <sup>b</sup>	33	30	31	53	26
45 to 54 <sup>b</sup>	34	25	31	18	43
55 to 64	40	43	42	36	42
65 and Older	21	29	27	28	36
Education <sup>4</sup>					
High School or Less <sup>a,b</sup>	24	36	36	31	44
Some Post High School	32	34	34	46	37
College Graduate	30	30	32	41	39
Household Income <sup>1,4</sup>					
Bottom 40 Percent Bracket <sup>a</sup>	22	37	36	30	40
Middle 20 Percent Bracket <sup>b</sup>	29	46	44	50	32
Top 40 Percent Bracket	41	28	29	40	43
Marital Status					
Married	31	31	32	35	38
Not Married <sup>a</sup>	25	36	36	43	42
Overweight Status <sup>2,4</sup>					
Not Overweight <sup>b</sup>	32	47	37	54	38
Overweight <sup>a</sup>	26	26	33	33	41

<sup>①</sup>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.

<sup>②</sup>Recommended moderate physical activity is 5 times/30+ minutes in a week.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **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).*

### 2016 Findings

- Thirty-one 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 40% did not do any vigorous physical activity.
- Male respondents were more likely to meet the recommended amount of vigorous physical activity compared to female respondents (40% and 23%, respectively).
- Fifty percent of respondents 18 to 34 years old met the recommended amount of vigorous physical activity compared to 19% of those 55 to 64 years old or 13% of respondents 65 and older.
- Forty-seven percent of respondents in the top 40 percent household income bracket met the recommended amount of vigorous physical activity compared to 24% of those in the mid 20 percent income bracket or 19% of respondents in the bottom 40 percent household income bracket.

### 2008 to 2016 Year Comparisons

- From 2008 to 2016, 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, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2008.
- In 2008 and 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2016, 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 2016, education was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of respondents with some post high school education meeting the recommended amount of vigorous physical activity.
- In 2008, household income was not a significant variable. In 2016, 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 2016, marital status was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of vigorous physical activity.
- In 2008, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. In 2016, overweight status was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of overweight respondents meeting the recommended amount of vigorous physical activity.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of vigorous physical activity.
- In 2014 and 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity.
- In 2014, household income was not a significant variable. In 2016, 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 2014.
- In 2014, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. In 2016, overweight status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents who were not overweight and a noted increase in the percent of overweight respondents meeting the recommended amount of vigorous physical activity.

Table 29. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2008	2011	2014	2016
TOTAL <sup>a</sup>	24%	34%	29%	31%
Gender <sup>2,4</sup>				
Male <sup>a</sup>	27	42	31	40
Female	20	26	27	23
Age <sup>1,2,3,4</sup>				
18 to 34 <sup>a</sup>	35	40	45	50
35 to 44 <sup>a</sup>	18	43	35	31
45 to 54	15	42	20	25
55 to 64	19	19	22	19
65 and Older	19	13	8	13
Education <sup>1</sup>				
High School or Less	19	30	22	23
Some Post High School <sup>a</sup>	18	37	34	34
College Graduate	33	35	32	35
Household Income <sup>2,4</sup>				
Bottom 40 Percent Bracket	20	31	23	19
Middle 20 Percent Bracket	27	49	27	24
Top 40 Percent Bracket <sup>a,b</sup>	24	34	34	47
Marital Status <sup>1</sup>				
Married	27	35	30	33
Not Married <sup>a</sup>	19	33	28	30
Overweight Status <sup>1,3</sup>				
Not Overweight <sup>b</sup>	33	34	45	31
Overweight <sup>a,b</sup>	18	34	22	32

<sup>①</sup>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.

<sup>②</sup>Recommended vigorous physical activity is 3 times/20+ minutes in a week.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011; <sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

### Combined Recommended Amount of Physical Activity in Typical Week

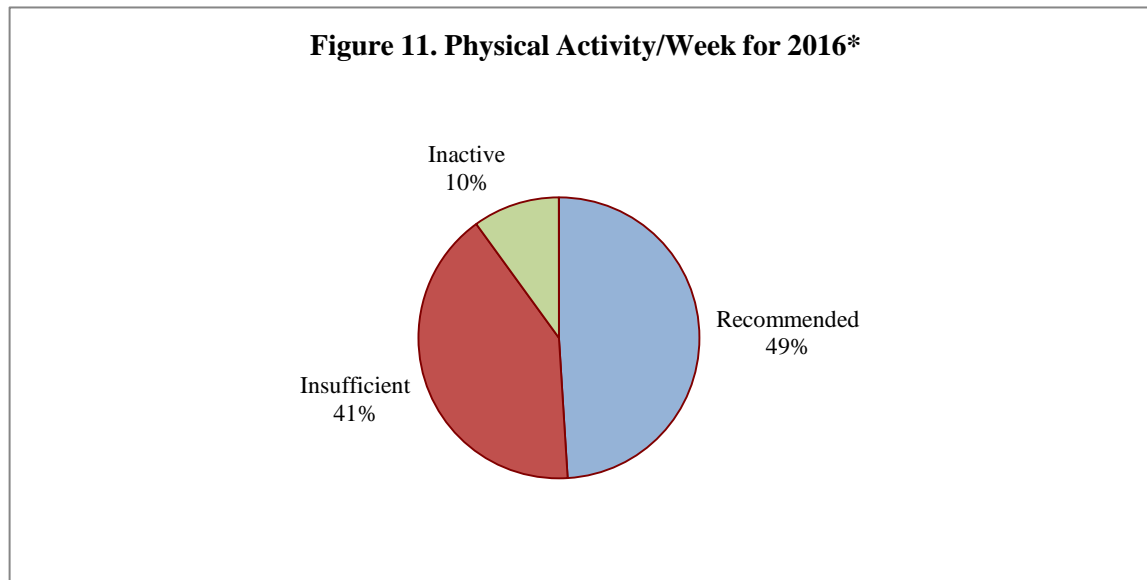
*The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, 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.*

*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).*



## 2016 Findings

- Forty-nine 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). Forty-one percent did an insufficient amount of physical activity while 10% did no physical activity in a typical week.



\*Recommended physical activity is moderate activity 5 times/30+ minutes in a week or vigorous activity 3 times/20+ minutes in a week.

- Sixty-five percent of respondents in the top 40 percent household income bracket reported the recommended amount of physical activity in a week compared to 42% of those in the bottom 40 percent income bracket or 35% of respondents in the middle 20 percent household income bracket.

## 2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2008, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity in a week. In 2016, age was not a significant variable.
- In 2008, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report meeting the recommended amount of physical activity in a week, with a noted increase since 2008.
- In 2008, respondents who were not overweight were more likely to meet the recommended amount of physical activity. In 2016, overweight status was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents who were not overweight and a noted increase in the percent of overweight respondents meeting the recommended amount of physical activity.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2014, respondents 18 to 44 years old were more likely to meet the recommended amount of physical activity. In 2016, age was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old meeting the recommended amount of physical activity.
- In 2014, respondents with some post high school education were more likely to report the recommended amount of physical activity. In 2016, education was not a significant variable.
- In 2014, household income was not a significant variable. In 2016, 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 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket meeting the recommended amount of physical activity.
- In 2014, respondents who were not overweight were more likely to meet the recommended amount of physical activity. In 2016, overweight status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents who were not overweight and a noted increase in the percent of overweight respondents meeting the recommended amount of physical activity.

Table 30. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2008	2011	2014	2016
TOTAL	44%	48%	49%	49%
Gender <sup>2</sup>				
Male	47	54	49	54
Female	42	42	50	46
Age <sup>1,3</sup>				
18 to 34	55	47	66	58
35 to 44 <sup>b</sup>	39	53	63	47
45 to 54	36	53	35	45
55 to 64	49	44	40	47
65 and Older	36	38	32	40
Education <sup>3</sup>				
High School or Less	46	47	37	48
Some Post High School	39	48	58	47
College Graduate	48	47	53	52
Household Income <sup>4</sup>				
Bottom 40 Percent Bracket	46	47	44	42
Middle 20 Percent Bracket <sup>b</sup>	53	62	55	35
Top 40 Percent Bracket <sup>a,b</sup>	40	46	51	65
Marital Status				
Married	46	48	46	50
Not Married	42	47	52	49
Overweight Status <sup>1,3</sup>				
Not Overweight <sup>a,b</sup>	59	51	64	46
Overweight <sup>a,b</sup>	37	47	43	51

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.

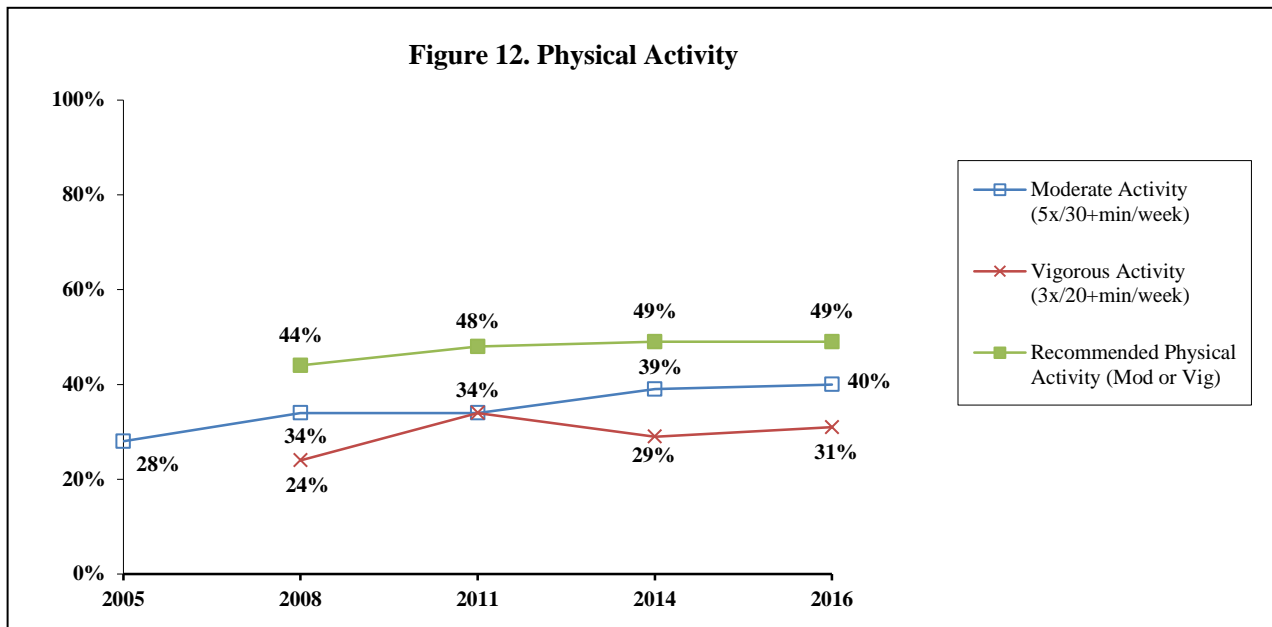
<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011; <sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Physical Activity Overall

### Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2014 to 2016, there was no statistical change. From 2008 to 2016, 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 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2016.



## Body Weight (Figures 13 & 14; Tables 31 & 32)

**KEY FINDINGS:** In 2016, 68% of respondents were classified as at least overweight while 33% were obese. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be classified as at least overweight. Respondents 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to be classified as obese.

*From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.*

### 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<sup>2</sup>.*

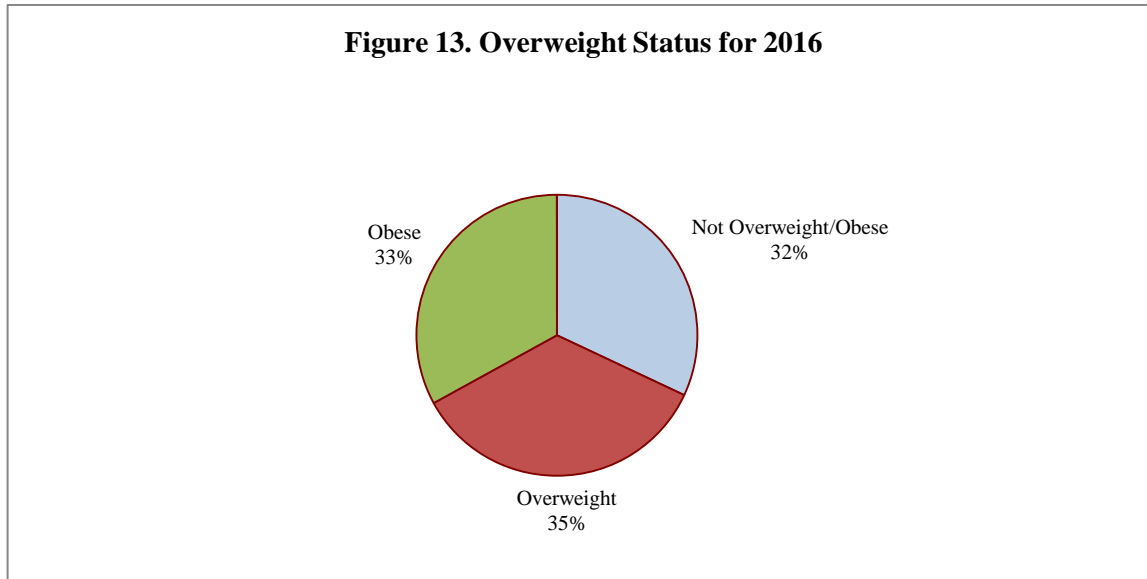
*The Healthy People 2020 goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66%. (Objective NWS-8)*

*The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)*

In 2014, 67% of Wisconsin respondents were classified as at least overweight (36% overweight, 31% obese). In the U.S., 65% were classified as at least overweight (35% overweight and 30% obese) (2014 Behavioral Risk Factor Surveillance).

### 2016 Findings

- According to the definition, 68% of respondents were at least overweight (overweight 35% and obese 33%).



- Seventy-six percent of respondents with a high school education or less were at least overweight compared to 67% of those with a college education or 61% of respondents with some post high school education.
- Seventy-four percent of respondents in the bottom 40 percent household income bracket were at least overweight compared to 66% of those in the top 40 percent income bracket or 55% of respondents in the middle 20 percent household income bracket.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being overweight.
- In 2005, male respondents were more likely to be classified as overweight. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of female respondents being overweight.
- In 2005, respondents 35 to 44 years old were more likely to be overweight. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old being overweight.
- In 2005, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to be overweight, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to be overweight.

- In 2005, unmarried respondents were more likely to be overweight. In 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of married respondents being overweight.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents being overweight.
- In 2014, respondents 45 to 54 years old or 65 and older were more likely to report being overweight. In 2016, age was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting being overweight.
- In 2014, respondents with a college education were more likely to report being overweight. In 2016, respondents with a high school education or less were more likely to report being overweight, with a noted increase since 2014.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report being overweight.
- In 2014, married respondents were more likely to report being overweight. In 2016, marital status was not a significant variable.
- In 2014, respondents who did not meet the recommended amount of physical activity were more likely to be overweight. In 2016, physical activity was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of inactive respondents and a noted increase in the percent of respondents meeting the recommended amount of physical activity being overweight.

Table 31. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	61%	64%	69%	65%	68%
Gender <sup>1,3</sup>					
Male	67	68	80	69	68
Female <sup>a</sup>	55	61	58	62	68
Age <sup>1,2,4</sup>					
18 to 34 <sup>a,b</sup>	41	52	63	40	61
35 to 44	73	70	69	75	78
45 to 54	69	70	77	80	71
55 to 64	70	72	69	71	65
65 and Older	58	69	66	79	68
Education <sup>4,5</sup>					
High School or Less <sup>a,b</sup>	63	64	70	60	76
Some Post High School	62	58	69	63	61
College Graduate	57	71	66	75	67
Household Income <sup>3,5</sup>					
Bottom 40 Percent Bracket	66	58	74	66	74
Middle 20 Percent Bracket	62	69	71	71	55
Top 40 Percent Bracket	60	68	57	68	66
Marital Status <sup>1,2,4</sup>					
Married <sup>a</sup>	56	71	72	72	71
Not Married	66	58	65	60	64
Physical Activity <sup>2,4</sup>					
Inactive <sup>b</sup>	--	75	72	77	55
Insufficient	--	72	70	74	68
Recommended <sup>b</sup>	--	53	67	55	70

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 Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Obesity

### 2016 Findings

- Thirty-three percent of respondents were classified as obese (BMI 30.0 or higher).
- Forty-eight percent of respondents 45 to 54 years old were obese compared to 29% of those 18 to 34 years old or 20% of respondents 35 to 44 years old.
- Forty-two percent of respondents in the bottom 40 percent household income bracket were obese compared to 26% of those in the top 40 percent income bracket or 22% of respondents in the middle 20 percent household income bracket.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being obese.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of female respondents being obese.
- In 2005, respondents 35 to 54 years old were more likely to be obese. In 2016, respondents 45 to 54 years old were more likely to be obese. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old, 45 to 54 years old or 65 and older being obese.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with a high school education or less or a college education being obese.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report being obese.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of married respondents being obese.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents being obese.
- In 2014, respondents 35 to 44 years old were more likely to be obese. In 2016, respondents 45 to 54 years old were more likely to be obese. From 2014 to 2016, 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 being obese.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less being obese.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to be obese.
- In 2014, married respondents were more likely to be obese. In 2016, marital status was not a significant variable.
- In 2014, inactive respondents were more likely to be obese. In 2016, physical activity was not a significant variable.



Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	23%	31%	35%	33%	33%
Gender					
Male	25	30	38	35	30
Female <sup>a</sup>	20	31	32	32	35
Age <sup>1,2,4,5</sup>					
18 to 34 <sup>a,b</sup>	13	19	34	14	29
35 to 44 <sup>b</sup>	31	41	45	51	20
45 to 54 <sup>a</sup>	29	32	33	42	48
55 to 64	24	33	38	32	34
65 and Older <sup>a</sup>	17	37	22	41	33
Education					
High School or Less <sup>a,b</sup>	26	33	34	28	41
Some Post High School	23	26	34	32	29
College Graduate <sup>a</sup>	17	33	37	40	29
Household Income <sup>1,3,5</sup>					
Bottom 40 Percent Bracket	30	30	48	39	42
Middle 20 Percent Bracket	12	24	36	31	22
Top 40 Percent Bracket	23	32	26	35	26
Marital Status <sup>2,4</sup>					
Married <sup>a</sup>	19	37	34	39	31
Not Married	27	23	35	29	34
Physical Activity <sup>2,4</sup>					
Inactive	--	54	36	54	40
Insufficient	--	33	40	40	35
Recommended	--	21	30	23	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.

② Physical activity was defined differently in 2005.

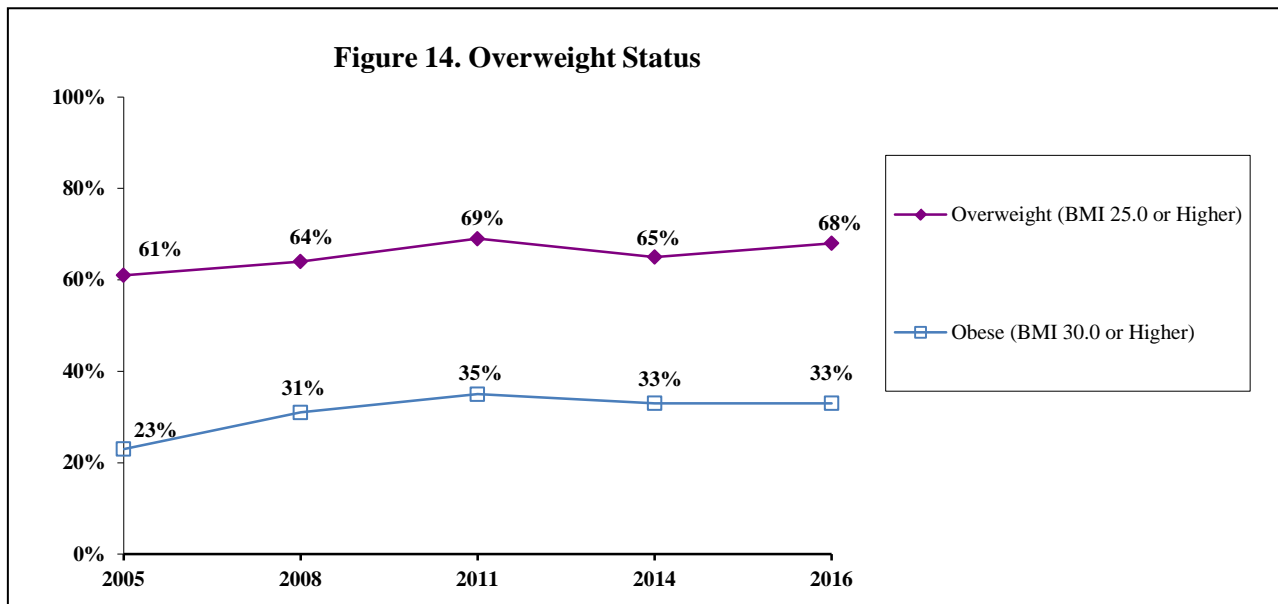
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Body Weight Overall

### Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.



## Nutrition and Food Insecurity (Figure 15; Tables 33 - 36)

**KEY FINDINGS:** In 2016, 65% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents 35 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married, overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were 35 to 44 years old, with a college education, in the top 40 percent household income bracket, married or met the recommended amount of physical activity were more likely to report this. Seven percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.*

## 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.*

### 2016 Findings

- Sixty-five percent of respondents reported at least two servings of fruit on an average day.
- Seventy-five percent of respondents 45 to 54 years old and 73% of those 35 to 44 years old reported at least two servings of fruit a day compared to 49% of respondents 65 and older.
- Seventy-five percent of respondents with a college education reported at least two servings of fruit a day compared to 59% of those with a high school education or less or 58% of respondents with some post high school education.
- Seventy-four percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 62% of those in the middle 20 percent income bracket or 59% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least two servings of fruit a day (72%) compared to unmarried respondents (56%).
- Respondents who were overweight were more likely to report at least two servings of fruit a day (70%) compared to respondents who were not overweight (53%).
- Seventy-three percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 60% of those who did an insufficient amount of physical activity or 42% of inactive respondents.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 54 years old were more likely to report two or more servings of fruit per day. From 2005 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old and a noted decrease in the percent of respondents 65 and older reporting two or more servings of fruit per day.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report two or more servings of fruit.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report two or more servings of fruit per day, with a noted increase since 2005. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting two or more servings of fruit per day.
- In 2005, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report at least two servings of fruit, with a noted increase since 2005. From 2005 to 2016, there was a noted decrease in the percent of respondents who were not overweight reporting at least two servings of fruit.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2014, female respondents were more likely to report at least two servings of fruit per day. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting two or more servings of fruit.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 54 years old were more likely to report two or more servings of fruit, with a noted increase since 2014.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report two or more servings of fruit, with a noted increase since 2014.
- In 2014, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit, with a noted increase since 2014.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report two or more servings of fruit, with a noted increase since 2014.
- In 2014, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report at least two servings of fruit, with a noted increase since 2014.
- In 2014 and 2016, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit.

Table 33. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>b</sup>	64%	59%	56%	58%	65%
Gender <sup>4</sup>					
Male <sup>b</sup>	60	55	55	51	64
Female	69	63	56	64	66
Age <sup>3,5</sup>					
18 to 34	66	65	67	62	64
35 to 44 <sup>a,b</sup>	55	47	47	53	73
45 to 54 <sup>b</sup>	66	64	54	54	75
55 to 64	64	57	48	59	56
65 and Older <sup>a</sup>	70	57	54	60	49
Education <sup>2,5</sup>					
High School or Less	60	50	50	50	59
Some Post High School	67	59	60	62	58
College Graduate <sup>b</sup>	68	68	58	61	75
Household Income <sup>3,5</sup>					
Bottom 40 Percent Bracket	57	52	48	51	59
Middle 20 Percent Bracket	61	62	44	56	62
Top 40 Percent Bracket <sup>b</sup>	65	61	71	62	74
Marital Status <sup>5</sup>					
Married <sup>a,b</sup>	62	62	55	57	72
Not Married <sup>a</sup>	67	55	57	58	56
Overweight Status <sup>5</sup>					
Not Overweight <sup>a</sup>	66	62	59	61	53
Overweight <sup>a,b</sup>	61	57	55	56	70
Physical Activity <sup>2,3,4,5</sup>					
Inactive	--	39	35	36	42
Insufficient	--	57	62	54	60
Recommended	--	66	56	68	73

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## 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.*

### 2016 Findings

- Twenty-six percent of respondents reported three or more servings of vegetables on an average day.

- Female respondents were more likely to report at least three servings of vegetables a day (32%) compared to male respondents (21%).
- Forty-one percent of respondents 35 to 44 years old reported at least three servings of vegetables a day compared to 17% of those 65 and older or 16% of respondents 18 to 34 years old.
- Thirty-six percent of respondents with a college education reported at least three servings of vegetables a day compared to 23% of those with some post high school education or 16% of respondents with a high school education or less.
- Forty-one percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 25% of those in the middle 20 percent income bracket or 16% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least three servings of vegetables a day compared to unmarried respondents (35% and 16%, respectively).
- Thirty-one percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 26% of those who did an insufficient amount of physical activity or 3% of inactive respondents.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report at least three vegetable servings per day.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2005.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least three servings of vegetables, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables, with a noted increase since 2005.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report at least three servings of vegetables. From 2005 to 2016, there was a noted increase in the percent of married respondents reporting at least three servings of vegetables.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2014 and 2016, female respondents were more likely to report at least three vegetable servings per day.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least three servings of vegetables.

- In 2014 and 2016, respondents with a college education were more likely to report at least three servings of vegetables. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting at least three servings of vegetables.
- In 2014 respondents in the top 60 percent household income bracket were more likely to report at least three servings of vegetables. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables.
- In 2014 and 2016, married respondents were more likely to report at least three servings of vegetables. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting at least three servings of vegetables.
- In 2014 and 2016, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2014 to 2016, there was a noted decrease in the percent of respondents who were inactive or who did the recommended amount of physical activity reporting at least three servings of vegetables per day.

Table 34. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL	25%	26%	29%	29%	26%
Gender <sup>4,5</sup>					
Male	21	24	26	17	21
Female	28	28	31	41	32
Age <sup>2,3,5</sup>					
18 to 34 <sup>b</sup>	22	38	28	36	16
35 to 44 <sup>a,b</sup>	19	18	28	24	41
45 to 54	35	25	41	33	35
55 to 64	23	25	24	23	28
65 and Older	28	18	15	21	17
Education <sup>2,3,4,5</sup>					
High School or Less	21	16	22	13	16
Some Post High School <sup>b</sup>	29	29	22	35	23
College Graduate <sup>a</sup>	25	35	43	42	36
Household Income <sup>4,5</sup>					
Bottom 40 Percent Bracket	24	20	25	22	16
Middle 20 Percent Bracket	27	28	23	35	25
Top 40 Percent Bracket <sup>a</sup>	28	33	35	38	41
Marital Status <sup>2,4,5</sup>					
Married <sup>a</sup>	26	31	32	35	35
Not Married <sup>b</sup>	23	21	25	25	16
Overweight Status					
Not Overweight	23	32	24	32	24
Overweight	26	23	31	27	28
Physical Activity <sup>3,4,5</sup>					
Inactive <sup>b</sup>	--	18	14	16	3
Insufficient	--	25	32	19	26
Recommended <sup>b</sup>	--	30	29	41	31

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

### 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 fruit or vegetables per day (2009 Behavioral Risk Factor Surveillance).*

#### 2016 Findings

- Thirty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day.



- Respondents 35 to 44 years old were more likely to report at least five servings of fruit/vegetables a day (58%) compared to those 18 to 34 years old (29%) or respondents 65 and older (27%).
- Fifty-one percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 31% of those with some post high school education or 29% of respondents with a high school education or less.
- Fifty-seven percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 30% of those in the bottom 40 percent income bracket or 25% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report at least five servings of fruit/vegetables a day compared to unmarried respondents (46% and 29%, respectively).
- Forty-six percent of respondents who met the recommended amount of physical activity reported at least five servings of fruit/vegetables a day compared to 35% of those who did an insufficient amount of physical activity or 11% of inactive respondents.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 2005, female respondents were more likely to report at least five fruit/vegetable servings per day. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of male respondents reporting at least five fruit/vegetable servings per day.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2005.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables, with a noted increase since 2005.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2005.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 2014, female respondents were more likely to report at least five fruit/vegetable servings per day. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting at least five fruit/vegetable servings per day.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least five fruit/vegetable servings a day.

- In 2014 and 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting at least five fruit/vegetable servings per day.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day.
- In 2014 and 2016, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day. From 2014 to 2016, there was a noted increase in the percent of respondents who had done an insufficient amount of physical activity reporting at least five fruit/vegetable servings per day.

Table 35. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL	32%	32%	32%	35%	38%
Gender <sup>1,4</sup>					
Male <sup>a,b</sup>	25	28	29	26	36
Female	39	36	35	45	41
Age <sup>2,5</sup>					
18 to 34 <sup>b</sup>	25	42	37	42	29
35 to 44 <sup>a,b</sup>	31	21	25	31	58
45 to 54	37	37	38	33	43
55 to 64	33	29	33	33	34
65 and Older	38	28	23	33	27
Education <sup>2,4,5</sup>					
High School or Less <sup>b</sup>	31	24	27	17	29
Some Post High School	32	32	31	41	31
College Graduate <sup>a</sup>	34	43	39	51	51
Household Income <sup>3,4,5</sup>					
Bottom 40 Percent Bracket	27	25	29	29	30
Middle 20 Percent Bracket	32	36	18	36	25
Top 40 Percent Bracket <sup>a</sup>	40	39	45	48	57
Marital Status <sup>5</sup>					
Married <sup>a</sup>	35	36	34	38	46
Not Married	28	28	31	33	29
Overweight Status					
Not Overweight	31	33	33	39	32
Overweight	33	33	32	33	41
Physical Activity <sup>4,5</sup>					
Inactive	--	22	22	22	11
Insufficient <sup>b</sup>	--	32	37	23	35
Recommended	--	36	31	48	46

<sup>①</sup>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.

<sup>②</sup>Physical activity was defined differently in 2005.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Food Insecurity

### 2016 Findings

- Seven percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months.

- Fourteen percent of respondents in the bottom 40 percent household income bracket reported they couldn't afford enough food compared to 8% of those in the middle 20 percent income bracket or 1% of respondents in the top 40 percent household income bracket.

Table 36. Household Food Insecurity in Past Year by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	7%
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	1
Marital Status	
Married	8
Not Married	7
Children in Household	
Yes	8
No	7

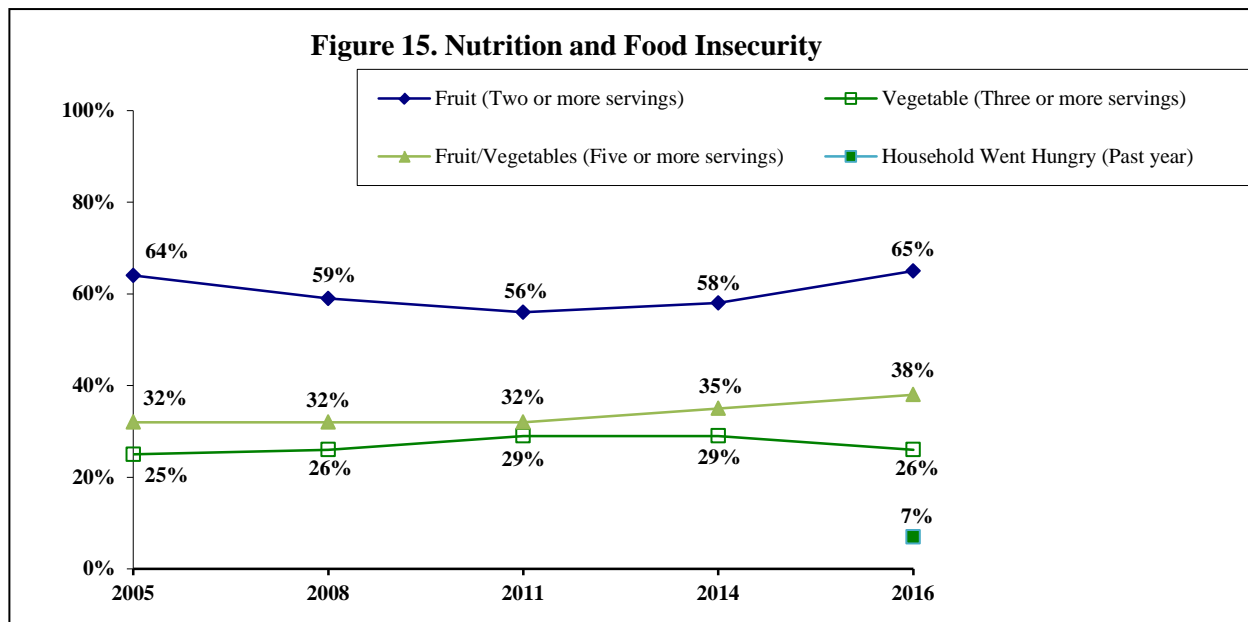
<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Nutrition and Food Insecurity Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.



## Women's Health (Figure 16; Tables 37 - 39)

**KEY FINDINGS:** In 2016, 76% of female respondents 50 and older reported a mammogram within the past two years. Ninety-one percent of female respondents 65 and older had a bone density scan. Eighty-seven percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-nine 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). Married respondents were more likely to meet the cervical cancer recommendation.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram or respondents 65 and older who reported a bone density scan, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a cervical cancer screening in the recommended time frame.*

### Mammogram

*Routine screening for breast cancer every one to two years with mammography is recommended for women 50 to 74 years old.<sup>2</sup>*

*In 2014, 77% of Wisconsin women and 76% of U.S. women 50 and older reported a mammogram within the past two years (2014 Behavioral Risk Factor Surveillance).*

#### 2016 Findings

- Seventy-six percent of 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.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported having 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 in both study years.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having 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 in both study years.

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<sup>2</sup>“Screening for Breast Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2009. Agency for Healthcare Research and Quality, 2009.

## **Bone Density Scan**

### 2016 Findings

- Ninety-one 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.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

## **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 2014, 77% of Wisconsin women and 75% of U.S. women 18 and older reported a pap smear within the past three years (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Eighty-seven percent of respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.
- There were no statistically significant differences between demographic variables and responses of a pap smear within the past three years.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a pap smear within the past three years.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a pap smear within the past three years.
- In 2014, married respondents were more likely to report a pap smear within the past three years. In 2016, marital status was not a significant variable.

Table 37. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)<sup>⓪</sup>

	2005	2008	2011	2014	2016
TOTAL	94%	90%	80%	82%	87%
Education <sup>3</sup>					
Some Post High School or Less	93	90	74	80	88
College Graduate	96	92	93	88	86
Household Income <sup>2,3</sup>					
Bottom 60 Percent Bracket <sup>b</sup>	92	89	77	75	88
Top 40 Percent Bracket	94	100	92	87	87
Marital Status <sup>3,4</sup>					
Married	94	92	89	92	93
Not Married <sup>a</sup>	95	88	72	74	83

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **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.*

### 2016 Findings

- Fifty percent of respondents 18 to 65 years old reported they had an HPV test within the past five years.
- Fifty-seven percent of unmarried respondents reported they had an HPV test within the past five years compared to 40% of married respondents.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting they had an HPV test within the past five years.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report an HPV test within the past five years.

Table 38. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)<sup>⓪</sup>

	2014	2016
TOTAL	54%	50%
Education		
Some Post High School or Less	54	51
College Graduate	54	47
Household Income		
Bottom 60 Percent Bracket	51	54
Top 40 Percent Bracket	57	49
Marital Status <sup>2</sup>		
Married	53	40
Not Married	54	57

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2014; <sup>2</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2014 to 2016

### 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.<sup>3</sup>*

#### 2016 Findings

- Eighty-nine percent of respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every three years for ages 18 to 29 years old; pap smear and HPV test every five years or pap smear only every three years for ages 30 to 65 years old).
- Married respondents were more likely to meet the recommendation compared to unmarried respondents (96% and 84%).

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting they had a cervical cancer screen within the recommended time frame.
- In 2014 and 2016, married respondents were more likely to report they met the recommendation.

<sup>3</sup>“Screening for Cervical Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2012. Agency for Healthcare Research and Quality, 2012.



Table 39. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)<sup>⓪</sup>

	2014	2016
TOTAL	85%	89%
Education		
Some Post High School or Less	82	89
College Graduate	90	90
Household Income		
Bottom 60 Percent Bracket	78	89
Top 40 Percent Bracket	88	91
Marital Status <sup>1,2</sup>		
Married	95	96
Not Married	78	84

<sup>⓪</sup>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.

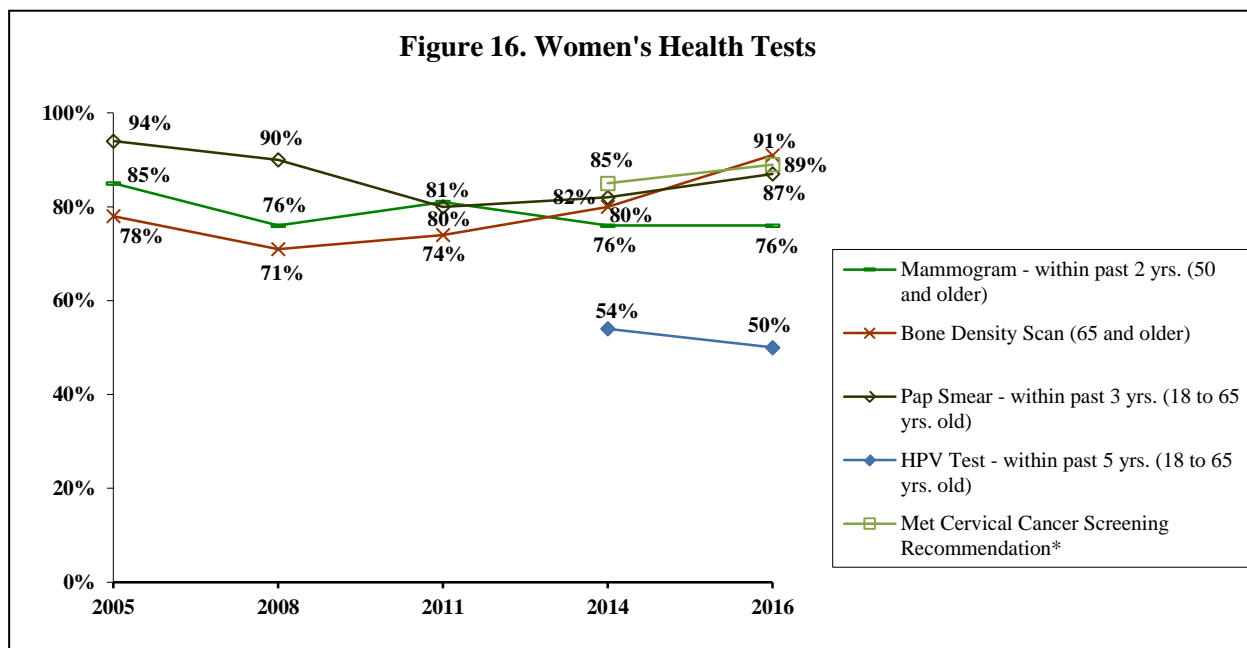
<sup>1</sup>demographic difference at p<0.05 in 2014; <sup>2</sup>demographic difference at p<0.05 in 2016

<sup>a</sup>year difference at p<0.05 from 2014 to 2016

## Women's Health Tests Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram or 65 and older who reported a bone density scan, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, 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. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who met the cervical cancer screening recommendation.



\*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 17; Tables 40 - 43)

**KEY FINDINGS:** In 2016, 19% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 75% reported a colonoscopy within the past ten years. This results in 80% of respondents meeting the current colorectal cancer screening recommendations.

*From 2005 to 2016, 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 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.*

### Blood Stool Test

*In 2014, 6% of Wisconsin respondents and 8% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2014 Behavioral Risk Factor Surveillance).*

#### 2016 Findings

- Nineteen percent of respondents 50 and older had a blood stool test within the past year. Forty-seven percent reported never while 3% were not sure.
- There were no statistically significant differences between demographic variables and responses of a blood stool test within the past year.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- From 2005 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- In 2014, male respondents were more likely to report a blood stool test within the past year. In 2016, gender was not a significant variable.

Table 40. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)<sup>①</sup>

	2005	2011	2014	2016
TOTAL	29%	14%	15%	19%
Gender <sup>3</sup>				
Male	34	13	22	23
Female	25	15	9	16
Education				
Some Post High School or Less	28	15	18	21
College Graduate	28	12	9	16
Household Income				
Bottom 60 Percent Bracket	26	16	14	23
Top 40 Percent Bracket	20	11	15	14
Marital Status				
Married	32	12	15	21
Not Married	25	19	15	16

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2011

<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Sigmoidoscopy

*A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.*<sup>4</sup>

### 2016 Findings

- Ten percent of respondents 50 and older reported their last sigmoidoscopy was within the past five years. Seventy-three percent reported never.
- Male respondents were more likely to report their last sigmoidoscopy within the past five years compared to female respondents (17% and 4%, respectively).

### 2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- In 2008, gender was not a significant variable. In 2016, male respondents were more likely to report a sigmoidoscopy within the past five years. From 2008 to 2016, there was a noted decrease in the percent of female respondents reporting a sigmoidoscopy within the past five years.

<sup>4</sup>“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.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- In 2014 and 2016, male respondents were more likely to report a sigmoidoscopy within the past five years.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report a sigmoidoscopy within the past five years. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a sigmoidoscopy within the past five years.

Table 41. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)<sup>①</sup>

	2008	2011	2014	2016
TOTAL	13%	11%	9%	10%
Gender <sup>3,4</sup>				
Male	15	11	18	17
Female <sup>a</sup>	12	11	3	4
Education				
Some Post High School or Less	12	14	8	9
College Graduate	15	6	13	13
Household Income <sup>3</sup>				
Bottom 60 Percent Bracket <sup>b</sup>	11	10	4	13
Top 40 Percent Bracket	24	7	17	8
Marital Status				
Married	18	7	14	9
Not Married	9	15	6	12

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **Colonoscopy**

*A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.*<sup>5</sup>

## 2016 Findings

- Seventy-five percent of 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 a colonoscopy within the past ten years.

<sup>5</sup>“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 2016 Year Comparisons

- From 2008 to 2016, there was a statistical increase in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2008 and 2016, education was not a significant variable. From 2008 to 2016, there was a noted increase in respondents with some post high school education or less reporting a colonoscopy within the past ten years.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2014, male respondents were more likely to report a colonoscopy within the past ten years. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in female respondents reporting a colonoscopy within the past ten years.
- In 2014, married respondents were more likely to report a colonoscopy within the past ten years. In 2016, marital status was not a significant variable.

Table 42. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)<sup>⓪</sup>

	2008	2011	2014	2016
TOTAL <sup>a</sup>	64%	58%	66%	75%
Gender <sup>3</sup>				
Male	68	56	79	79
Female <sup>b</sup>	60	59	54	71
Education				
Some Post High School or Less <sup>a</sup>	62	53	64	76
College Graduate	66	67	68	73
Household Income <sup>2</sup>				
Bottom 60 Percent Bracket	63	54	61	70
Top 40 Percent Bracket	72	73	74	81
Marital Status <sup>2,3</sup>				
Married	65	65	73	76
Not Married	63	49	58	74

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Colorectal Cancer Screening Recommendation Met

*The Healthy People 2020 goal for meeting the colorectal cancer screening recommendation is 71% (Objective C-16)*

### 2016 Findings

- Eighty percent of 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 2016 Year Comparisons

- From 2008 to 2016, 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 2016, gender was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of female respondents reporting a colorectal cancer screen in the recommended time frame.
- In 2008 and 2016, education was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of respondents with some post high school education or less reporting a colorectal cancer screen in the recommended time frame.
- In 2008 and 2016, marital status was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of married respondents reporting a colorectal cancer screen in the recommended time frame.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 2014, male respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of female respondents reporting a colorectal cancer screen in the recommended time frame.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there were a statistical increase in respondents with some post high school education or less reporting colorectal cancer screen in the recommended time frame.
- In 2014, married respondents were more likely to report colorectal cancer screen in the recommended time frame. In 2016, marital status was not a significant variable.

Table 43. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)<sup>①,②</sup>

	2008	2011	2014	2016
TOTAL <sup>a,b</sup>	67%	65%	69%	80%
Gender <sup>3</sup>				
Male	71	64	84	85
Female <sup>a,b</sup>	63	66	58	78
Education				
Some Post High School or Less <sup>a,b</sup>	65	63	70	83
College Graduate	71	70	70	75
Household Income				
Bottom 60 Percent Bracket	66	62	67	78
Top 40 Percent Bracket	83	74	74	84
Marital Status <sup>3</sup>				
Married <sup>a</sup>	69	69	78	83
Not Married	66	61	62	75

<sup>①</sup>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.

<sup>②</sup>In 2008, blood stool test was not asked.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

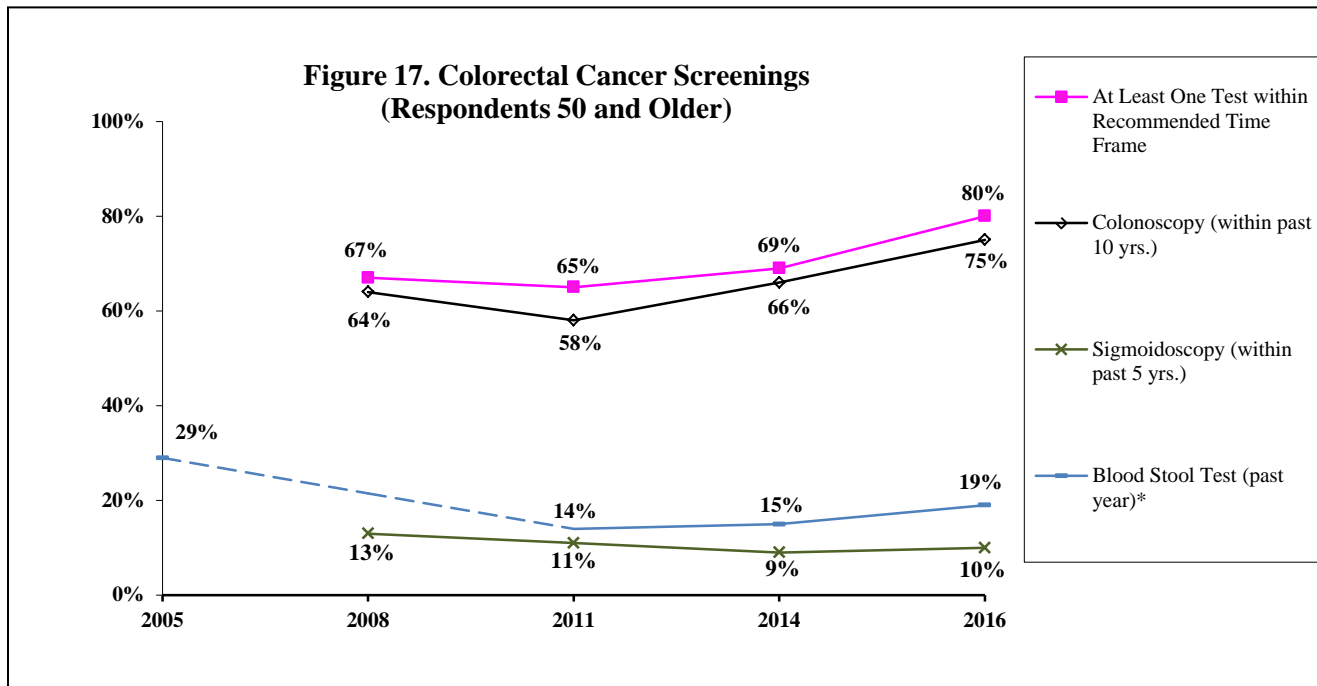
<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Colorectal Cancer Screenings Overall

### Year Comparisons

- From 2005 to 2016, 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 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.



\*In 2008, blood stool test was not asked.

## Tobacco Cigarette Use (Figures 18 & 19; Table 44)

**KEY FINDINGS:** In 2016, 23% of respondents were current tobacco cigarette smokers; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. In the past 12 months, 55% of current smokers quit smoking for one day or longer because they were trying to quit. Eighty-two percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of current smokers who reported a health professional advised them to quit smoking, as well as from 2014 to 2016.*



## Current Tobacco Cigarette Smokers

*The Healthy People 2020 goal for adult smoking is 12%. (Objective TU-1.1)*

*In 2014, 17% of Wisconsin respondents and 18% of U.S. respondents were current smokers (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Twenty-three percent of respondents were current tobacco cigarette smokers; 5% smoked some days and 18% smoked every day in the past month.
- Thirty-nine percent of respondents with a high school education or less were current smokers compared to 29% of those with some post high school education or 5% of respondents with a college education.
- Thirty-five percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 27% of those in the middle 20 percent income bracket or 11% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report being current smokers than married respondents (30% and 17%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2005 and 2016, respondents with a high school education or less were more likely to be a current smoker. From 2005 to 2016, there was a noted decrease in the percent of respondents with a college education who were current smokers.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.
- In 2005 and 2016, unmarried respondents were more likely to be a current smoker.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2014, male respondents were more likely to report they were a current smoker. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting they were a current smoker.
- In 2014, respondents 18 to 44 years old were more likely to be a current smoker. In 2016, age was not a significant variable.
- In 2014, respondents with some post high school education or less were more likely to be a current smoker. In 2016, respondents with a high school education or less were more likely to be a current smoker. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education being a current smoker.

- In 2014, respondents in the middle 20 percent household income bracket were more likely to be a current smoker. In 2016, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.
- In 2014 and 2016, unmarried respondents were more likely to be a current smoker.

Table 44. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL	25%	26%	24%	28%	23%
Gender <sup>4</sup>					
Male <sup>b</sup>	25	30	28	36	27
Female	26	22	21	20	20
Age <sup>2,3,4</sup>					
18 to 34	33	32	23	36	31
35 to 44	25	26	37	35	24
45 to 54	26	31	21	25	20
55 to 64	20	25	26	21	20
65 and Older	19	8	13	13	13
Education <sup>1,2,3,4,5</sup>					
High School or Less	32	31	34	36	39
Some Post High School	27	30	26	34	29
College Graduate <sup>a,b</sup>	15	15	11	13	5
Household Income <sup>1,2,4,5</sup>					
Bottom 40 Percent Bracket	34	35	27	39	35
Middle 20 Percent Bracket	27	29	28	43	27
Top 40 Percent Bracket	19	20	20	9	11
Marital Status <sup>1,4,5</sup>					
Married	21	23	23	18	17
Not Married	30	28	25	36	30

<sup>①</sup>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.

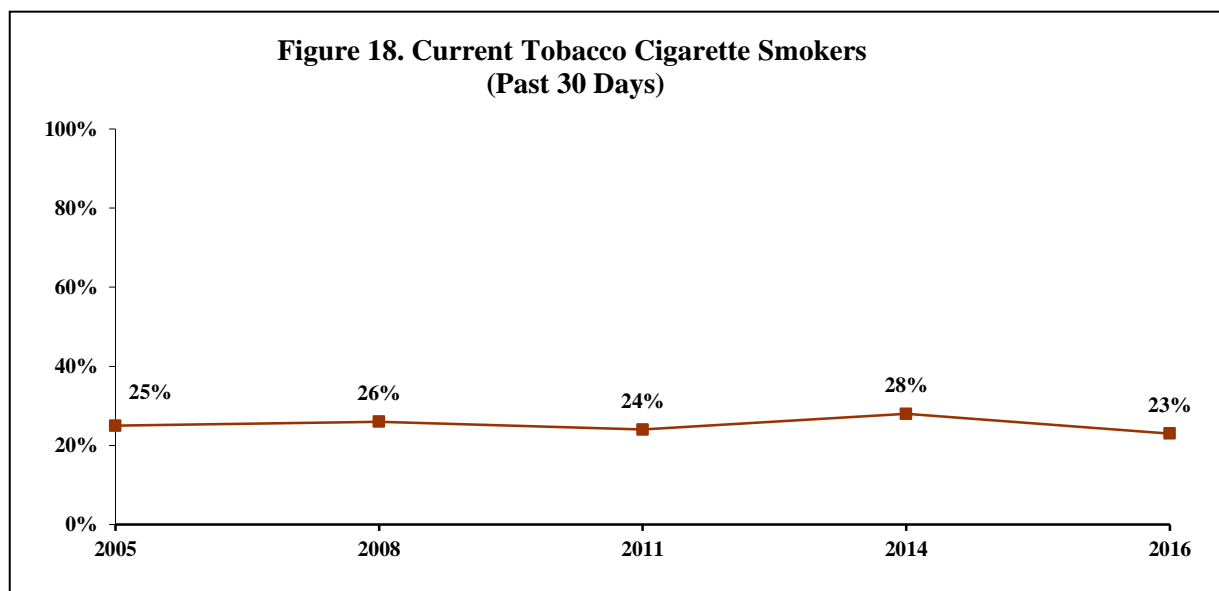
<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2005; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2008; <sup>3</sup>demographic difference at  $p \leq 0.05$  in 2011; <sup>4</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>5</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2005 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Tobacco Cigarette Use Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016.



### **Quit Smoking for at Least One Day in Past 12 Months 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).*

### 2016 Findings

*Of current tobacco cigarette smokers...*

- Fifty-five percent of the 92 current smokers reported they quit smoking 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.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer 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 in both study years.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer 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 in both study years.

### **Doctor, Nurse or Other Health Professional Advised Respondent to Quit**

#### 2016 Findings

*Of current smokers who have seen a health professional in the past 12 months...*

- Eighty-two percent of the 76 current smokers who have seen a health professional in the past 12 months reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

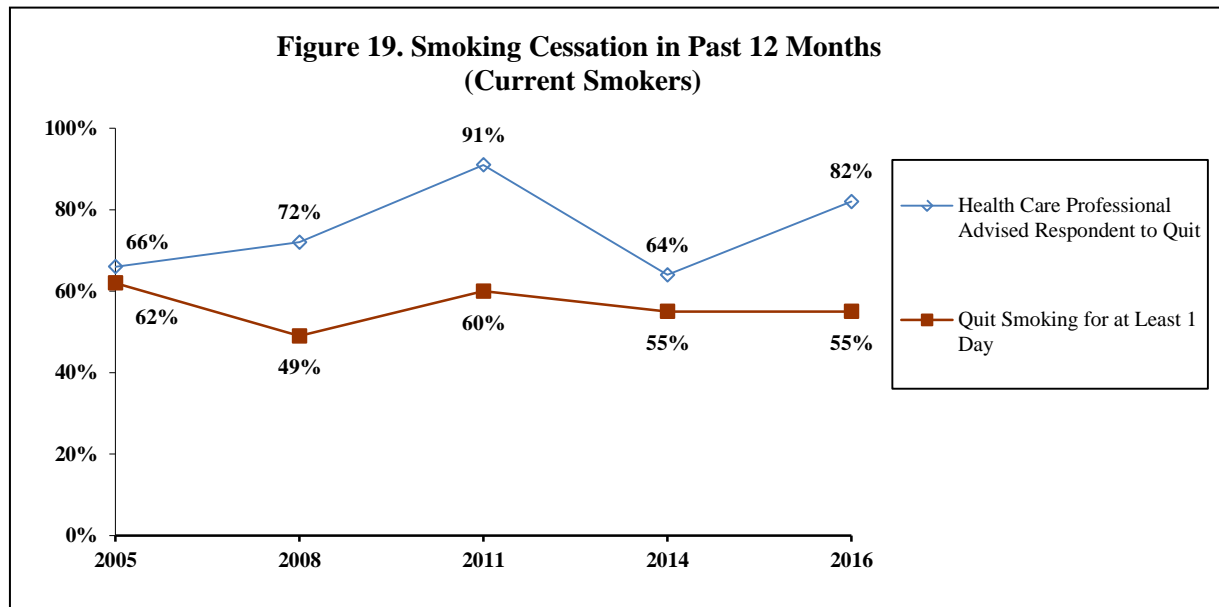
#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

## Smoking Cessation Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of current smokers who reported a health professional advised them to quit smoking, as well as from 2014 to 2016.



## Exposure to Cigarette Smoke (Figures 20 & 21; Tables 45 & 46)

**KEY FINDINGS:** In 2016, 86% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 35 to 44 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 this.

*From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.*

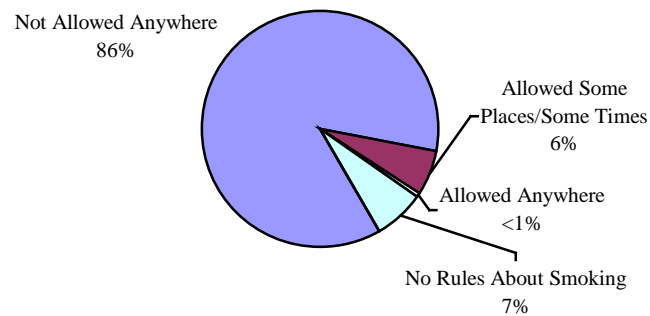
## Smoking Policy Inside Home

*In 2005, 75% of Wisconsin respondents reported smoking is prohibited in their home (2005 Tobacco Use Supplement to the Current Population Survey). In 2006-2008, 79% of U.S. respondents reported smoking is prohibited in their home (2006-2008 Tobacco Use Supplement to the Current Population Survey).*

## 2016 Findings

- Eighty-six percent of respondents reported smoking is not allowed anywhere inside the home while 6% reported smoking is allowed in some places or at some times. Less than one percent reported smoking is allowed anywhere inside the home. Seven percent of respondents reported there are no rules about smoking inside the home.

**Figure 20. Smoking Policy Inside Home for 2016**



- Ninety-six percent of respondents in the top 40 percent household income bracket reported smoking is not allowed in the home compared to 88% of those in the middle 20 percent income bracket or 74% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report smoking is not allowed in the home compared to unmarried respondents (93% and 78%, respectively).
- Ninety-two percent of nonsmokers reported smoking is not allowed in the home compared to 66% of smokers.
- Respondents in households with children were more likely to report smoking is not allowed in the home (94%) compared to respondents in households without children (81%).

## 2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2008 and 2016, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. From 2008 to 2016, there was a noted increase in the percent of respondents across household income reporting smoking is not allowed in the home.
- In 2008 and 2016, married respondents were more likely to report smoking is not allowed in the home. From 2008 to 2016, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.
- In 2008 and 2016, nonsmokers were more likely to report smoking is not allowed in the home. From 2008 to 2016, there was a noted increase in the percent of respondents across smoking status reporting smoking is not allowed in the home.

- In 2008 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home. From 2008 to 2016, there was a noted increase in the percent of respondents with or without children reporting smoking is not allowed in the home.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. From 2014 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting smoking is not allowed in the home.
- In 2014 and 2016, married respondents were more likely to report smoking is not allowed in the home.
- In 2014 and 2016, nonsmokers were more likely to report smoking is not allowed in the home. From 2014 to 2016, there was a noted increase in the percent of smoking respondents reporting smoking is not allowed in the home.
- In 2014 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home. From 2014 to 2016, there was a noted increase in the percent of respondents without children in the household reporting smoking is not allowed in the home.

Table 45. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year<sup>⓪</sup>

	2008	2011	2014	2016
TOTAL <sup>a,b</sup>	73%	76%	80%	86%
Household Income <sup>1,2,3,4</sup>				
Bottom 40 Percent Bracket <sup>a</sup>	63	70	70	74
Middle 20 Percent Bracket <sup>a,b</sup>	62	67	73	88
Top 40 Percent Bracket <sup>a</sup>	83	85	95	96
Marital Status <sup>1,2,3,4</sup>				
Married <sup>a</sup>	80	84	88	93
Not Married <sup>a</sup>	64	68	74	78
Smoking Status <sup>1,2,3,4</sup>				
Nonsmoker <sup>a</sup>	83	85	92	92
Smoker <sup>a,b</sup>	43	48	49	66
Children in Household <sup>1,2,3,4</sup>				
Yes <sup>a</sup>	82	84	91	94
No <sup>a,b</sup>	66	70	73	81

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Exposure to Second-Hand Smoke in Past Seven Days (Nonsmokers)

*The Healthy People 2020 goal for nonsmokers exposed to second-hand smoke is 34%. (Objective TU-11.3)*

### 2016 Findings

Of 301 nonsmoking respondents...

- Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke 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.
- Thirty-two percent of respondents 35 to 44 years old reported second-hand smoke exposure compared to 9% of those 65 and older or 2% of respondents 45 to 54 years old.
- Twenty-seven percent of respondents with some post high school education and 23% of those with a high school education or less reported second-hand smoke exposure compared to 9% of respondents with a college education.
- Twenty-seven percent of respondents in the bottom 40 percent household income bracket reported second-hand smoke exposure compared to 16% of those in the top 40 percent income bracket or 2% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report second-hand smoke exposure compared to married respondents (26% and 11%, respectively).

### 2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2008, male respondents were more likely to report second-hand smoke exposure. In 2016, gender was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of male respondents reporting second-hand smoke exposure.
- In 2008 and 2016, respondents 35 to 44 years old were more likely to report second-hand smoke exposure. From 2008 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting second-hand smoke exposure.
- In 2008, respondents with some post high school education were more likely to report exposure to second-hand smoke. In 2016, respondents with some post high school education or less were more likely to report exposure to second-hand smoke.
- In 2008, respondents in the top 40 percent household income bracket were more likely to report exposure to second-hand smoke. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting second-hand smoke exposure.
- In 2008 and 2016, unmarried respondents were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted decrease in the percent of respondents across marital status reporting second-hand smoke exposure.



## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2014, respondents 18 to 34 years old were more likely to report second-hand smoke exposure. In 2016, respondents 35 to 44 years old were more likely to report second-hand smoke exposure, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting second-hand smoke exposure.
- In 2014, respondents with a high school education or less were more likely to report exposure to second-hand smoke. In 2016, respondents with some post high school education or less were more likely to report exposure to second-hand smoke.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting exposure to second-hand smoke.
- In 2014 and 2016, unmarried respondents were more like to report exposure to second-hand smoke.

Table 46. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year<sup>⓪</sup>

	2008	2011	2014	2016
TOTAL <sup>a</sup>	28%	21%	21%	17%
Gender <sup>1</sup>				
Male <sup>a</sup>	36	20	24	15
Female	21	23	19	20
Age <sup>1,2,3,4</sup>				
18 to 34 <sup>b</sup>	34	39	55	29
35 to 44 <sup>b</sup>	39	13	10	32
45 to 54 <sup>a,b</sup>	16	16	11	2
55 to 64	25	16	7	11
65 and Older	17	8	6	9
Education <sup>1,2,3,4</sup>				
High School or Less	31	28	36	23
Some Post High School	40	27	20	27
College Graduate	15	9	10	9
Household Income <sup>1,4</sup>				
Bottom 40 Percent Bracket	34	27	18	27
Middle 20 Percent Bracket <sup>a,b</sup>	15	21	18	2
Top 40 Percent Bracket <sup>a</sup>	39	17	13	16
Marital Status <sup>1,2,3,4</sup>				
Married <sup>a</sup>	21	12	10	11
Not Married <sup>a</sup>	37	31	31	26

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2008; <sup>2</sup>demographic difference at p≤0.05 in 2011

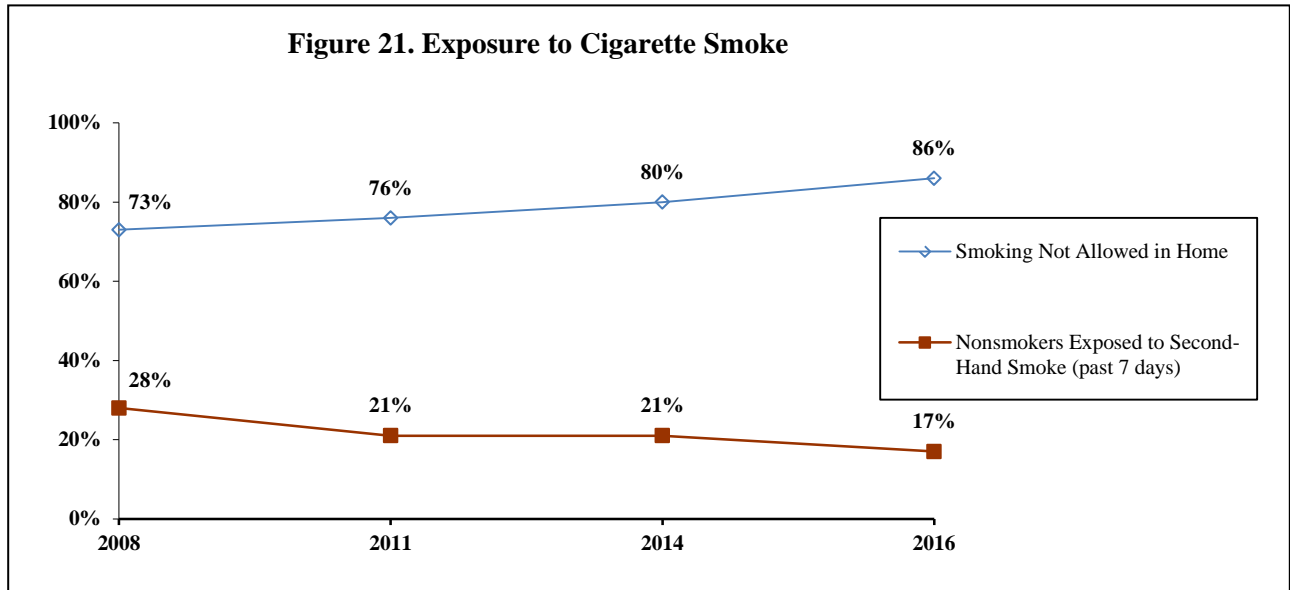
<sup>3</sup>demographic difference at p≤0.05 in 2014; <sup>4</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2008 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Exposure to Cigarette Smoke Overall

### Year Comparisons

- From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.



## Other Tobacco Products (Figure 22; Tables 47 – 49)

**KEY FINDINGS:** In 2016, 3% of respondents used smokeless tobacco in the past month while 2% reported they used electronic cigarettes. Less than one percent reported they used cigars, cigarillos or little cigars in the past month.

*From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported past month use of electronic cigarettes or cigars/cigarillos/little cigars. From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported past month use of smokeless tobacco.*

### Smokeless Tobacco

*In 2014, 2% of Wisconsin respondents and 2% of U.S. respondents used chewing tobacco, snuff or snus (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Three percent of respondents used smokeless tobacco in the past 30 days.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used smokeless tobacco in the past month.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.
- In 2014, respondents who were male, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to have report smokeless tobacco use in the past month.

Table 47. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year<sup>ⓐ</sup>

	2014	2016 <sup>ⓑ</sup>
TOTAL	5%	3%
Gender <sup>1</sup>		
Male	10	--
Female	<1	--
Age <sup>1</sup>		
18 to 34	10	--
35 to 44	0	--
45 to 54	7	--
55 to 64	2	--
65 and Older	2	--
Education		
High School or Less	6	--
Some Post High School	6	--
College Graduate	3	--
Household Income <sup>1</sup>		
Bottom 40 Percent Bracket	4	--
Middle 20 Percent Bracket	13	--
Top 40 Percent Bracket	3	--
Marital Status <sup>1</sup>		
Married	2	--
Not Married	7	--

<sup>ⓐ</sup>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.

<sup>ⓑ</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

<sup>1</sup>demographic difference at p<0.05 in 2014; <sup>2</sup>demographic difference at p<0.05 in 2016

<sup>a</sup>year difference at p<0.05 from 2014 to 2016

## **Electronic Cigarettes**

### 2016 Findings

- Two percent of respondents used electronic cigarettes in the past 30 days.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used electronic cigarettes in the past 30 days.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who used electronic cigarettes in the past month.
- In 2014, respondents 18 to 34 years old, with some post high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report electronic cigarette use in the past month.

Table 48. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year<sup>①</sup>

	2014	2016 <sup>②</sup>
TOTAL <sup>a</sup>	9%	2%
Gender		
Male	11	--
Female	7	--
Age <sup>1</sup>		
18 to 34	20	--
35 to 44	4	--
45 to 54	5	--
55 to 64	5	--
65 and Older	2	--
Education <sup>1</sup>		
High School or Less	11	--
Some Post High School	11	--
College Graduate	3	--
Household Income <sup>1</sup>		
Bottom 40 Percent Bracket	8	--
Middle 20 Percent Bracket	17	--
Top 40 Percent Bracket	2	--
Marital Status <sup>1</sup>		
Married	3	--
Not Married	13	--

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

<sup>1</sup>demographic difference at p≤0.05 in 2014; <sup>2</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2014 to 2016

## **Cigars, Cigarillos or Little Cigars**

### 2016 Findings

- Less than one percent of respondents used cigars, cigarillos or little cigars in the past 30 days.
- 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 30 days.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 have used cigars, cigarillos or little cigars in the past month.

Table 49. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year<sup>①</sup>

	2014	2016 <sup>②</sup>
TOTAL <sup>a</sup>	7%	<1%
Gender <sup>1</sup>		
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	--

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

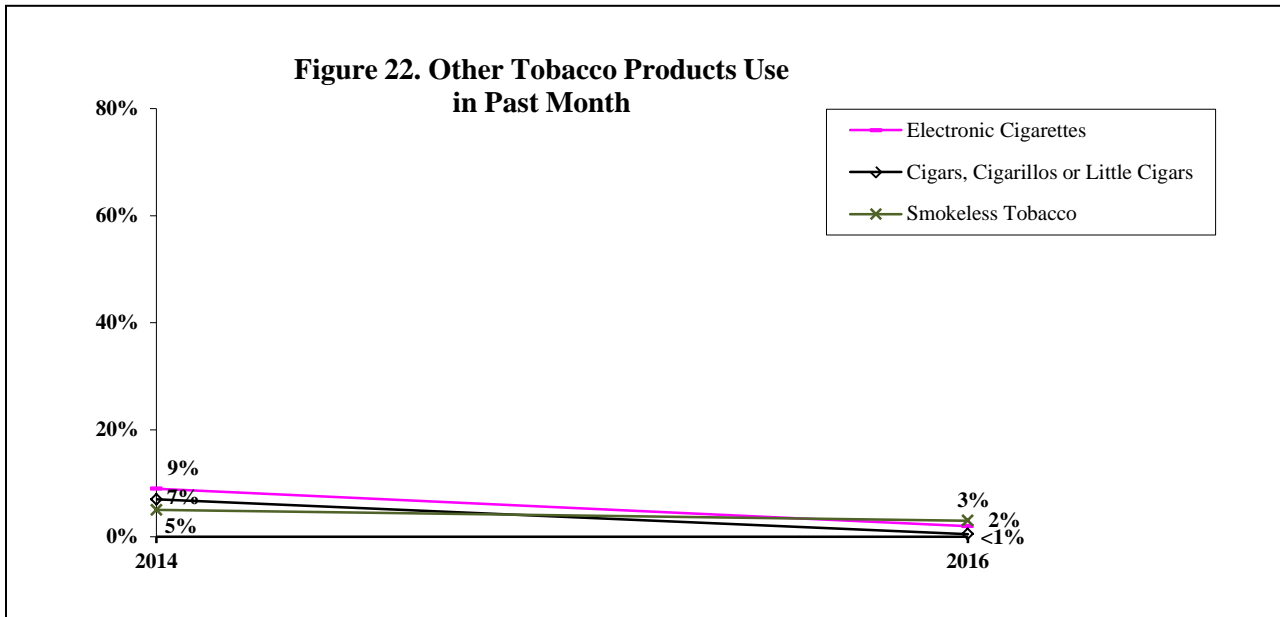
<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Other Tobacco Products Overall

### Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars. From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco.



## Alcohol Use (Figure 23; Tables 50 & 51)

**KEY FINDINGS:** In 2016, 30% of respondents were binge drinkers in the past month; respondents 35 to 44 years old were more likely to report this. 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 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2014 to 2016, there was a statistical decrease.*

### **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 2016, 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 2014, 22% 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 (2014 Behavioral Risk Factor Surveillance).*

### 2016 Findings

- Thirty percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).
- Respondents 35 to 44 years old were more likely to have binged in the past month (45%) compared to those 45 to 54 years old (15%) or respondents 65 and older (12%).

### 2005 to 2016 Year Comparisons

*In 2011, 2014 and 2016, 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 2005 and 2008, the definition was five or more drinks, regardless of gender.*

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who binged.
- In 2005, male respondents were more likely to have binged. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across gender binge drinking.
- In 2005, respondents 18 to 34 years old were more likely to have binged. In 2016, respondents 35 to 44 years old were more likely to have binged. From 2005 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting binge drinking.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across education binge drinking.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting binge drinking.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status reporting binge drinking.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who binged.
- In 2014, male respondents were more likely to have binged. In 2016, gender was not a significant variable.
- In 2014, respondents 18 to 34 years old were more likely to have binged. In 2016, respondents 35 to 44 years old were more likely to have binged, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old binge drinking.
- In 2014, respondents in the top 40 percent household income bracket were more likely to have binged. In 2016, household income was not a significant variable.

Table 50. Binge Drinking in Past Month by Demographic Variables for Each Survey Year<sup>①,②</sup>

	2005	2008	2011	2014	2016
TOTAL <sup>a</sup>	17%	23%	28%	32%	30%
Gender <sup>1,2,4</sup>					
Male <sup>a</sup>	22	31	32	39	32
Female <sup>a</sup>	13	15	25	26	27
Age <sup>1,2,3,4,5</sup>					
18 to 34 <sup>b</sup>	36	29	46	58	41
35 to 44 <sup>a,b</sup>	13	29	33	25	45
45 to 54	9	21	22	24	15
55 to 64 <sup>a</sup>	2	12	15	24	27
65 and Older	7	10	7	12	12
Education <sup>2,3</sup>					
High School or Less <sup>a</sup>	16	20	33	37	30
Some Post High School <sup>a</sup>	21	33	33	32	33
College Graduate <sup>a</sup>	15	15	18	28	26
Household Income <sup>4</sup>					
Bottom 40 Percent Bracket	22	23	32	26	30
Middle 20 Percent Bracket	19	21	32	25	27
Top 40 Percent Bracket <sup>a</sup>	13	29	27	43	33
Marital Status <sup>2</sup>					
Married <sup>a</sup>	15	17	24	34	28
Not Married <sup>a</sup>	20	28	32	31	32

<sup>①</sup>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.

<sup>②</sup>In 2011, 2014 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in all other study years, “5 or more drinks on an occasion” was used for both males and females.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month

### 2016 Findings

- 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.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much 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 both study years.



## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.
- In 2014, respondents 18 to 34 years old were more likely to report they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

Table 51. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year<sup>①</sup>

	2005 <sup>②</sup>	2008 <sup>②</sup>	2011 <sup>②</sup>	2014	2016 <sup>②</sup>
TOTAL <sup>b</sup>	3%	3%	2%	6%	2%
Gender					
Male	--	--	--	8	--
Female	--	--	--	4	--
Age <sup>4</sup>					
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	--

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

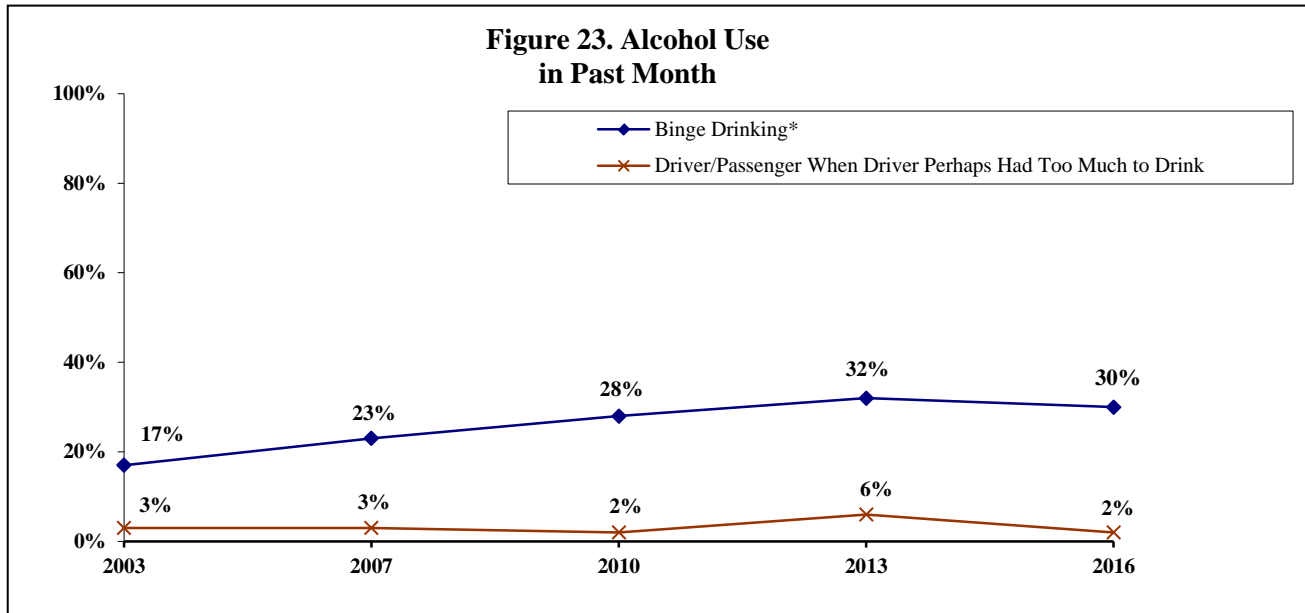
<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2005; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2008; <sup>3</sup>demographic difference at  $p \leq 0.05$  in 2011; <sup>4</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>5</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2005 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Alcohol Use Overall

### Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month while from 2014 to 2016, there was a statistical decrease.



\*In 2011, 2014 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2005 and 2008, “5 or more drinks on an occasion” was used for both males and females.

## Household Problems (Figure 24; Table 52)

**KEY FINDINGS:** In 2016, 5% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents reported someone in their household experienced a problem with marijuana. One percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs. Less than one percent of respondents reported someone in their household experienced a problem with gambling. Zero percent of respondents reported a household problem with the misuse of prescription drugs/over-the-counter drugs.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.*

## **Household Problem Associated with Alcohol in Past Year**

### 2016 Findings

- Five percent of respondents reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking alcohol in the past year.
- There were no statistically significant differences between demographic variables and responses of a household problem in connection with drinking alcohol in the past year.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a household problem with alcohol.
- In 2005, married respondents were more likely to report a household problem with drinking alcohol. In 2016, marital status was not a significant variable.
- In 2005, respondents in households with children were more likely to report a household problem with drinking alcohol. In 2016, presence of children was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in households without children reporting a household problem with alcohol.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents reporting a household problem in connection with drinking alcohol.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting a household problem with drinking alcohol in 2014.

Table 52. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008 <sup>②</sup>	2011 <sup>②</sup>	2014 <sup>②</sup>	2016
TOTAL <sup>b</sup>	4%	2%	3%	2%	5%
Household Income					
Bottom 40 Percent Bracket	3	--	--	--	8
Middle 20 Percent Bracket <sup>a</sup>	7	--	--	--	0
Top 40 Percent Bracket	7	--	--	--	4
Marital Status <sup>1</sup>					
Married	6	--	--	--	5
Not Married	2	--	--	--	4
Children in Household <sup>1</sup>					
Yes	6	--	--	--	3
No <sup>a</sup>	2	--	--	--	6

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Other Household Problems in Past Year

### 2016 Findings

- Two 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, heroin or other street drugs. Less than one percent of respondents reported someone in their household experienced some kind of problem with gambling. Zero percent of respondents reported a household problem in connection with the misuse of prescription drugs/over-the-counter drugs.
- 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.

### 2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs in the past year. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs, marijuana, or gambling in the past year.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting each household problem in both study years.

### 2014 to 2016 Year Comparisons

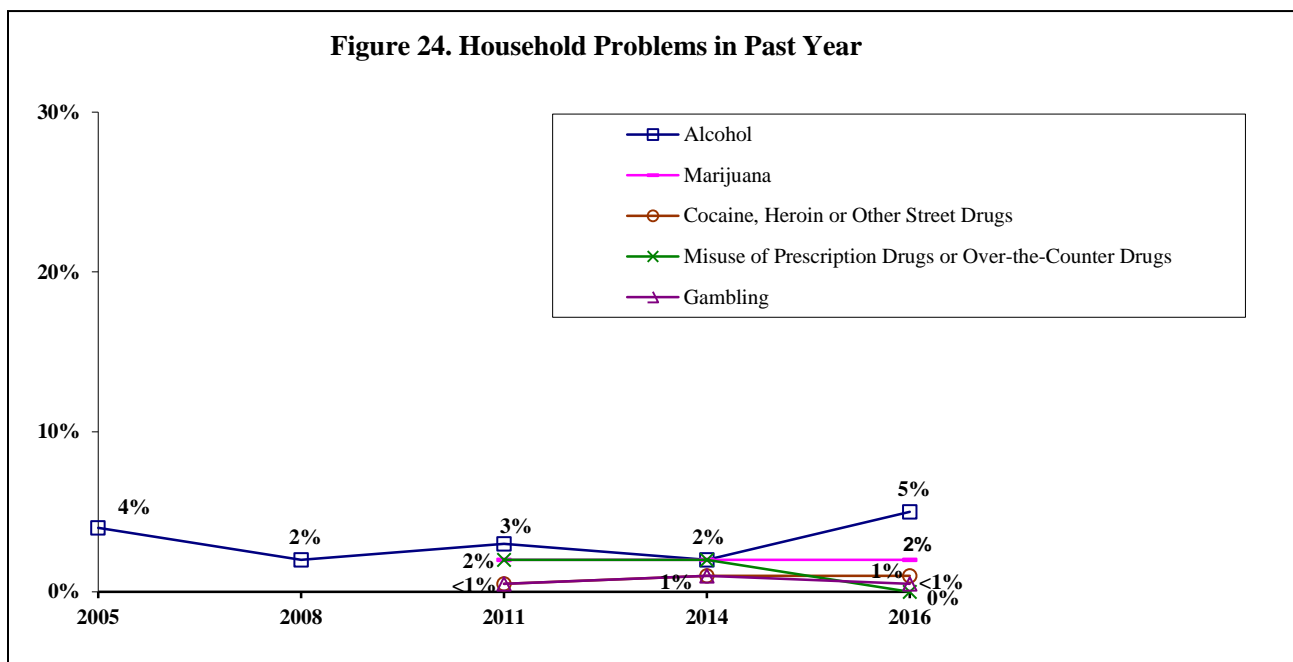
- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs in the past year. From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling in the past year.

- No demographic comparisons were conducted between years as a result of the small number of respondents reporting each household problem in both study years.

## Household Problems Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.



## Times of Distress in Past Three Years (Table 53)

**KEY FINDINGS:** In 2016, 23% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or respondents with children in the household were more likely to report this. Sixty percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

### Times of Distress

#### 2016 Findings

- Twenty-three percent of respondents reported in the past three years someone in their household experienced times of distress, including economic hardship, family issues, medical issues or some other distress in life and looked for community resource support in Kenosha County.

- Thirty-four percent of respondents in the bottom 40 percent household income bracket reported someone in their household experienced times of distress in the past three years and looked for support compared to 18% of those in the top 40 percent income bracket or 15% of respondents in the middle 20 percent household income bracket.
- Twenty-eight percent of respondents with children in the household reported someone in their household experienced times of distress in the past three years compared to 20% of respondents with no children.

Table 53. Times of Distress in Past Three Years by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	23%
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	34
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	18
Marital Status	
Married	22
Not Married	25
Children in Household <sup>1</sup>	
Yes	28
No	20

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

### Community Resource Support

- Sixty percent of the 93 respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Forty percent reported extremely supported or very supported.
  - Of the 56 respondents who reported they felt somewhat, slightly or not at all supported by the community resources, 51% reported the lack of knowledge of where to go was the reason for the low level of support. Fourteen percent each reported poor quality of care or finances. Ten percent of respondents reported the stigma related to needing help/disapproval while 4% each reported lack of transportation or inconvenient hours as their reason for the lower level of support.

## Mental Health Status (Figures 25 & 26; Tables 54 - 56)

**KEY FINDINGS:** In 2016, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents 55 to 64 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, with a high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report seldom/never.

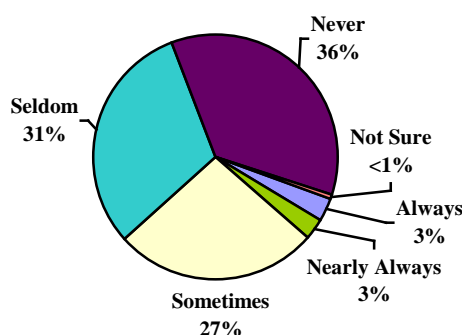
*From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they considered suicide while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.*

### Felt Sad, Blue or Depressed

#### 2016 Findings

- Six percent of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. This represents up to 14,080 residents.

**Figure 25. Felt Sad, Blue or Depressed in Past 30 Days for 2016**



- Fourteen percent of respondents 55 to 64 years old reported they always or nearly always felt sad, blue or depressed compared to 3% of those 18 to 34 years old or 2% of respondents 65 and older.
- Nine percent of respondents with a high school education or less and 8% of those with some post high school education reported they always or nearly always felt sad, blue or depressed compared to 1% of respondents with a college education.
- Eight percent of respondents in the bottom 40 percent household income bracket and 7% of those in the middle 20 percent income bracket reported they always or nearly always felt sad, blue or depressed compared to 1% of respondents in the top 40 percent household income bracket.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of female respondents reporting they always or nearly always felt sad, blue or depressed.
- In 2005, respondents 35 to 44 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, respondents 55 to 64 years old were more likely to report they always or nearly always felt sad, blue or depressed. From 2005 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old or 65 and older reporting they always or nearly always felt sad, blue or depressed.
- In 2005, respondents with a high school education or less were more likely to report they always or nearly always felt sad, blue or depressed. 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 2005, 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 2016, respondents in the bottom 60 percent household income bracket were more likely to report always or nearly always. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they always or nearly always felt sad, blue or depressed.
- In 2005, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of unmarried respondents reporting always or nearly always.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2014, female respondents were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting always or nearly always.
- In 2014, age was not a significant variable. In 2016, respondents 55 to 64 years old were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2014, education was not a significant variable. 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 2014, 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 2016, respondents in the bottom 60 percent household income bracket were more likely to report always or nearly always.
- In 2014, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, marital status was not a significant variable.



Table 54. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year<sup>⓪</sup>

	2005	2008	2011	2014	2016
TOTAL	9%	7%	8%	7%	6%
Gender <sup>4</sup>					
Male	7	6	9	4	7
Female <sup>a,b</sup>	10	8	6	10	4
Age <sup>1,3,5</sup>					
18 to 34	5	3	7	2	3
35 to 44 <sup>a</sup>	17	10	12	11	5
45 to 54	3	4	4	11	7
55 to 64	7	12	14	7	14
65 and Older <sup>a</sup>	10	10	2	7	2
Education <sup>1,5</sup>					
High School or Less	17	9	11	11	9
Some Post High School	5	8	7	6	8
College Graduate	<1	3	4	5	1
Household Income <sup>1,2,4,5</sup>					
Bottom 40 Percent Bracket <sup>a</sup>	16	13	11	10	8
Middle 20 Percent Bracket	7	7	5	5	7
Top 40 Percent Bracket	0	3	5	2	1
Marital Status <sup>1,3,4</sup>					
Married	4	5	3	4	5
Not Married <sup>a</sup>	15	10	12	10	7

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## 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.*

### 2016 Findings

- Five percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 12,800 residents who may have considered suicide in the past year.
- Eight percent of respondents in the bottom 40 percent household income bracket reported they felt so overwhelmed in the past year that they considered suicide compared to 3% of those in the middle 20 percent income bracket or 1% of respondents in the top 40 percent household income bracket.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.

- No demographic comparison across years were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year they considered suicide in 2005.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- In 2014, female respondents were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting they felt so overwhelmed they considered suicide.
- In 2014, respondents with some post high school education were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2016, education was not a significant variable.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed they considered suicide.
- In 2014, unmarried respondents were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2016, marital status was not a significant variable.

Table 55. Considered Suicide in Past Year by Demographic Variables for Each Survey Year<sup>①</sup>

	2005 <sup>②</sup>	2008	2011	2014	2016
TOTAL <sup>a</sup>	2%	4%	5%	8%	5%
Gender <sup>4</sup>					
Male	--	4	4	4	6
Female <sup>b</sup>	--	4	5	10	5
Age					
18 to 34	--	5	7	11	4
35 to 44	--	3	5	8	4
45 to 54	--	7	2	6	6
55 to 64	--	5	8	7	10
65 and Older	--	2	0	3	3
Education <sup>4</sup>					
High School or Less	--	6	5	7	8
Some Post High School	--	3	5	13	6
College Graduate	--	4	4	<1	3
Household Income <sup>5</sup>					
Bottom 40 Percent Bracket	--	6	5	10	8
Middle 20 Percent Bracket	--	3	0	7	3
Top 40 Percent Bracket	--	4	4	5	1
Marital Status <sup>2,4</sup>					
Married	--	2	3	3	4
Not Married	--	6	7	11	7

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011;

<sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **Find Meaning and Purpose in Daily Life**

### 2016 Findings

- Eight percent of respondents reported they seldom or never find meaning and purpose in daily life. Forty-three percent of respondents reported they always find meaning and purpose while an additional 36% reported nearly always.
- Eleven percent of male respondents reported they seldom or never find meaning and purpose in daily life compared to 5% of female respondents.
- Fifteen percent of respondents with a high school education or less reported they seldom or never find meaning and purpose in daily life compared to 8% of those with some post high school education or 3% of respondents with a college education.
- Fourteen percent of respondents in the bottom 40 percent household income bracket and 12% of those in the middle 20 percent income bracket reported they seldom or never find meaning and purpose in daily life compared to 0% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life compared to married respondents (14% and 3%, respectively).

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 2005, gender was not a significant variable. In 2016, male respondents were more likely to report they seldom or never find meaning and purpose in daily life. From 2005 to 2016, there was a noted increase in the percent of male respondents reporting seldom or never.
- In 2005 and 2016, 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 2005, 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. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report seldom or never. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting seldom or never.
- In 2005 and 2016, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 2014, gender was not a significant variable. In 2016, male respondents were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2014, respondents 45 to 54 years old were more likely to report they seldom or never find meaning and purpose in daily life. In 2016, age was not a significant variable. From 2014 to 2016, there was a noted increase in respondents 35 to 44 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting they seldom or never find meaning and purpose in daily life.
- In 2014, education was not a significant variable. In 2016, respondents with a high school education or less reported they seldom or never find meaning and purpose in daily life.
- In 2014, 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. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report seldom or never.
- In 2014 and 2016, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

Table 56. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year<sup>①</sup>

Year <sup>①</sup>	2005	2008	2011	2014	2016
TOTAL	5%	5%	5%	7%	8%
Gender <sup>5</sup>					
Male <sup>a</sup>	3	5	7	9	11
Female	7	4	3	6	5
Age <sup>3,4</sup>					
18 to 34 <sup>a</sup>	3	4	2	8	9
35 to 44 <sup>b</sup>	7	5	1	1	11
45 to 54 <sup>b</sup>	7	1	8	14	5
55 to 64	4	9	7	5	10
65 and Older	6	6	10	5	7
Education <sup>1,5</sup>					
High School or Less	9	3	8	10	15
Some Post High School	4	7	5	7	8
College Graduate	<1	4	2	4	3
Household Income <sup>1,4,5</sup>					
Bottom 40 Percent Bracket	15	5	6	14	14
Middle 20 Percent Bracket <sup>a</sup>	0	7	3	8	12
Top 40 Percent Bracket	0	5	2	0	0
Marital Status <sup>1,4,5</sup>					
Married	2	3	4	4	3
Not Married	9	6	6	10	14

<sup>①</sup>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.

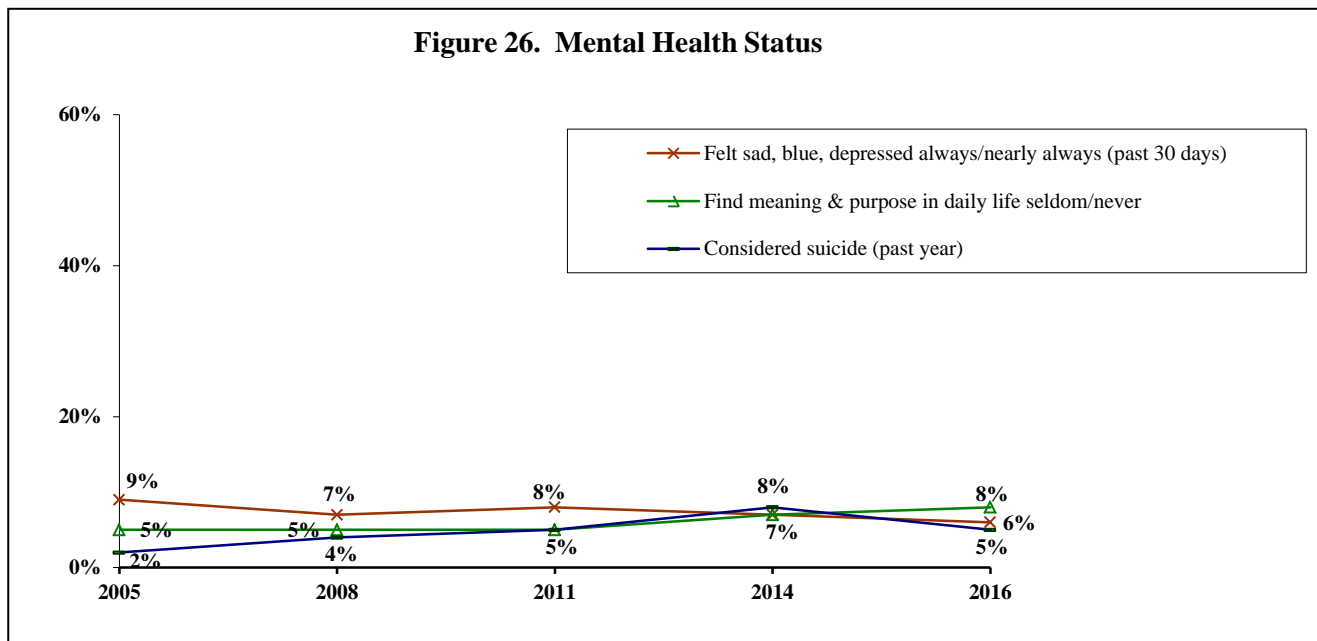
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Mental Health Status Overall

### Year Comparisons

- From 2005 to 2016, there was a statistical increase in the percent of respondents who considered suicide while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.



## Personal Safety Issues (Figure 27; Tables 57 – 59)

**KEY FINDINGS:** In 2016, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents 35 to 44 years old or in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents 35 to 44 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this.

*From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.*

### Afraid for Personal Safety

#### 2016 Findings

- Four percent of respondents reported someone made them afraid for their personal safety in the past year.

- Eleven percent of respondents 35 to 44 years old reported someone made them afraid for their personal safety in the past year compared to less than one percent of those 18 to 34 years old or 0% of respondents 65 and older.
- Nine percent of respondents in the bottom 40 percent household income bracket reported someone made them afraid for their personal safety in the past year compared to 2% of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2005, female respondents were more likely to report they were afraid for their personal safety. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of male respondents reporting they were afraid for their personal safety.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they were afraid for their personal safety.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they were afraid for their personal safety.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they were afraid for their personal safety, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they were afraid for their personal safety.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report they were afraid for their personal safety. In 2016, respondents in the bottom 40 percent household income were more likely to report they were afraid for their personal safety. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they were afraid for their personal safety.
- In 2014, unmarried respondents were more likely to report they were afraid for their personal safety. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting they were afraid for their personal safety.

Table 57. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year<sup>①</sup>

	2005	2008	2011	2014	2016
TOTAL	4%	5%	5%	4%	4%
Gender <sup>1,2,3</sup>					
Male <sup>a</sup>	<1	1	2	5	5
Female	7	8	8	3	3
Age <sup>5</sup>					
18 to 34 <sup>b</sup>	2	7	4	7	<1
35 to 44 <sup>b</sup>	8	3	8	1	11
45 to 54	6	3	7	2	5
55 to 64	4	9	5	5	5
65 and Older	0	2	2	5	0
Education					
High School or Less	4	2	3	4	3
Some Post High School	3	6	6	6	8
College Graduate	4	6	8	3	2
Household Income <sup>3,4,5</sup>					
Bottom 40 Percent Bracket	3	6	9	4	9
Middle 20 Percent Bracket <sup>b</sup>	2	7	2	10	0
Top 40 Percent Bracket	5	5	3	<1	2
Marital Status <sup>2,4</sup>					
Married <sup>b</sup>	3	2	4	<1	5
Not Married	4	7	6	7	3

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Pushed, Kicked, Slapped or Hit

### 2016 Findings

- Two percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in the past year.

### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in both study years.

## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- In 2014, respondents who were female or with some post high school education were more likely to report they were pushed, kicked, slapped or hit in the past year.

Table 58. Pushed, Kicked, Slapped or Hit in Past Year by Demographic Variables for Each Survey Year<sup>①</sup>

	2005 <sup>②</sup>	2008 <sup>②</sup>	2011 <sup>②</sup>	2014	2016 <sup>②</sup>
TOTAL <sup>b</sup>	2%	2%	3%	5%	2%
Gender <sup>4</sup>					
Male	--	--	--	2	--
Female	--	--	--	7	--
Age					
18 to 34	--	--	--	7	--
35 to 44	--	--	--	4	--
45 to 54	--	--	--	6	--
55 to 64	--	--	--	2	--
65 and Older	--	--	--	0	--
Education <sup>4</sup>					
High School or Less	--	--	--	2	--
Some Post High School	--	--	--	9	--
College Graduate	--	--	--	3	--
Household Income					
Bottom 40 Percent Bracket	--	--	--	3	--
Middle 20 Percent Bracket	--	--	--	7	--
Top 40 Percent Bracket	--	--	--	7	--
Marital Status					
Married	--	--	--	3	--
Not Married	--	--	--	6	--

<sup>①</sup>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.

<sup>②</sup>Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2005; <sup>2</sup>demographic difference at  $p \leq 0.05$  in 2008; <sup>3</sup>demographic difference at  $p \leq 0.05$  in 2011; <sup>4</sup>demographic difference at  $p \leq 0.05$  in 2014; <sup>5</sup>demographic difference at  $p \leq 0.05$  in 2016

<sup>a</sup>year difference at  $p \leq 0.05$  from 2005 to 2016; <sup>b</sup>year difference at  $p \leq 0.05$  from 2014 to 2016

## Combined Personal Safety Issues

### 2016 Findings

- Five percent of all respondents reported at least one of the two personal safety issues.
- Eleven percent of respondents 35 to 44 years old reported at least one of the two personal safety issues compared to 3% of those 18 to 34 years old or 0% of respondents 65 and older.



- Nine percent of respondents with some post high school education reported at least one of the two personal safety issues compared to 5% of those with a high school education or less or 2% of respondents with a college education.
- Ten percent of respondents in the bottom 40 percent household income bracket reported at least one of the two personal safety issues compared to 3% of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.

#### 2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2005 and 2016, respondents 35 to 44 years old were more likely to report at least one of the two personal safety issues.
- In 2005, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report at least one of the personal safety issues, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. From 2005 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least one of the personal safety issues.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2014 and 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of female respondents reporting at least one of the personal safety issues.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report at least one of the personal safety issues. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least one of the personal safety issues.
- In 2014 and 2016, respondents with some post high school education were more likely to report at least one of the personal safety issues.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting at least one of the personal safety issues.
- In 2014, unmarried respondents were more likely to report at least one of the personal safety issues. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting at least one of the personal safety issues.

Table 59. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year<sup>ⓐ</sup>

	2005	2008	2011	2014	2016
TOTAL	6%	5%	7%	8%	5%
Gender <sup>2,3</sup>					
Male	5	2	4	6	6
Female <sup>b</sup>	7	9	11	10	4
Age <sup>1,5</sup>					
18 to 34 <sup>b</sup>	2	7	8	14	3
35 to 44	13	3	9	5	11
45 to 54	7	4	8	6	7
55 to 64	4	11	5	5	5
65 and Older	0	2	3	5	0
Education <sup>4,5</sup>					
High School or Less	8	3	5	5	5
Some Post High School <sup>a</sup>	3	7	7	13	9
College Graduate	5	7	11	6	2
Household Income <sup>5</sup>					
Bottom 40 Percent Bracket	4	7	9	5	10
Middle 20 Percent Bracket <sup>b</sup>	2	7	5	15	0
Top 40 Percent Bracket <sup>a,b</sup>	10	5	4	8	3
Marital Status <sup>2,4</sup>					
Married	4	3	5	3	5
Not Married <sup>b</sup>	8	8	9	11	5

<sup>ⓐ</sup>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.

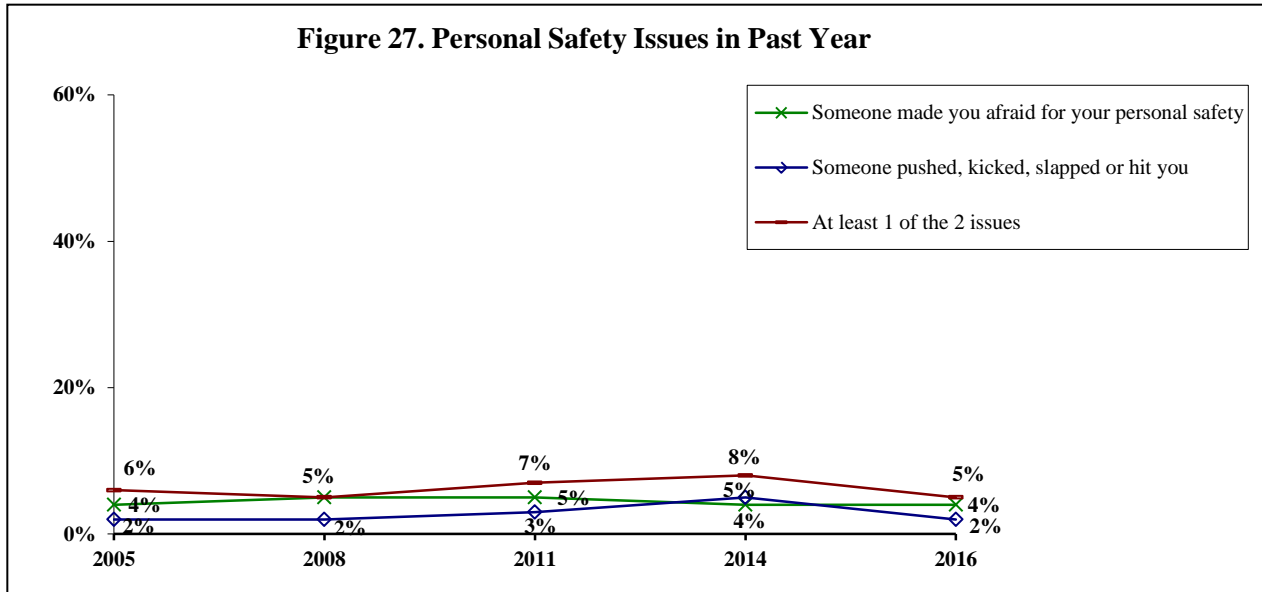
<sup>1</sup>demographic difference at p≤0.05 in 2005; <sup>2</sup>demographic difference at p≤0.05 in 2008; <sup>3</sup>demographic difference at p≤0.05 in 2011; <sup>4</sup>demographic difference at p≤0.05 in 2014; <sup>5</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2005 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Personal Safety Issues Overall

### Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.



## Children in Household (Figures 28 & 29; Tables 60 – 66)

**KEY FINDINGS:** In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-eight percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 85% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Seven percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 4% reported their child did not receive the medical care needed. Four percent reported their child was not able to visit a specialist they needed to see. Twenty-one percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 25% reported three or more servings of vegetables. This results in 31% of respondents reporting their 5 to 17 year old child ate at least five or more servings of fruits or vegetables. Forty-seven percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Eight percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Nineteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 19% reported verbal bullying, 9% reported physical bullying and 0% cyber bullying.

*From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor/nurse, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting their child*

*visited their personal doctor for preventive care in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child had asthma while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting their child was seldom/never safe in their community, as well as from 2014 to 2016. From 2011 to 2016, 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 a day, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least three servings of vegetables a day while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child ate at least five servings of fruits/vegetables or their child was physically active five times a week for at least 60 minutes, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall or the type of bullying, as well as from 2014 to 2016.*

## **Children in Household**

### 2016 Findings

- Forty percent of respondents reported they have a child under the age of 18 living in their household. Eighty-nine 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.
- Fifty-six percent of the children selected were 12 or younger. Fifty-one percent were boys. Of these households, 45% were in the bottom 60 percent household income bracket and 66% were married.

## **Child's Personal Doctor**

### 2016 Findings

Of the 135 respondents who make health care decisions for their child...

- Ninety-eight percent of respondents reported they had one or more persons they think of as their child's personal 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 personal doctor or nurse.

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor or nurse.
- In 2011, respondents were more likely to report their son had a personal doctor or nurse. In 2016, gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their daughter had a personal doctor or nurse.

- In 2011 and 2016, age of child was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their 13 to 17 year old child had a personal doctor or nurse.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child had a personal doctor or nurse.
- In 2011 and 2016, marital status was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of unmarried respondents reporting their child had a personal doctor or nurse.

#### 2014 to 2016 Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor or nurse.
- In 2014 and 2016, child’s gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents reporting their son had a personal doctor or nurse.
- In 2014 and 2016, child’s age was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents reporting their child who was 12 or younger had a personal doctor or nurse.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report their child had a personal doctor or nurse. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting their child had a personal doctor or nurse.
- In 2014, married respondents were more likely to report their child had a personal doctor or nurse. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of unmarried respondents reporting their child had a personal doctor or nurse.

Table 60. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year<sup>①</sup>

	2011	2014	2016
TOTAL <sup>a,b</sup>	89%	89%	98%
Gender <sup>1</sup>			
Boy <sup>b</sup>	93	85	97
Girl <sup>a</sup>	81	92	97
Age			
12 Years Old or Younger <sup>b</sup>	92	85	97
13 to 17 Years Old <sup>a</sup>	83	95	96
Household Income <sup>2</sup>			
Bottom 60 Percent Bracket <sup>b</sup>	92	83	96
Top 40 Percent Bracket <sup>a</sup>	82	96	99
Marital Status <sup>2</sup>			
Married	91	94	97
Not Married <sup>a,b</sup>	84	82	98

<sup>①</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Preventive Care with Child's Personal Doctor

### 2016 Findings

Of the 133 respondents with a child who has a personal doctor...

- Of children who had a personal doctor, 85% reported their child visited their personal doctor/nurse for preventive care during the past 12 months.
- Ninety-five percent of respondents in the bottom 60 percent household income bracket reported their child saw their personal doctor/nurse for preventive care in the past 12 months compared to 76% of respondents in the top 40 percent household income bracket.
- Married respondents were more likely to report their child saw their personal doctor/nurse for preventive care in the past 12 months compared to unmarried respondents (92% and 73%, respectively).

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care.
- In 2011 and 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their child who was 12 or younger saw their personal doctor for preventive care.
- In 2011, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report their child saw their personal doctor for preventive care. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child saw their personal doctor for preventive care.
- In 2011, marital status was not a significant variable. In 2016, married respondents were more likely to report their child saw their personal doctor for preventive care. From 2011 to 2016, there was a noted decrease in the percent of unmarried respondents reporting their child saw their personal doctor for preventive care.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report their child saw their personal doctor for preventive care. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child saw their personal doctor for preventive care.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report their child saw their personal doctor for preventive care.

Table 61. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year<sup>Ⓞ</sup>

	2011	2014	2016
TOTAL <sup>a</sup>	95%	91%	85%
Gender			
Boy	96	90	87
Girl	93	91	83
Age			
12 Years Old or Younger <sup>a</sup>	97	90	89
13 to 17 Years Old	88	90	80
Household Income <sup>3</sup>			
Bottom 60 Percent Bracket	96	88	95
Top 40 Percent Bracket <sup>a,b</sup>	94	90	76
Marital Status <sup>3</sup>			
Married	92	91	92
Not Married <sup>a</sup>	100	89	73

<sup>Ⓞ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Unmet Care

### 2016 Findings

Of the 136 respondents with a child...

- Seven percent of respondents reported there was a time in the past 12 months their child did not get the dental care needed. Four percent each reported their child did not receive the medical care needed or did not visit a specialist they needed to see in the past 12 months.
- No demographic comparisons were conducted as a result of the low number of respondents who reported their child had an unmet need.

### 2011 to 2016 Comparisons

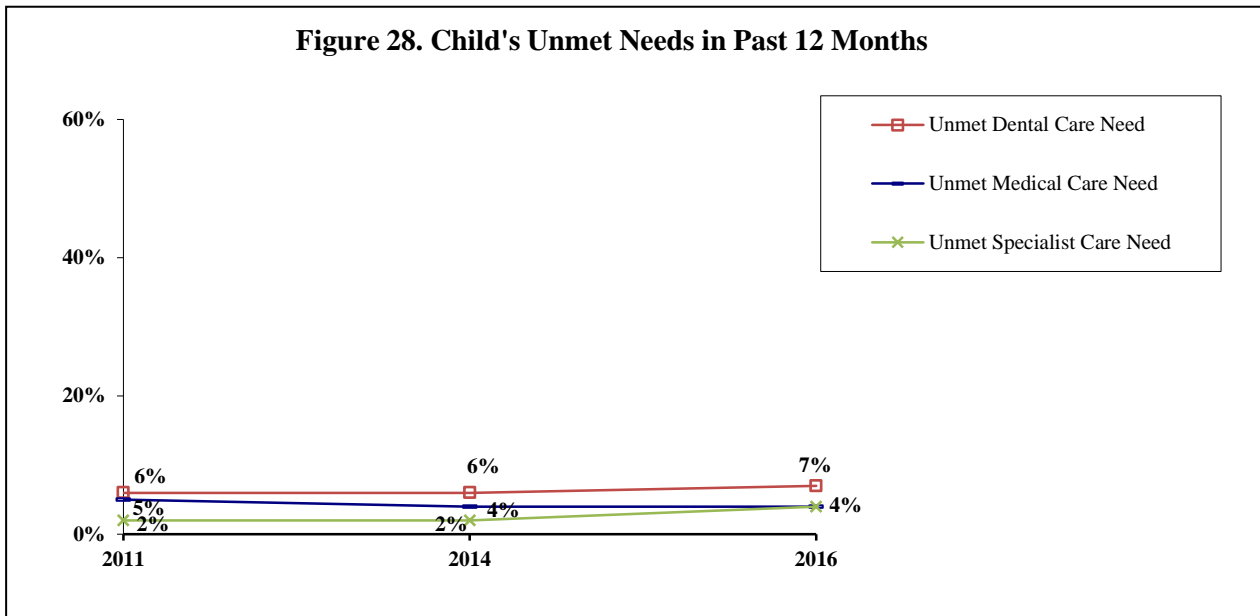
- From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or was unable to see a specialist when needed.
- No demographic comparisons were conducted between years as a result of the low number of respondents who reported their child had an unmet need in both study years.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or was unable to see a specialist when needed.

- No demographic comparisons were conducted between years as a result of the low number of respondents who reported their child had an unmet need in both study years.

**Figure 28. Child's Unmet Needs in Past 12 Months**



## Child's Asthma

### 2016 Findings

Of the 136 respondents with a child...

- Twenty-one percent of respondents reported their child currently had asthma.
- No demographic comparisons were conducted as a result of the number of respondents who reported their child had asthma.
  - Of the 29 respondents with a child with asthma, 21% reported their child had an asthma attack in the past 12 months.

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child currently had asthma (7% and 21%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child had asthma in both study years.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (14% and 21%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child had asthma in both study years.



## **Child's Safety in Community**

### 2016 Findings

Of the 136 respondents with a child...

- Zero 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 number of respondents who reported their child was seldom/never safe in their community.

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (2% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child was seldom/never safe in their community in both study years.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (2% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child was seldom/never safe in their community in both study years.

## **Child's Sleeping Arrangement**

### 2016 Findings

Of the 7 respondents with a child two years old or younger...

- Seven respondents (100%) reported when their child was a baby, their child usually slept in a crib or bassinet while zero respondents (0%) reported in bed with them or another person.
- No demographic comparisons were conducted as a result of the number of respondents who were asked this question.

### 2011 to 2016 Comparisons

- From 2011 to 2016, 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.

### 2014 to 2016 Comparisons

- From 2014 to 2016, 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 (9% 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

### 2016 Findings

Of the 105 respondents with a child 5 to 17 years old...

- Seventy-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day.
- Eighty-eight percent of respondents reported their daughter ate at least two servings of fruit on an average day compared to 60% of respondents speaking on behalf of their son.

### 2011 to 2016 Comparisons

- From 2011 to 2016, 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.
- In 2011, child's gender was not a significant variable. In 2016, respondents were more likely to report their daughter ate at least two servings of fruit.

### 2014 to 2016 Comparisons

- From 2014 to 2016, 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.
- In 2014, child's gender was not a significant variable. In 2016, respondents were more likely to report their daughter ate at least two servings of fruit, with a noted increase since 2014.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report their child ate at least two servings of fruit. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who reported their child ate at least two servings of fruit on an average day.
- In 2014, unmarried respondents were more likely to report their child ate at least two servings of fruit. In 2016, marital status was not a significant variable. From 2014 to 2016, 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 two servings of fruit on an average day.

Table 62. Child’s Daily Fruit Intake (Two or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)<sup>⓪</sup>

	2011	2014	2016
TOTAL	76%	66%	72%
Gender <sup>3</sup>			
Boy	70	60	60
Girl <sup>b</sup>	84	71	88
Age			
5 to 12 Years Old	82	59	71
13 to 17 Years Old	67	74	74
Household Income <sup>2</sup>			
Bottom 60 Percent Bracket	67	79	67
Top 40 Percent Bracket <sup>b</sup>	83	53	77
Marital Status <sup>2</sup>			
Married <sup>b</sup>	83	56	78
Not Married <sup>b</sup>	68	92	64

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Child’s Vegetable Intake

### 2016 Findings

Of the 105 respondents with a child 5 to 17 years old...

- Twenty-five percent of respondents reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.
- Thirty-seven percent of respondents reported their daughter ate at least three servings of vegetables a day compared to 16% of respondents reporting about their son.

### 2011 to 2016 Comparisons

- From 2011 to 2016, 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.
- In 2011 and 2016, respondents were more likely to report their daughter ate at least three servings of vegetables. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their son ate at least three servings of vegetables.
- In 2011 and 2016, child’s age was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their 13 to 17 year old child ate at least three servings of vegetables.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, 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.

- In 2011 and 2016, marital status was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of married respondents reporting their child ate at least three servings of vegetables.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change 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.
- In 2014, child’s gender was not a significant variable. In 2016, respondents were more likely to report their daughter ate at least three servings of vegetables.

Table 63. Child’s Daily Vegetable Intake (Three or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)<sup>Ⓞ</sup>

	2011	2014	2016
TOTAL <sup>a</sup>	41%	19%	25%
Gender <sup>1,3</sup>			
Boy <sup>a</sup>	32	12	16
Girl	52	26	37
Age			
5 to 12 Years Old	35	27	29
13 to 17 Years Old <sup>a</sup>	48	12	23
Household Income			
Bottom 60 Percent Bracket	37	26	30
Top 40 Percent Bracket <sup>a</sup>	53	11	21
Marital Status			
Married <sup>a</sup>	41	16	18
Not Married	42	28	35

<sup>Ⓞ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **Child’s Fruit and Vegetable Intake**

### 2016 Findings

Of the 105 respondents with a child 5 to 17 years old...

- Thirty-one percent of respondents reported their 5 to 17 year old child ate at least five servings of fruits or vegetables on an average day.
- Forty-five percent of respondents reported their daughter ate at least five servings of fruits or vegetables on an average day compared to 21% of respondents speaking on behalf of their son.
- Forty-three percent of unmarried respondents reported their child ate at least five servings of fruits or vegetables on an average day compared to 23% of married respondents.

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2011, child's gender was not a significant variable. In 2016, respondents were more likely to report their daughter ate at least five servings of fruits or vegetables on an average day. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their son ate at least five servings of fruit or vegetables.
- In 2011 and 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their 13 to 17 year old child ate at least five servings of fruit or vegetables.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child ate at least five servings of fruit or vegetables a day.
- In 2011, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report their child ate at least five servings of fruit or vegetables a day. From 2011 to 2016, there was a noted decrease in the percent of married respondents reporting their child ate at least five servings of fruit or vegetables a day.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2014, child's gender was not a significant variable. In 2016, respondents were more likely to report their daughter ate at least five servings of fruit or vegetables on an average day.
- In 2014 and 2016, child's age was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents reporting their 13 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2014 and 2016, unmarried respondents were more likely to report their child ate at least five servings of fruit or vegetables on an average day. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting their child ate at least five servings of fruit or vegetables.

Table 64. Child’s Daily Fruit or Vegetable Intake (Five or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)<sup>Ⓞ</sup>

	2011	2014	2016
TOTAL <sup>a,b</sup>	45%	46%	31%
Gender <sup>3</sup>			
Boy <sup>a</sup>	40	38	21
Girl	51	53	45
Age			
5 to 12 Years Old	44	43	39
13 to 17 Years Old <sup>a,b</sup>	46	50	25
Household Income			
Bottom 60 Percent Bracket	41	56	37
Top 40 Percent Bracket <sup>a</sup>	58	38	27
Marital Status <sup>2,3</sup>			
Married <sup>a</sup>	46	37	23
Not Married <sup>b</sup>	42	69	43

<sup>Ⓞ</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Child’s Physical Activity

### 2016 Findings

Of the 105 respondents with a child 5 to 17 years old...

- Forty-seven percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.
- There were no statistically significant differences between demographic variables and responses that their child was physically active five times a week for at least 60 minutes each.
  - Of the 55 respondents who reported their child was not physically active five times a week for at least 60 minutes, 41% reported their child does not like to be physically active. Nineteen percent reported their child liked to play video games or on a computer while 15% reported the weather was the reason their child was not physically active.

### 2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2011, respondents were more likely to report their daughter was physically active five times a week. In 2016, gender was not a significant variable.

- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child was physically active five times a week.

### 2014 to 2016 Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2014 and 2016, child’s gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents reporting their son was physically active five times a week.
- In 2014 and 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child was physically active five times a week.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting their child was physically active five times a week.

Table 65. 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)<sup>⓪</sup>

	2011	2014	2016
TOTAL <sup>a,b</sup>	64%	67%	47%
Gender <sup>1</sup>			
Boy <sup>b</sup>	56	71	39
Girl	76	63	57
Age			
5 to 12 Years Old	69	73	55
13 to 17 Years Old	57	60	42
Household Income			
Bottom 60 Percent Bracket	69	70	51
Top 40 Percent Bracket <sup>a,b</sup>	63	60	38
Marital Status			
Married <sup>b</sup>	59	66	43
Not Married	71	69	52

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## **Child’s Emotional Well-Being**

### 2016 Findings

Of the 90 respondents with a child 8 to 17 years old...

- Eight percent of respondents reported their 8 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 number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months.

#### 2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical increase 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 8%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

#### 2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 (9% and 8%, respectively).
- No demographic comparisons were conducted between years as a result of the number 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**

#### 2016 Findings

Of the 89 respondents with a child 8 to 17 years old...

- Nineteen percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past year. More specifically, 19% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Nine percent reported their child was physically bullied, for example, being hit or kicked. Zero 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.
- Respondents were more likely to report their 8 to 12 year old child was bullied in some way (30%) compared to respondents speaking on behalf of their 13 to 17 year old child (12%).

#### 2011 to 2016 Year Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was bullied in the past year.
- In 2011, respondents were more likely to report their son was bullied in the past year. In 2016, gender was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents reporting their son was bullied.
- In 2011, child's age was not a significant variable. In 2016, respondents were more likely to report their 8 to 12 year old child was bullied.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their child was bullied.



## 2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child was bullied in the past year.
- In 2014, child's age was not a significant variable. In 2016, respondents were more likely to report their 8 to 12 year old child was bullied.
- In 2014, unmarried respondents were more likely to report their child was bullied. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting their child was bullied.

Table 66. Child Experienced Bullying in Past 12 Months by Demographic Variables for Each Survey Year (Children 8 to 17 Years Old)<sup>⓪</sup>

	2011	2014	2016
TOTAL	32%	24%	19%
Gender <sup>1</sup>			
Boy <sup>a</sup>	43	17	22
Girl	17	31	15
Age <sup>3</sup>			
8 to 12 Years Old	41	27	30
13 to 17 Years Old	22	21	12
Household Income			
Bottom 60 Percent Bracket	20	32	23
Top 40 Percent Bracket <sup>a</sup>	39	18	13
Marital Status <sup>2</sup>			
Married	36	15	25
Not Married <sup>b</sup>	26	56	9

<sup>⓪</sup>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.

<sup>1</sup>demographic difference at p≤0.05 in 2011; <sup>2</sup>demographic difference at p≤0.05 in 2014

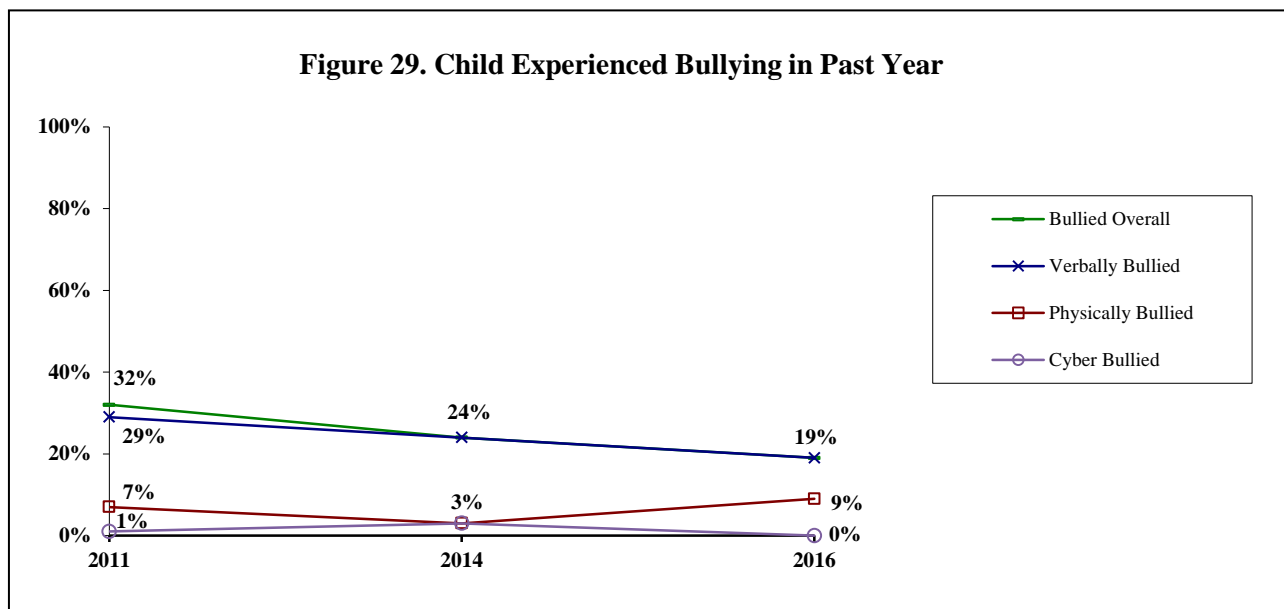
<sup>3</sup>demographic difference at p≤0.05 in 2016

<sup>a</sup>year difference at p≤0.05 from 2011 to 2016; <sup>b</sup>year difference at p≤0.05 from 2014 to 2016

## Child Experienced Bullying Overall

### Year Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was bullied overall, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was verbally, physically or cyber bullied, as well as from 2014 to 2016.



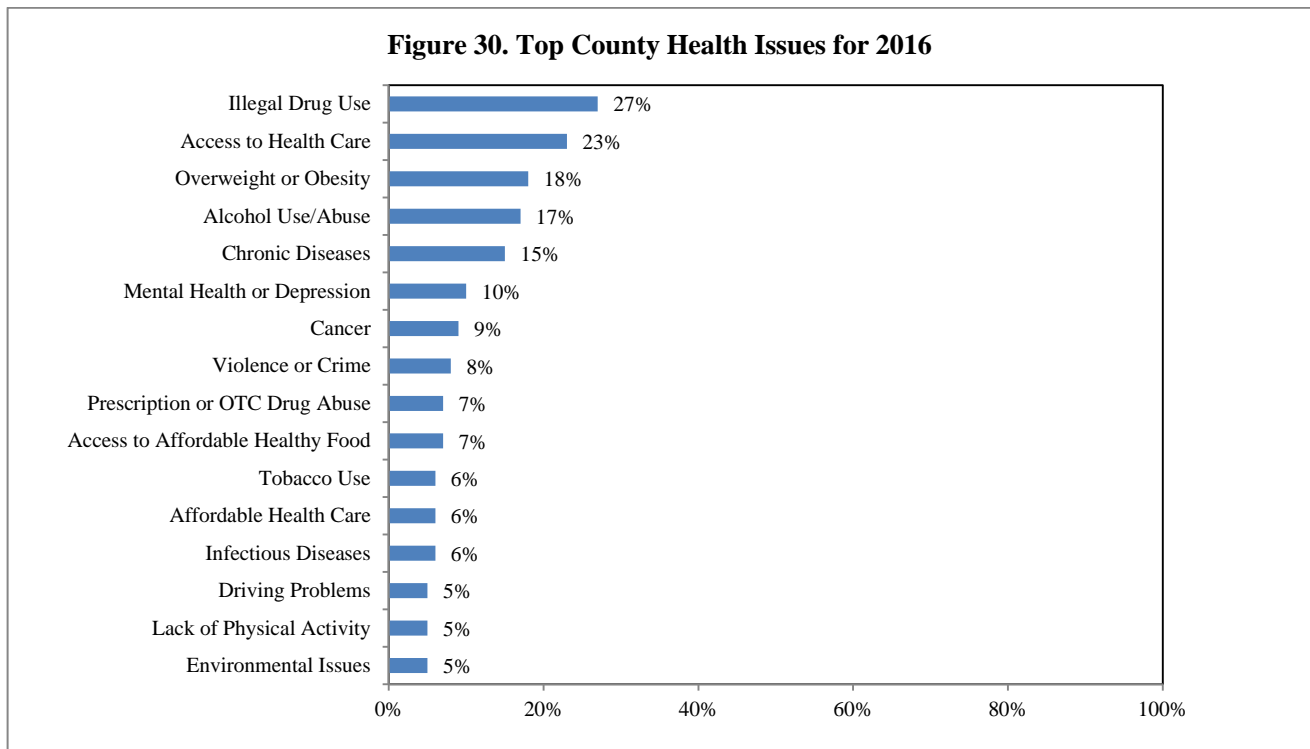
## County Health Issues (Figure 30; Tables 67 - 81)

**KEY FINDINGS:** In 2016, respondents were asked to provide the top three health issues in the county. The most often cited was illegal drug use (27%) or access to health care (23%). Respondents with a college education were more likely to report illegal drug use as a top health issue. Respondents who were 35 to 44 years old or married were more likely to report access to health care (medical, dental or mental). Eighteen percent reported overweight or obesity as a top county health issue. Respondents with a college education or in the top 40 percent household income bracket were more likely to report overweight or obesity as a top issue. Seventeen percent of respondents reported alcohol use or abuse as a top county health issue; respondents who were male or with a college education were more likely to report this. Fifteen percent of respondents reported chronic diseases as a top issue; respondents who were female, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported mental health or depression as a top issue; respondents with at least some post high school education were more likely to report this. Nine percent of respondents reported cancer. Respondents in the middle 20 percent household income bracket were more likely to report cancer as a top issue. Eight percent of respondents reported violence or crime; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Seven percent of respondents reported prescription or over-the-counter drug abuse as a top county health issue; respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents reported access to affordable healthy food as a top health issue; respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married

respondents were more likely to report this. Six percent of respondents reported tobacco use as a top issue; respondents 18 to 34 years old were more likely to report this. Six percent of respondents reported affordable health care; respondents 55 to 64 years old were more likely to report this. Six percent reported infectious diseases as a top health issue. Respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report infectious diseases. Five percent of respondents reported lack of physical activity; respondents 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported environmental issues as a top county health issue.

2016 Findings

- Respondents were given a broad list of seventeen health issues that some communities face and were asked to select the three largest in Kenosha County. Respondents were more likely to select illegal drug use (27%) followed by access to health care (23%), overweight/obesity (18%) or alcohol use or abuse (17%).



**Illegal Drug Use as a Top County Health Issue**

2016 Findings

- Twenty-seven percent of respondents reported illegal drug use as one of their top three county health issues.
- Respondents with a college education were more likely to report illegal drug use as one of the top health issues (36%) compared to those with a high school education or less (32%) or respondents with some post high school education (12%).

Table 67. Illegal Drug Use as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	27%
Gender	
Male	25
Female	28
Age	
18 to 34	28
35 to 44	30
45 to 54	24
55 to 64	22
65 and Older	30
Education <sup>1</sup>	
High School or Less	32
Some Post High School	12
College Graduate	36
Household Income	
Bottom 40 Percent Bracket	25
Middle 20 Percent Bracket	25
Top 40 Percent Bracket	31
Marital Status	
Married	23
Not Married	31

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Access to Health Care as a Top County Health Issue

### 2016 Findings

- Twenty-three percent of respondents reported access to health care (physical, dental or mental) as one of the top three county health issues.
- Thirty-nine percent of respondents 35 to 44 years old reported access to health care as one of the top health issues compared to 18% of those 65 and older or 8% of respondents 18 to 34 years old.
- Married respondents were more likely to report access to health care as a top issue compared to unmarried respondents (29% and 15%, respectively).

Table 68. Access to Health Care as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	23%
Gender	
Male	19
Female	26
Age <sup>1</sup>	
18 to 34	8
35 to 44	39
45 to 54	27
55 to 64	31
65 and Older	18
Education	
High School or Less	21
Some Post High School	28
College Graduate	20
Household Income	
Bottom 40 Percent Bracket	21
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	27
Marital Status <sup>1</sup>	
Married	29
Not Married	15

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Overweight or Obesity as a Top County Health Issue

### 2016 Findings

- Eighteen percent of respondents reported overweight or obesity as one of the top three county health issues.
- Twenty-nine percent of respondents with a college education reported overweight or obesity as a top issue compared to 12% of those with some post high school education or 10% of respondents with a high school education or less.
- Twenty-eight percent of respondents in the top 40 percent household income bracket reported overweight or obesity as a top county health issue compared to 16% of those in the bottom 40 percent income bracket or 7% of respondents in the middle 20 percent household income bracket.

Table 69. Overweight or Obesity as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	18%
Gender	
Male	22
Female	15
Age	
18 to 34	23
35 to 44	12
45 to 54	20
55 to 64	17
65 and Older	13
Education <sup>1</sup>	
High School or Less	10
Some Post High School	12
College Graduate	29
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	28
Marital Status	
Married	20
Not Married	16

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Alcohol Use or Abuse as a Top County Health Issue

### 2016 Findings

- Seventeen percent of respondents reported alcohol use or abuse as one of their top three county health issues.
- Male respondents were more likely to report alcohol use or abuse as a top issue compared to female respondents (21% and 13%, respectively).
- Twenty-five percent of respondents with a college education reported alcohol use or abuse as one of the top health issues compared to 16% of those with some post high school education or 8% of respondents with a high school education or less.

Table 70. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	17%
Gender <sup>1</sup>	
Male	21
Female	13
Age	
18 to 34	18
35 to 44	11
45 to 54	19
55 to 64	17
65 and Older	18
Education <sup>1</sup>	
High School or Less	8
Some Post High School	16
College Graduate	25
Household Income	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	19
Marital Status	
Married	17
Not Married	16

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Chronic Diseases as a Top County Health Issue

### 2016 Findings

- Fifteen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.
- Female respondents were more likely to report chronic diseases as a top issue compared to male respondents (20% and 10%, respectively).
- Twenty percent of respondents with a high school education or less and 18% of those with some post high school education reported chronic diseases as a top county health issue compared to 8% of respondents with a college education.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported chronic diseases as a top issue compared to 15% of those in the middle 20 percent income bracket or 10% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report chronic diseases as a top issue compared to married respondents (21% and 10%, respectively).

Table 71. Chronic Diseases as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	15%
Gender <sup>1</sup>	
Male	10
Female	20
Age	
18 to 34	20
35 to 44	12
45 to 54	11
55 to 64	12
65 and Older	16
Education <sup>1</sup>	
High School or Less	20
Some Post High School	18
College Graduate	8
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	22
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	10
Marital Status <sup>1</sup>	
Married	10
Not Married	21

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

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Mental Health or Depression as a Top County Health Issue

### 2016 Findings

- Ten percent of respondents reported mental health or depression as one of their top three health issues.
- Fourteen percent of respondents with some post high school education and 12% of those with a college education reported mental health or depression as one of their top three county health issues compared to 3% of respondents with a high school education or less.



Table 72. Mental Health or Depression as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	10%
Gender	
Male	8
Female	12
Age	
18 to 34	8
35 to 44	11
45 to 54	13
55 to 64	14
65 and Older	8
Education <sup>1</sup>	
High School or Less	3
Some Post High School	14
College Graduate	12
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	13
Marital Status	
Married	10
Not Married	10

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Cancer as a Top County Health Issue

### 2016 Findings

- Nine percent of respondents reported cancer as one of their top three county health issues.
- Twenty-four percent of respondents in the middle 20 percent household income bracket reported cancer as a top issue compared to 10% of those in the bottom 40 percent income bracket or 3% of respondents in the top 40 percent household income bracket.

Table 73. Cancer as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	9%
Gender	
Male	9
Female	10
Age	
18 to 34	8
35 to 44	3
45 to 54	15
55 to 64	7
65 and Older	11
Education	
High School or Less	11
Some Post High School	10
College Graduate	7
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	24
Top 40 Percent Bracket	3
Marital Status	
Married	8
Not Married	10

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

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Violence or Crime as a Top County Health Issue

### 2016 Findings

- Eight percent of respondents reported violence or crime as one of the top three county health issues.
- Respondents with a high school education or less were more likely to report violence or crime as a top health issue (13%) compared to those with a college education (8%) or respondents with some post high school education (3%).
- Twelve percent of respondents in the bottom 40 percent household income bracket reported violence or crime as a top issue compared to 4% of those in the top 40 percent income bracket or 2% of respondents in the middle 20 percent household income bracket.

Table 74. Violence or Crime as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓢ</sup>

	2016
TOTAL	8%
Gender	
Male	7
Female	8
Age	
18 to 34	5
35 to 44	9
45 to 54	10
55 to 64	7
65 and Older	10
Education <sup>1</sup>	
High School or Less	13
Some Post High School	3
College Graduate	8
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	4
Marital Status	
Married	6
Not Married	8

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

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

### 2016 Findings

- Seven percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.
- Thirteen percent of respondents 18 to 34 years old reported prescription or over-the-counter drug abuse as a top issue compared to 3% of those 55 to 64 years old or 1% of respondents 35 to 44 years old.
- Eleven percent of respondents in the top 40 percent household income bracket reported prescription or over-the-counter drug abuse as a top county health issue compared to 5% of those in the bottom 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

Table 75. Prescription or Over-the Counter Drug Abuse as a Top County Health Issue by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	7%
Gender	
Male	6
Female	6
Age <sup>1</sup>	
18 to 34	13
35 to 44	1
45 to 54	5
55 to 64	3
65 and Older	5
Education	
High School or Less	7
Some Post High School	5
College Graduate	8
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	11
Marital Status	
Married	7
Not Married	5

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Access to Affordable Healthy Food as a Top County Health Issue

### 2016 Findings

- Seven percent of respondents reported access to affordable healthy food as one of the top three county health issues.
- Eighteen percent of respondents 35 to 44 years old reported access to affordable healthy food as a top issue compared to 3% of those 55 to 64 years old or 0% of respondents 18 to 34 years old.
- Thirteen percent of respondents with a college education reported access to affordable healthy food as a top issue compared to 3% of those with a high school education or less or 2% of respondents with some post high school education.
- Twelve percent of respondents in the top 40 percent household income bracket reported access to affordable healthy food as a top county health issue compared to 7% of those in the middle 20 percent income bracket or 2% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report access to affordable healthy food as a top issue compared to unmarried respondents (11% and 2%, respectively).

Table 76. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	7%
Gender	
Male	5
Female	8
Age <sup>1</sup>	
18 to 34	0
35 to 44	18
45 to 54	7
55 to 64	3
65 and Older	7
Education <sup>1</sup>	
High School or Less	3
Some Post High School	2
College Graduate	13
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	12
Marital Status <sup>1</sup>	
Married	11
Not Married	2

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Tobacco Use as a Top County Health Issue

### 2016 Findings

- Six percent of respondents reported tobacco use as one of the top three county health issues.
- Twelve percent of respondents 18 to 34 years old reported tobacco use as a top county health issue compared to 3% of those 65 and older or 0% of respondents 35 to 44 years old.

Table 77. Tobacco Use as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓢ</sup>

	2016
TOTAL	6%
Gender	
Male	8
Female	4
Age <sup>1</sup>	
18 to 34	12
35 to 44	0
45 to 54	4
55 to 64	8
65 and Older	3
Education	
High School or Less	4
Some Post High School	6
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	9
Marital Status	
Married	5
Not Married	7

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

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Affordable Health Care as a Top County Health Issue

### 2016 Findings

- Six percent of respondents reported affordable health care as one of the top three county health issues.
- Twelve percent of respondents 55 to 64 years old reported affordable health care as a top issue compared to 4% of those 35 to 44 years old or less than one percent of respondents 18 to 34 years old.

Table 78. Affordable Health Care as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

	2016
TOTAL	6%
Gender	
Male	5
Female	7
Age <sup>1</sup>	
18 to 34	<1
35 to 44	4
45 to 54	10
55 to 64	12
65 and older	7
Education	
High School or Less	8
Some Post High School	3
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	7
Marital Status	
Married	8
Not Married	3

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

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Infectious Diseases as a Top County Health Issue

### 2016 Findings

- Six percent of respondents reported infectious diseases as one of the top three county health issues.
- Ten percent of respondents in the bottom 40 percent household income bracket reported infectious diseases as a top issue compared to 3% of those in the top 40 percent income bracket or 2% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report infectious diseases as a top issue compared to married respondents (11% and 2%, respectively).

Table 79. Infectious Diseases as a Top County Health Issue by Demographic Variables for 2016<sup>⓪</sup>

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

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at p≤0.05 in 2016

## Lack of Physical Activity as a Top County Health Issue

### 2016 Findings

- Five percent of respondents reported lack of physical activity as one of the top three county health issues.
- Twelve percent of respondents 35 to 44 years old reported lack of physical activity as a top issue compared to 3% of those 55 and older or 0% of respondents 18 to 34 years old.
- Ten percent of respondents with a college education reported lack of physical activity compared to 3% of those with a high school education or less or 0% of respondents with some post high school education.
- Nine percent of respondents in the top 40 percent household income bracket reported lack of physical activity as a top issue compared to 4% of those in the bottom 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.



Table 80. Lack of Physical Activity as a Top County Health Issue by Demographic Variables for 2016<sup>⓪</sup>

	2016
TOTAL	5%
Gender	
Male	6
Female	3
Age <sup>1</sup>	
18 to 34	0
35 to 44	12
45 to 54	7
55 to 64	3
65 and older	3
Education <sup>1</sup>	
High School or Less	3
Some Post High School	0
College Graduate	10
Household Income <sup>1</sup>	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	9
Marital Status	
Married	6
Not Married	3

<sup>⓪</sup>Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

## Environmental Issues as a Top County Health Issue

### 2016 Findings

- Five percent of respondents reported environmental issues (air, water, wind turbine, animal waste) as one of their top three county health issues.
- There were no statistically significant differences between demographic variables and responses of environmental issues as a top county health issue.

Table 81. Environmental Issues as a Top County Health Issue by Demographic Variables for 2016<sup>Ⓞ</sup>

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

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

<sup>1</sup>demographic difference at  $p \leq 0.05$  in 2016

**APPENDIX A: QUESTIONNAIRE FREQUENCIES**

KENOSHA COUNTY

July 5 through September 1, 2016

[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 .....	6%
Fair .....	12
Good .....	28
Very good.....	33
Excellent.....	21
Not sure .....	0

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.....	13	→ GO TO Q4
Medicare.....	17	→ GO TO Q4
Or do you not have health care coverage .....	8	→ 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 an exchange? ["Obamacare, ACA, Affordable Care Act" is an exchange] [246 Respondents]

Employer .....	88%
Directly from insurance company .....	<1
An exchange.....	12
Not sure .....	0

4. Did you have health care coverage during all, part or none of the past 12 months?

All.....	88%
Part .....	8
None .....	4
Not sure .....	<1

5. Did everyone in your household have health care coverage during all, part or none of the past 12 months?

All.....	85%
Part .....	10
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..... 79  
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..... 15%  
No..... 85  
Not sure ..... <1

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

Yes..... 15% →CONTINUE WITH Q9  
No..... 85 →GO TO Q10  
Not sure ..... <1 →GO TO Q10

9. Why did you not receive the medical care you thought you needed? [61 Respondents; More than 1 response accepted]

Cannot afford to pay..... 48%  
Poor medical care..... 40  
Insurance did not cover it..... 19  
Co-payments too high ..... 18  
Unable to get appointment ..... 8  
Uninsured ..... 5  
Lack of transportation ..... 3  
Lack of child day care ..... 3  
Other (2% or less) ..... 3

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

Yes..... 16% →CONTINUE WITH Q11  
No..... 84 →GO TO Q12  
Not sure ..... <1 →GO TO Q12

11. Why did you not receive the dental care you thought you needed? [62 Respondents; More than 1 response accepted]

Uninsured ..... 40%  
Cannot afford to pay..... 38  
Insurance did not cover it..... 25  
Unable to find a dentist to take Medicaid or other insurance..... 18  
Unable to get appointment ..... 13  
Co-payments too high ..... 7  
Other (2% or less) ..... 6

12. Was there a time during the last 12 months that you felt you did not get the mental health care you needed?

Yes.....	5%	→ CONTINUE WITH Q13
No.....	96	→ GO TO Q14
Not sure .....	0	→ GO TO Q14

13. Why did you not receive the mental health care you thought you needed? [18 Respondents: Multiple responses accepted]

Cannot afford to pay.....	5 respondents
Insurance did not cover it.....	5 respondents
Poor mental health care .....	3 respondents
Unable to get appointment .....	2 respondents
Lack of child day care .....	2 respondents
Lack of transportation .....	2 respondents
Other (specify).....	3 respondents

14. Times of distress can happen to anyone and may include economic hardship, family issues, medical issues or some other distress in life. When this happens, people may look for support from community resources. In the past three years, did you have a time of distress where you or someone in your household looked for community resource support in Kenosha County?

Yes.....	23%	→CONTINUE WITH Q15
No.....	76	→GO TO Q17
Should have/could have looked, but did not .....	<1	→GO TO Q16
Not sure .....	<1	→GO TO Q17

15. How supported did you feel by community resources offered to you? Would you say...[93 Respondents]

Not at all supported .....	20%	→CONTINUE WITH Q16
Slightly supported .....	16	→CONTINUE WITH Q16
Somewhat supported .....	24	→CONTINUE WITH Q16
Very supported or.....	37	→GO TO Q17
Extremely supported.....	3	→GO TO Q17
Not sure .....	0	→GO TO Q17

16. What is the reason or reasons you answered the way you did? [56 Respondents: Multiple responses accepted]

Lack of knowledge of where to go.....	51%
Poor quality of care .....	14
Finances.....	14
Stigma related to needing help/disapproval .....	10
Lack of transportation .....	4
Inconvenient hours .....	4
Other (2% or less) .....	16

17. 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.....	88%
No.....	12
Not sure .....	0

18. From which source do you get most of your health information?

Doctor.....47%  
 Internet .....29  
 Myself/family member in health care field .....11  
 Family/friends ..... 3  
 Other (2% or less) ..... 6  
 Not sure ..... 3

19. 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.....34%  
 No.....65  
 Not sure ..... 2

20. When you are sick, to which one of the following places do you usually go?

Doctor’s or nurse practitioner’s office .....69%  
 Public health clinic or community health center ..... 4  
 Hospital outpatient department ..... 1  
 Hospital emergency room ..... 6  
 Urgent care center .....13  
 Quickcare clinic (fastcare clinic) ..... 4  
 Worksite clinic .....<1  
 No usual place ..... 4

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
21. A routine checkup .....	68%	20%	5%	7%	1%	0%
22. Cholesterol test.....	58	14	3	4	15	6
23. A visit to a dentist or dental clinic .....	67	17	5	11	<1	0
24. An eye exam.....	43	35	5	12	4	1

25. During the past 12 months, have you had a flu shot or a flu vaccine that was sprayed in your nose?

Yes.....44%  
 No.....56  
 Not sure .....<1

26. 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

27. 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? [61 Respondents 65 and Older]

Yes..... 77%  
 No..... 18  
 Not sure ..... 5

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
28. You have high blood pressure?.....	26%	74%	0%
29. ...(if yes) [102 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	95	3	2
30. Your blood cholesterol is high? .....	18	80	2
31. ...(if yes) [72 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	83	11	6
32. You have heart disease or a heart condition?.....	6	94	<1
33. ...(if yes) [25 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	84	12	4
34. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?.....	18	82	0
35. ...(if yes) [70 Respondents]: Is it under control through medication, therapy or lifestyle changes?.....	86	14	0
36. You have diabetes (men) You have diabetes not associated with a pregnancy (women) .....	8	92	0
37. ...(if yes) [32 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	94	6	0
38. Do you currently have asthma?.....	13	87	<1
39. ...(if yes) [50 Respondents]: Is it under control through medication, therapy or lifestyle changes?.....	94	6	0

40. On an average day, 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 juice.

One or fewer servings..... 35%  
 Two servings ..... 29  
 Three or more servings..... 36  
 Not sure ..... 0

41. On an average day, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice.

One or fewer servings..... 41%  
 Two servings ..... 33  
 Three or more servings..... 26  
 Not sure ..... 0



42. In the past 12 months, have you fallen and injured yourself at home? [87 Respondents 60 and Older]

Yes.....	13%	→CONTINUE WITH Q43
No.....	87	→GO TO Q44
Not sure .....	0	→GO TO Q44

43. As a result of your last injury due to a fall, were you hospitalized? [11 Respondents 60 and Older]

Yes.....	2 respondents
No.....	9 respondents
Not sure .....	0 respondents

44. 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.....	7%
No.....	93
Not sure .....	0

45. 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 .....	11%
1 to 4 days .....	49
5 to 7 days .....	40
Not sure .....	1

46. 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 physical activities for at least 20 minutes at a time?

Zero days .....	40%
1 to 2 days .....	29
3 to 7 days .....	31
Not sure .....	0

## FEMALES ONLY

Now I have some questions about women's health.

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? [86 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) .....	17
Within the past 3 years (2 years, but less than 3 years ago) .....	10
Within the past 5 years (3 years, but less than 5 years ago).....	5
5 or more years ago .....	6
Never .....	3
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..... 91%  
 No ..... 9  
 Not sure ..... 0

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? [149 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)..... 50%  
 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) ..... 8  
 Within the past 5 years (3 years, but less than 5 years ago)..... 2  
 5 or more years ago ..... 2  
 Never ..... 8  
 Not sure ..... <1

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? [150 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)..... 25%  
 Within the past 2 years (1 year, but less than 2 years ago) ..... 21  
 Within the past 3 years (2 years, but less than 3 years ago) ..... 3  
 Within the past 5 years (3 years, but less than 5 years ago)..... <1  
 5 or more years ago ..... 2  
 Never ..... 15  
 Not sure ..... 33

**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? [157 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)..... 19%  
 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)..... 7  
 5 years ago or more ..... 18  
 Never ..... 47  
 Not sure ..... 3

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? [156 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)..... 2%  
 Within the past 2 years (1 year, but less than 2 years ago) ..... 3  
 Within the past 5 years (2 years, but less than 5 years ago)..... 5  
 Within the past 10 years (5 years but less than 10 years ago)... 3  
 10 years ago or more ..... 8  
 Never ..... 73  
 Not sure ..... 6

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? [157 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago).....	13%
Within the past 2 years (1 year, but less than 2 years ago) .....	11
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)...	22
10 years ago or more .....	3
Never .....	21
Not sure .....	<1

**ALL RESPONDENTS**

54. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

Never .....	36%
Seldom.....	31
Sometimes .....	27
Nearly always.....	3
Always.....	3
Not sure .....	<1

55. How often would you say you find meaning and purpose in your daily life?

Never .....	4%
Seldom.....	5
Sometimes .....	12
Nearly always.....	36
Always.....	43
Not sure .....	<1

56. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes.....	5%
No .....	95
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.....	70%
1 day .....	13
2 or more days .....	17
Not sure .....	<1

58. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

Yes..... 2%  
 No.....99  
 Not sure ..... 0

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.....	5%	96%	0%
60. Marijuana .....	2	99	0
61. Cocaine, heroin or other street drugs .....	1	99	0
62. Misuse of prescription drugs or over-the-counter drugs.....	0	100	0
63. Gambling.....	<1	100	0

In the past 30 days, did you use...

	Yes	No	Not Sure
64. Smokeless tobacco including chewing tobacco, snuff, plug, or spit.....	3%	97%	0%
65. Cigars, cigarillos, or little cigars.....	<1	99	0
66. Electronic cigarettes, also known as e-cigarettes ...	2	98	0

Now I'd like to talk to you about regular tobacco cigarettes....

67. Do you now smoke cigarettes every day, some days or not at all?

Every day.....18%  
 Some days ..... 5  
 Not at all.....77 →GO TO Q71  
 Not sure ..... 0 →GO TO Q71

68. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?  
 [92 Current Smokers]

Yes.....55%  
 No .....45  
 Not sure ..... 0

69. In the past 12 months, have you seen a doctor, nurse or other health professional? [92 Current Smokers]

Yes.....82% →CONTINUE WITH Q70  
 No ..... 18 →GO TO Q71  
 Not sure ..... 0 →GO TO Q71

70. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?  
 [76 Current Smokers]

Yes.....82%  
 No ..... 18  
 Not sure ..... 0

71. Which statement best describes the rules about smoking inside your home...

Smoking is not allowed anywhere inside your home .....86%  
Smoking is allowed in some places or at some times ..... 6  
Smoking is allowed anywhere inside your home or.....<1  
There are no rules about smoking inside your home..... 7  
Not sure ..... 0

72. 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? [301 Nonsmokers]

0 days..... 83%  
1 to 3 days ..... 15  
4 to 6 days ..... 1  
All 7 days .....<1  
Not sure ..... 0

Now, I have a few questions to ask about you and your household.

73. Gender [DERIVED, NOT ASKED]

Male.....49%  
Female .....51

74. About how much do you weigh, without shoes?

75. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese..... 32%  
Overweight ..... 35  
Obese..... 33

76. Are you Hispanic or Latino?

Yes..... 9%  
No .....92  
Not sure ..... 0

77. Which of the following would you say is your race?

White ..... 89%  
Black, African American..... 5  
Asian.....<1  
Native Hawaiian or Other Pacific Islander.....<1  
American Indian or Alaska Native .....<1  
Another race ..... 5  
Multiple races.....<1  
Not sure ..... 0

78. What is your current marital status?

Single and never married.....	28%
A member of an unmarried couple.....	4
Married.....	50
Separated.....	2
Divorced.....	11
Widowed.....	6
Not sure.....	0

79. 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.....	25
Some college.....	28
Technical school graduate.....	4
College graduate.....	22
Advanced or professional degree.....	16
Not sure.....	0

80. What county do you live in? [FILTER]

Kenosha.....	100%
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81. What city, town or village do you legally reside in? [FILTER]

Kenosha city.....	57%
Pleasant Prairie village.....	13
Bristol town.....	6
Salem town.....	6
Somers town.....	5
Twin Lakes village.....	5
All others (3% or less).....	8

82. What is the zip code of your primary residence?

53142.....	21%
53140.....	18
53144.....	13
53143.....	13
53158.....	11
53104.....	6
53181.....	4
53168.....	4
All others (3% or less).....	11

**LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]**

- 83. 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.
- 84. How many of these telephone numbers are residential numbers?
- 85. Do you have a cell phone that you use mainly for personal use?

**ALL RESPONDENTS**

86. What is your annual household income before taxes?

Less than \$10,000.....	7%
\$10,000 to \$20,000.....	13
\$20,001 to \$30,000.....	11
\$30,001 to \$40,000.....	8
\$40,001 to \$50,000.....	8
\$50,001 to \$60,000.....	7
\$60,001 to \$75,000.....	6
\$75,001 to \$90,000.....	9
\$90,001 to \$105,000.....	9
\$105,001 to \$120,000.....	3
\$120,001 to \$135,000.....	3
Over \$135,000.....	8
Not sure .....	4
No answer.....	6

87. How many children under the age of 18 are living in the household?

None .....	60%	→GO TO Q110
One .....	14	→CONTINUE WITH Q88
Two or more .....	26	→CONTINUE WITH Q88

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

88. Do you make health care decisions for [HIM/HER]? [153 Respondents]

Yes.....	89%	→ CONTINUE WITH Q89
No.....	11	→GO TO Q110

89. What is the age of the child? [129 Respondents]

12 or younger .....	56%
13 to 17 years old .....	44

90. Is this child a boy or girl? [136 Respondents]

Boy .....	51%
Girl .....	49

91. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [136 Respondents]

Yes.....	4%	→ CONTINUE WITH Q92
No.....	96	→ GO TO Q93
Not sure .....	0	→ GO TO Q93

92. Why did your child not receive the medical care needed? [6 Respondents; Multiple Responses Accepted]

Unable to get appointment .....3 respondents  
Inconvenient hours .....2 respondents  
Insurance did not cover it .....2 respondents  
Other.....2 respondents

93. A personal 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 personal doctor or nurse?  
[135 Respondents]

Yes.....98% → CONTINUE WITH Q94  
No..... 2 → GO TO Q95  
Not sure ..... 0 → GO TO Q95

94. 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 [HE/SHE] visit their personal doctor or nurse for preventive care? [133 Respondents]

Yes.....85%  
No.....15  
Not sure ..... 0

95. 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? [136 Respondents]

Yes..... 4% → CONTINUE WITH Q96  
No.....96 → GO TO Q97

96. Why did your child not see a specialist needed? [5 Respondents; Multiple Responses Accepted]

Cannot afford to pay.....3 respondents  
Other.....4 respondents

97. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [134 Respondents]

Yes..... 7% → CONTINUE WITH Q98  
No.....93 → GO TO Q99

98. Why did your child not receive the dental health care needed? [9 Respondents; Multiple Responses Accepted]

Unable to get appointment .....5 respondents  
Can’t find dentist who accepts child’s insurance .....3 respondents  
Cannot afford to pay.....2 respondents  
Other.....4 respondents

99. Does your child have asthma? [136 Respondents]

Yes.....21% →CONTINUE WITH Q99  
No..... 79 →GO TO Q100



100. 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? [29 Respondents]

Yes.....21%  
 No.....79

101. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [7 Respondents of Children 2 years old or younger]

Crib or bassinette.....5 respondents  
 Pack n' Play.....2 respondents  
 In bed with you or another person.....0 respondents  
 Couch or chair .....0 respondents  
 Swing.....0 respondents  
 Car .....0 respondents  
 Car seat.....0 respondents  
 Floor .....0 respondents

102. How often do you feel your child is safe in your community or neighborhood? [136 Respondents]

Always.....66%  
 Nearly always.....30  
 Sometimes ..... 4  
 Seldom..... 0  
 Never ..... 0  
 Not sure ..... 0

103. During the past 6 months, how often was your child unhappy, sad or depressed? [90 Respondents of Children 8 to 17 years old]

Always..... 1%  
 Nearly always..... 7  
 Sometimes .....30  
 Seldom.....34  
 Never .....26  
 Not sure ..... 2

104. During the past 12 months, has your child experienced any bullying? [89 Respondents of Children 8 to 17 years old]

Yes.....19%  
 No .....81  
 Not sure ..... 0

105. What type of bullying did your child experience? [89 Respondents of Children 8 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group.... 19%  
 Physically bullied for example, being hit or kicked ..... 9  
 Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods ..... 0

106. On an average day, 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 juice. [105 Respondents of Children 5 to 17 years old]

One or fewer servings..... 27%  
 Two servings ..... 41  
 Three or more servings..... 31  
 Not sure ..... <1

107. On an average day, how many servings of vegetables does your child eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice. [105 Respondents of Children 5 to 17 years old]

One or fewer servings..... 47%  
 Two servings ..... 27  
 Three or more servings..... 25  
 Not sure ..... 0

108. 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? [105 Respondents of Children 5 to 17 years old]

Zero or one day ..... 14% → CONTINUE WITH Q109  
 Two through four days ..... 38 → CONTINUE WITH Q109  
 Five or more days ..... 47 → GO TO Q110  
 Not sure ..... 0 → GO TO Q110

109. Why was your child not physically active for at least 60 minutes on more days? [55 Respondents: Multiple responses accepted]

Child does not like to be physically active..... 41%  
 Likes to play video games or on computer..... 19  
 Weather ..... 15  
 Prefers to watch TV..... 4  
 Sick/ill ..... 4  
 Lack of time ..... 2  
 Other..... 15

The next series of questions deal with personal safety issues.

110. During the past year has anyone made you afraid for your personal safety?

Yes..... 4% →CONTINUE WITH Q111  
 No..... 95 →GO TO Q112  
 Not sure ..... <1 →GO TO Q112

111. 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 child, a stranger, or someone else? Again, I want to assure you that all your responses are strictly confidential. [17 Respondents; More than 1 response accepted]

Stranger ..... 9 respondents  
 All others ..... 6 respondents  
 Not sure ..... 2 respondents

112. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes .....	2%	→CONTINUE WITH Q113
No .....	98	→GO TO Q114
Not sure .....	<1	→GO TO Q114

113. 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 child, a stranger, or someone else? [6 Respondents; More than 1 response accepted]

Friend .....	3 respondents
Boyfriend or girlfriend .....	2 respondents
All others .....	2 respondents

114. Finally, please tell me the 3 largest health concerns in Kenosha County.

Illegal drug use .....	27%
Access to health care (physical, mental or dental care) .....	23
Overweight or obesity .....	18
Alcohol use or abuse.....	17
Chronic diseases like diabetes or heart disease .....	15
Mental health or depression.....	10
Cancer.....	9
Violence or crime .....	8
Prescription or over-the-counter drug abuse.....	7
Access to affordable healthy food .....	7
Tobacco use .....	6
Affordable health care .....	6
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases .....	6
Lack of physical activity.....	5
Environmental issues (air, water, wind turbines, animal waste) ...	5
Aging/aging population .....	3
Driving problems/aggressive driving/drunken driving .....	2
Teen pregnancy.....	<1

## **APPENDIX B: SURVEY METHODOLOGY**

## SURVEY METHODOLOGY

### 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  $\pm 5\%$ . 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  $\pm 5\%$ . 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  $\pm 5\%$ . 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  $\pm 5\%$ . The margin of error for smaller subgroups is larger.

### 2005 Community Health Survey

The 2005 Kenosha County Community Health Survey was conducted from May 26 through August 27, 2005. 400 random adults 18 years old or older within the county were interviewed by telephone. The sample of random telephone numbers included both listed and unlisted numbers. Respondents within each household were randomly selected by computer based on the number of adults in the household. At least 8 attempts were made to contact a respondent. Survey respondents were weighted 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. Post-stratification was also done 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  $\pm 5\%$ . The margin of error for smaller subgroups is larger.

# **Kenosha County Health Needs Assessment**

## **Kenosha County CHNA Data Summary**