

North Shore Community Health Survey Report 2018

Commissioned by:
**Ascension
Aurora Health Care
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Froedtert Health**

In Partnership with:
**Center for Urban Population Health
North Shore Health Department**

Prepared by:
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Purpose

The purpose of this project is to provide Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood and Whitefish Bay 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 Ascension, Aurora Health Care, Children's Hospital of Wisconsin and Froedtert Health in partnership with the Center for Urban Population Health and North Shore Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the North Shore Health Department at (414) 371-2980.

Methodology

Data Collection

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the area. 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=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). 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 February 20 and May 12, 2018.

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 area.

Margin of Error

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the area. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ± 5 percent, since fewer respondents are in that category (e.g., adults 50 years old or older who were asked if they had a colorectal cancer screening).

In 2016, the Census Bureau estimated 50,216 adult residents in North Shore. Thus, in this report, one percentage point equals approximately 500 adults. So, when 24% of respondents reported they have high blood pressure, this roughly equals 12,000 residents $\pm 2,500$ individuals. Therefore, from 9,500 to 14,500 residents likely have high blood pressure. Because the margin of error is $\pm 5\%$, events or health risks that are small will include zero.

In 2016, the Census Bureau estimated 27,633 occupied housing units in the area. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2016 household estimate, each percentage point for household-level data represents approximately 280 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 in 2006 being told or treated for high blood cholesterol in the past three years (21%) and the percentage of adults reporting this in 2018 (25%) 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 area 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 2006, 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 2009, 2012, 2015 and 2018, 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/meter². 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.

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 2012, 2015 and 2018, the Community Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. In 2006 and 2009, the definition was five or more drinks, regardless of gender.

Demographic Profile

The following table includes the weighted demographic breakdown of respondents in the area.

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2018[®]

	Survey Results
TOTAL	100%
Gender	
Male	47%
Female	53
Age	
18 to 34	24%
35 to 44	17
45 to 54	20
55 to 64	19
65 and Older	21
Education	
High School Graduate or Less	9%
Some Post High School	19
College Graduate	72
Household Income	
Bottom 40 Percent Bracket	22%
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	57
Not Sure/No Answer	12
Married	57%

[®]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 North Shore residents. The following data are highlights of the comprehensive study.

Health Care Coverage						Health Conditions in Past 3 Years					
North Shore	2006	2009	2012	2015	2018	North Shore	2006	2009	2012	2015	2018
Personally Not Currently Covered						High Blood Cholesterol	21%	21%	22%	26%	25%
18 and Older	4%	3%	3%	1%	4%	High Blood Pressure	25%	23%	28%	24%	24%
18 to 64 Years Old	5%	4%	4%	2%	5%	Mental Health Condition	--	12%	14%	14%	15%
At Least One Household Member Not						Diabetes	5%	7%	8%	11%	9%
Covered in Past Year	14%	9%	6%	4%	4%	Heart Disease/Condition	8%	8%	9%	11%	6%
						Asthma (Current)	7%	9%	11%	9%	11%
Other Research: (2016)				WI	U.S.						
Personally Not Covered (Currently)				9%	10%	Physical Health and Nutrition					
						North Shore	2006	2009	2012	2015	2018
Unmet Care						Physical Activity/Week					
North Shore			2012	2015	2018	Moderate Activity (5 Times/30 Min)	35%	38%	36%	44%	38%
Someone in Household in Past Year						Vigorous Activity (3 Times/20 Min)	28%	29%	29%	37%	35%
Prescription Drug Not Taken Due to Cost			9%	6%	8%	Recommended Moderate or Vigorous	51%	52%	50%	56%	49%
Unmet Medical Care Need			7%	9%	8%	Overweight Status					
Unmet Dental Care Need			7%	14%	13%	Overweight (BMI 25.0+)	56%	48%	61%	55%	63%
Unmet Mental Health Care Need			3%	4%	5%	Obese (BMI 30.0+)	16%	14%	23%	20%	28%
						Fruit Intake (2+ Servings/Day)	75%	72%	70%	68%	63%
Health Information and Services						Vegetable Intake (3+ Servings/Day)	34%	30%	37%	36%	35%
North Shore	2006	2009	2012	2015	2018	At Least 5 Fruit/Vegetables/Day	53%	44%	52%	46%	43%
Have a Primary Care Physician				88%	88%						
Primary Health Services						Other Research: (2016)				WI	U.S.
Doctor/Nurse Practitioner's Office	91%	87%	82%	72%	78%	Overweight (BMI 25.0+)				67%	65%
Urgent Care Center	<1%	4%	3%	10%	11%	Obese (BMI 30.0+)				31%	30%
Public Health Clinic/Com. Health Center	5%	5%	3%	3%	<1%						
Hospital Emergency Room	<1%	<1%	3%	4%	2%	Women's Health					
Hospital Outpatient	<1%	<1%	<1%	<1%	4%	North Shore	2006	2009	2012	2015	2018
No Usual Place	2%	2%	5%	10%	6%	Mammogram (50+; Within Past 2 Years)	84%	83%	83%	89%	82%
Advance Care Plan	42%	46%	44%	41%	49%	Bone Density Scan (65 and Older)	76%	84%	84%	84%	81%
Dental Checkup (Past Year)	76%	80%	81%	79%	79%						
Flu Vaccination (Past Year)						Other Research: (2016)				WI	U.S.
18 and Older	41%	52%	45%	48%	59%	Mammogram (50 - 74; Within Past 2 Years)				80%	78%
65 and Older	68%	74%	71%	76%	83%						
						Colorectal Cancer Screenings (50 and Older)					
Other Research: (2016)				WI	U.S.	North Shore	2006	2009	2012	2015	2018
Flu Vaccination (65 and Older, Past Year)				50%	59%	Blood Stool Test (Within Past Year)	22%	--	12%	19%	9%
Dental Checkup (Past Year)				73%	66%	Sigmoidoscopy (Within Past 5 Years)			11%	8%	11%
						Colonoscopy (Within Past 10 Years)			69%	69%	69%
Tobacco Use in Past Month						Screening in Recommended Time Frame			70%	73%	77%
North Shore	2006	2009	2012	2015	2018						
Cigarette Smokers	13%	11%	12%	13%	11%	Other Research: (2016)				WI	U.S.
Electronic Cigarettes				4%	4%	Screening in Recommended Time Frame				74%	68%
Cigars, Cigarillos or Little Cigars				3%	3%						
						Mental Health Status					
Other Research: (2016)				WI	U.S.	North Shore	2006	2009	2012	2015	2018
Cigarette Smokers				17%	17%	Felt Sad, Blue or Depressed					
Electronic Cigarettes				5%	5%	Always/Nearly Always (Past Month)	3%	4%	5%	5%	4%
						Considered Suicide (Past Year)	2%	3%	4%	5%	1%
Smoking Policy at Home											
North Shore	2009	2012	2015	2018		Alcohol Use in Past Month					
Not Allowed Anywhere	83%	81%	89%	83%		North Shore	2006	2009	2012	2015	2018
Allowed in Some Places/at Some Times	3%	5%	2%	7%		Binge Drinker	15%	11%	27%	24%	32%
Allowed Anywhere	3%	3%	<1%	2%							
No Rules Inside Home	11%	11%	9%	8%		Other Research: (2016)				WI	U.S.
						Binge Drinker				25%	17%

Household Problems in Past Year						Personal Safety in Past Year					
North Shore	2006	2009	2012	2015	2018	North Shore	2006	2009	2012	2015	2018
Alcohol	3%	1%	1%	4%	3%	Afraid for Their Safety	4%	6%	6%	4%	6%
Marijuana			1%	2%	4%	Pushed, Kicked, Slapped, or Hit	1%	2%	5%	4%	4%
Cocaine, Heroin or Other Street Drugs			<1%	3%	1%	At Least One of the Safety Issues	5%	8%	8%	7%	9%
Misuse of Prescription or OTC Drugs			<1%	2%	2%						
Gambling			<1%	5%	1%						
Top Community Health Issues						Children in Household					
North Shore					2018	North Shore			2012	2015	2018
Mental Health or Depression					27%	Personal Health Doctor/Nurse Who					
Prescription or OTC Drug Abuse					26%	Knows Child Well and Familiar with History			94%	99%	98%
Access to Health Care					24%	Visited Personal Doctor/Nurse for					
Illegal Drug Use					22%	Preventive Care (Past Year)			91%	95%	97%
Chronic Diseases					20%	Did Not Receive Care Needed (Past Year)					
Overweight or Obesity					16%	Medical Care			1%	<1%	<1%
Violence or Crime					13%	Dental Care			1%	0%	1%
Infectious Diseases					9%	Specialist			<1%	0%	5%
Cancer					8%	Current Asthma			12%	2%	3%
Lack of Physical Activity					8%	Safe in Community/Neighborhood (Seldom/Never)			0%	0%	1%
Environmental Issues					7%	Screen Time (2 or Fewer Hours per Day)					74%
Alcohol Use or Abuse					6%	Soda Consumption (0 in Past Week)					79%
Affordable Health Care					6%	Children 5 to 17 Years Old					
Access to Affordable Healthy Food					5%	Physical Activity (60 Min./5 or More Days/Week)			67%	64%	65%
Tobacco Use					4%	Unhappy, Sad or Depressed in Past 6 Months					
						Always/Nearly Always			1%	6%	<1%
						Experienced Some Form of Bullying (Past Year)			21%	26%	17%
						Verbally Bullied			18%	22%	17%
						Physically Bullied			5%	8%	<1%
						Cyber Bullied			3%	4%	4%

Overall Health and Health Care Key Findings

In 2018, 4% of respondents reported they were not currently covered by health care insurance; respondents who were 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2006 to 2018, 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 while from 2015 to 2018, there was a noted increase. From 2006 to 2018, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2015 to 2018, the overall percent statistically remained the same.*

In 2018, 8% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Eight percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed; respondents in the middle 20 percent household income bracket or who were unmarried were more likely to report this. Thirteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket or who were unmarried were more likely to report this. Five percent of respondents reported in the past year someone in the household did not receive the mental health care needed; respondents in the top 40 percent household income bracket or with children in the household were more likely to report this. *From 2012 to 2018, 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 2015 to 2018. From 2012 to 2018, the overall percent statistically remained the same for respondents who reported they did not receive the medical care needed or mental health care needed, as well as from 2015 to 2018. From 2012 to 2018, the overall percent statistically increased for respondents who reported they did not receive the dental care needed while from 2015 to 2018, the overall percent statistically remained the same.*

In 2018, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 55 and older, in the top 40 percent household income bracket or who were married were more likely to report a primary care physician. Seventy-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 11% reported urgent care center. Respondents

who were female, 65 and older, with a college education, in the bottom 40 percent household income bracket or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old were more likely to report urgent care as their primary health care. Forty-nine percent of respondents had an advance care plan; respondents 65 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report an advance care plan. *From 2015 to 2018, the overall percent statistically remained the same for respondents who reported they have a primary care doctor or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, 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 2015 to 2018, there was a statistical increase. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported having an advance care plan, as well as from 2015 to 2018.*

In 2018, 79% of respondents reported a visit to the dentist in the past year; respondents who were male, 35 to 44 years old, 55 to 64 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report this. *From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.*

In 2018, 59% of respondents had a flu vaccination in the past year. Respondents who were female or 65 and older were more likely to report a flu vaccination. *From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported a flu vaccination in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past year while from 2015 to 2018, there was no statistical change.*

Health Risk Factors Key Findings

In 2018, out of six health conditions listed, the most often mentioned in the past three years was high blood cholesterol (25%) or high blood pressure (24%). Respondents who were male, 65 and older, with some post high school education or less, in the bottom 60 percent household income bracket, who were overweight, inactive or a nonsmoker were more likely to report high blood cholesterol. Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight or inactive were more likely to report high blood pressure. Fifteen percent of respondents reported a mental health condition; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket, unmarried or a smoker were more likely to report this. Nine percent of respondents reported diabetes; respondents who were male, 65 and older, with some post high school education, in the bottom 40 percent household income bracket, who were overweight, inactive or a nonsmoker were more likely to report diabetes. Six percent reported they were treated for, or told they had heart disease/condition in the past three years; 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 this. Eleven percent of respondents reported current asthma; respondents who were male, with some post high school education or in the middle 20 percent household income bracket were more likely to report this. *From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or high blood pressure, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported diabetes or current asthma while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition while from 2015 to 2018, there was a statistical decrease. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2015 to 2018.*

In 2018, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents with a high school education or less, in the bottom 60 percent household income bracket or without children in the household were more likely to report this. One percent of respondents felt so overwhelmed they considered suicide in the past year. *From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year while from 2015 to 2018, there was a statistical decrease.*

Behavioral Risk Factors Key Findings

In 2018, 38% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-five 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, 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report this. *From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2015 to 2018. From 2006 to 2018, 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 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2015 to 2018, there was a statistical decrease.*

In 2018, 63% of respondents were classified as at least overweight while 28% were obese. Respondents who were male, with some post high school education, in the middle 20 percent household income bracket or inactive respondents were more likely to be classified as at least overweight. Respondents who were male or in the top 40 percent household income bracket were more likely to be obese. *From 2006 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or obese, as well as from 2015 to 2018.*

In 2018, 63% of respondents reported two or more servings of fruit while 35% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents 55 to 64 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-three percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. *From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables, while from 2015 to 2018 there was no statistical change.*

In 2018, 82% of female respondents 50 and older reported a mammogram within the past two years. Eighty-one percent of female respondents 65 and older had a bone density scan. *From 2006 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 65 and older who reported a bone density scan, as well as from 2015 to 2018.*

In 2018, 9% 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 73% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations; respondents who were in the top 40 percent household income bracket or married were more likely to report this. *From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years or a colonoscopy in the past ten years, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported they had at least one of these tests in the recommended time frame, as well as from 2015 to 2018.*

In 2018, 11% of respondents were current tobacco cigarette smokers; respondents who were female, 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. *From 2006 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2018.*

In 2018, 83% 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. *From 2009 to 2018, there was no statistical change in the overall*

percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2018, there was a statistical decrease.

In 2018, 4% of respondents used electronic cigarettes in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents used cigars, cigarillos or little cigars in the past month. *From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.*

In 2018, 32% of respondents were binge drinkers in the past month. Respondents who were 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. *From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2015 to 2018. Please note: in 2006 and 2009, binge drinking definition was 5+ drinks regardless of gender. Since 2012, the definition was 4+ drinks for females and 5+ drinks for males.*

In 2018, 4% of respondents reported someone in their household experienced a problem in connection with marijuana in the past year. Three percent of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol. Two percent of respondents reported someone in their household experienced a problem with the misuse of prescription drugs/over-the-counter drugs. One percent of respondents each reported a household problem with gambling or cocaine/heroin/other street drugs. *From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting a household problem with marijuana while from 2015 to 2018, there was no statistical change. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with gambling while from 2015 to 2018, there was a statistical decrease. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2018.*

In 2018, 6% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 45 to 54 years old or with some post high school education were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. A total of 9% reported at least one of these two situations; respondents 18 to 34 years old or 45 to 54 years old were more likely to report this. *From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting they were pushed/kicked/slapped/hit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting at least one of the two personal safety issues while from 2015 to 2018, there was no statistical change.*

Children in Household Key Findings

In 2018, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-eight percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 97% reporting their child visited their personal doctor or nurse for preventive care during the past year. Less than one percent reported there was a time in the past year their child did not receive the medical care needed while 1% reported their child did not receive the dental care needed. Five percent of respondents reported their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. One percent of respondents reported their child was seldom or never safe in their community. Seventy-four percent of respondents reported their child has two or fewer hours of screen time on an average school/week day. Seventy-nine percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Sixty-five percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Less than one percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Seventeen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 17% reported verbal bullying, 4% reported cyber bullying and less than one percent reported physical bullying. *From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor or nurse, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical*

increase in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care while from 2015 to 2018, there was no statistical change. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need or unmet dental need, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting their child was unable to see a specialist when needed, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child had asthma while from 2015 to 2018, there was no statistical change. From 2012 to 2018, 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 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes or always/nearly always felt unhappy/sad/depressed, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child was bullied overall, verbally bullied or cyber bullied, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported physically bullied while from 2015 to 2018, there was a statistical decrease.

Top Health Issues Key Findings

In 2018, respondents were asked to list the top three community health issues. The most often cited was mental health or depression (27%) or prescription or over-the-counter drug abuse (26%). Respondents who were 18 to 44 years old or in the middle 20 percent household income bracket were more likely to report mental health or depression as a top community health issue. Respondents who were male, 35 to 44 years old or with some post high school education were more likely to report prescription or over-the-counter drug abuse. Twenty-four percent reported access to health care as a top health issue. Respondents who were 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report access to health care. Twenty-two percent reported illegal drug use as a top health issue; respondents who were male or in the middle 20 percent household income bracket were more likely to report this. Twenty percent of respondents reported chronic diseases; respondents with some post high school education were more likely to report this. Sixteen percent of respondents reported overweight or obesity; respondents 18 to 34 years old or with a high school education or less were more likely to report this. Thirteen percent of respondents reported violence or crime as a top community health issue; respondents 55 to 64 years old were more likely to report this. Nine percent of respondents reported infectious diseases; male respondents were more likely to report this. Eight percent of respondents reported cancer. Eight percent of respondents reported lack of physical activity as a top community health issue. Respondents who were 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report lack of physical activity. Seven percent of respondents reported environmental issues as a top health issue. Six percent of respondents reported alcohol use or abuse as a top health issue; respondents with some post high school education or less or who were unmarried were more likely to report this. Six percent of respondents reported affordable health care. Five percent of respondents reported access to affordable healthy food as a top health issue; respondents in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported tobacco use; respondents 18 to 34 years old were more likely to report this.

Key Findings

Health Care Coverage (Figures 1 & 2; Tables 2 & 3)

KEY FINDINGS: In 2018, 4% of respondents reported they were not currently covered by health care insurance; respondents who were 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2006 to 2018, 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 while from 2015 to 2018, there was a noted increase. From 2006 to 2018, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2015 to 2018, the overall percent statistically remained the same.

Personally Not Currently Covered

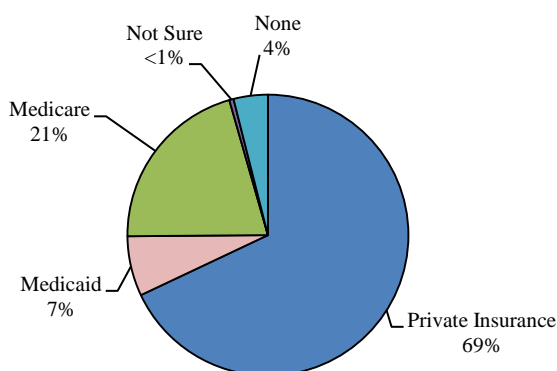
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2016, 9% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Ten percent of U.S. respondents reported this. Ten percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 12% of U.S. respondents 18 to 64 years old reported this (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Four percent of respondents reported they were not currently covered by any health care insurance. Sixty-nine percent reported private insurance through an employer while 7% reported Medicaid, including medical assistance, Title 19 or Badger Care. Twenty-one percent of respondents reported Medicare.

Figure 1. Type of Health Care Coverage for 2018



- Twelve percent of respondents 18 to 34 years old reported no current personal health care coverage compared to 1% of those 45 to 54 years old or 0% of respondents 55 and older.

- Eight percent of unmarried respondents reported no current personal health care coverage compared to less than one percent of married respondents.

2006 to 2018 Year Comparisons

- From 2006 to 2018, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2006 and 2018, respondents 18 to 34 years old were more likely to report no current personal health care coverage.
- In 2006, respondents with some post high school education were more likely to report no current personal health care coverage. In 2018, education was not a significant variable.
- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report no current personal health care coverage. In 2018, household income was not a significant variable.
- In 2006 and 2018, unmarried respondents were more likely to report no current personal health care coverage.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase 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.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were currently not covered by health insurance in 2015.

Table 2. Personally No Health Care Coverage by Demographic Variables for Each Survey Year^①

	2006	2009 ^②	2012 ^②	2015 ^②	2018
TOTAL					
All Respondents ^b	4%	3%	3%	1%	4%
Respondents 18 to 64 Years Old ^b	5	4	4	2	5
Gender					
Male	4	--	--	--	4
Female	4	--	--	--	3
Age ^{1,5}					
18 to 34	10	--	--	--	12
35 to 44	1	--	--	--	3
45 to 54	6	--	--	--	1
55 to 64	5	--	--	--	0
65 and Older	0	--	--	--	0
Education ¹					
High School or Less	0	--	--	--	0
Some Post High School	8	--	--	--	5
College Graduate	4	--	--	--	3
Household Income ¹					
Bottom 40 Percent Bracket	6	--	--	--	7
Middle 20 Percent Bracket	4	--	--	--	6
Top 40 Percent Bracket	2	--	--	--	3
Marital Status ^{1,5}					
Married	2	--	--	--	<1
Not Married	7	--	--	--	8

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Someone in Household Not Covered in Past Year

2018 Findings

- Four percent of all respondents indicated someone in their household was not covered by insurance at least part of the time in the past year.
- Ten percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered by insurance at least part of the time in the past year compared to 6% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Nine percent of unmarried respondents reported someone in their household was not covered by insurance in the past year compared to less than one percent of married respondents.

2006 to 2018 Year Comparisons

- From 2006 to 2018, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2006 to 2018, 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 someone in their household was not covered.
- In 2006 and 2018, unmarried respondents were more likely to report someone in their household was not covered in the past year. From 2006 to 2018, there was a noted decrease in the percent of respondents across marital status reporting someone in their household was not covered.
- In 2006 and 2018, the presence of children in the household was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents without children in the household reporting someone in their household was not covered in the past year.

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered, with a noted increase since 2015. From 2015 to 2018, 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 the past year.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report someone in their household was not covered, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting someone in their household was not covered in the past year.

Table 3. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	14%	9%	6%	4%	4%
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket ^{a,b}	23	20	12	1	10
Middle 20 Percent Bracket	15	19	11	2	6
Top 40 Percent Bracket ^{a,b}	7	3	3	7	3
Marital Status ^{1,2,3,5}					
Married ^{a,b}	9	3	4	4	<1
Not Married ^{a,b}	20	18	9	3	9
Children in Household ²					
Yes	11	6	4	5	6
No ^a	15	11	7	3	3

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

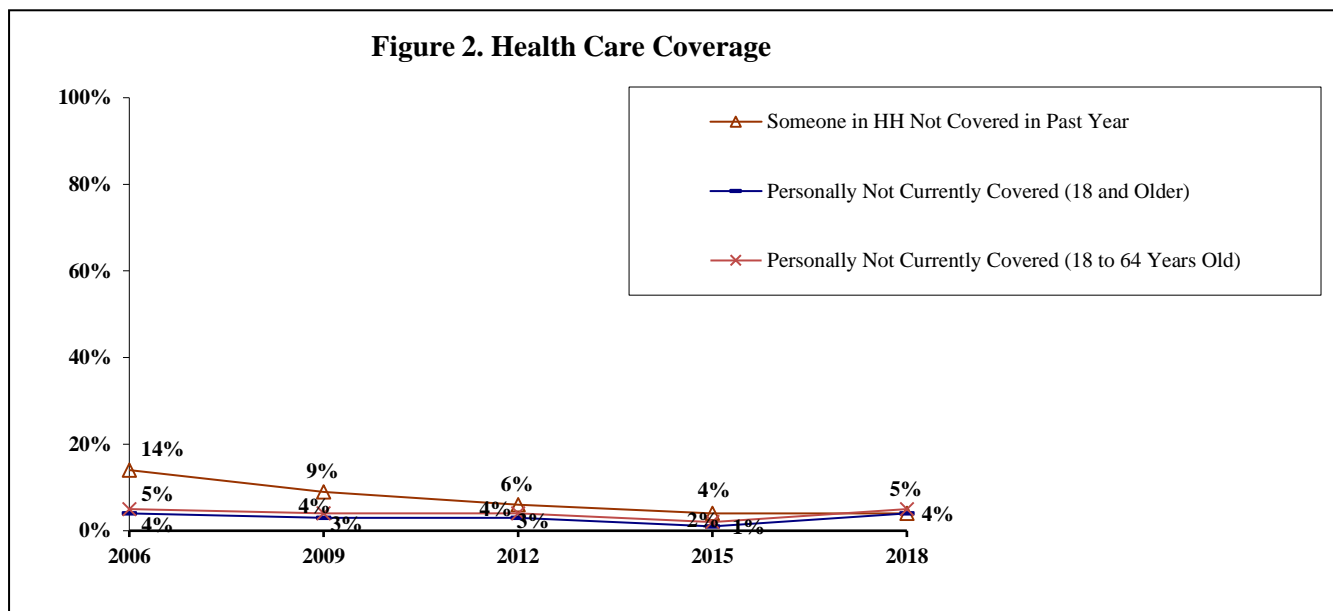
¹demographic difference at $p \leq 0.05$ in 2006; ²demographic difference at $p \leq 0.05$ in 2009; ³demographic difference at $p \leq 0.05$ in 2012; ⁴demographic difference at $p \leq 0.05$ in 2015; ⁵demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2006 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Health Care Coverage Overall

Year Comparisons

- From 2006 to 2018, 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 while from 2015 to 2018, there was a noted increase. From 2006 to 2018, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2015 to 2018, the overall percent statistically remained the same.



Health Care Needed (Figure 3; Tables 4 - 7)

KEY FINDINGS: In 2018, 8% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Eight percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed; respondents in the middle 20 percent household income bracket or who were unmarried were more likely to report this. Thirteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket or who were unmarried were more likely to report this. Five percent of respondents reported in the past year someone in the household did not receive the mental health care needed; respondents in the top 40 percent household income bracket or with children in the household were more likely to report this.

From 2012 to 2018, 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 2015 to 2018. From 2012 to 2018, the overall percent statistically remained the same for respondents who reported they did not receive the medical care needed or mental health care needed, as well as from 2015 to 2018. From 2012 to 2018, the overall percent statistically increased for respondents who reported they did not receive the dental care needed while from 2015 to 2018, the overall percent statistically remained the same.

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 year is 3%. (Objective AHS-6.4)

2018 Findings

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

2012 to 2018 Year Comparisons

- From 2012 to 2018, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.
- In 2012, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2018, household income was not a significant variable. From 2012 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting a household member had not taken their prescribed medication due to prescription costs.
- In 2012, unmarried respondents were more likely to report a household member had not taken their prescribed medication due to prescription costs in the past year. In 2018, marital status was not a significant variable.
- In 2012, respondents without children in the household were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2018, the presence of children in the household was not a significant variable.

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.
- From 2015 to 2018, there were no statistically significant differences between and within demographic variables and responses of reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.

Table 4. Prescription Medication Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member)^①

	2012	2015	2018
TOTAL	9%	6%	8%
Household Income ¹			
Bottom 40 Percent Bracket ^a	16	7	6
Middle 20 Percent Bracket	15	6	9
Top 40 Percent Bracket	5	6	9
Marital Status ¹			
Married	6	6	6
Not Married	13	6	11
Children in Household ¹			
Yes	6	6	11
No	11	6	6

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

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 year is 4%. (Objective AHS-6.2)

2018 Findings

- Eight percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed.
- Nineteen percent of respondents in the middle 20 percent household income bracket reported there was a time in the past year a household member did not receive the medical care needed compared to 7% of those in the bottom 40 percent income bracket or 6% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report in the past year someone in their household did not receive the medical care needed compared to married respondents (12% and 4%, respectively).
 - Of the 30 respondents who reported an unmet medical care need, 43% reported they cannot afford to pay.

2012 to 2018 Year Comparisons

- From 2012 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in their household did not receive the medical care needed.
- In 2012, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to report in the past year a household member did not receive the medical care needed.
- In 2012, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report there was a time in the past year a household member did not receive the medical care needed.

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in their household did not receive the medical care needed.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report in the past year a household member did not receive the medical care needed. In 2018, respondents in the middle 20 percent household income bracket were more likely to report a household member did not receive the medical care needed, with a noted increase since 2015.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report a household member did not receive the medical care needed. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting a household member did not receive the medical care needed.
- In 2015, respondents without children in the household were more likely to report in the past year someone in their household did not receive the medical care need. In 2018, the presence of children in the household was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with children in the household reporting a household member did not receive the medical care needed.

Table 5. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member)^①

	2012	2015	2018
TOTAL	7%	9%	8%
Household Income ^{2,3}			
Bottom 40 Percent Bracket	5	12	7
Middle 20 Percent Bracket ^b	13	0	19
Top 40 Percent Bracket	7	9	6
Marital Status ³			
Married ^b	7	10	4
Not Married	7	7	12
Children in Household ²			
Yes ^b	5	3	9
No	8	11	6

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

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 year is 5%. (Objective AHS-6.3)

2018 Findings

- Thirteen percent of respondents reported there was a time in the past year someone in their household did not receive the dental care needed.
- Twenty-seven percent of respondents in the bottom 40 percent household income bracket reported a household member did not receive the dental care needed compared to 9% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report someone in their household did not receive the dental care needed compared to married respondents (18% and 9%, respectively).
 - Of the 50 respondents who reported a household member not receiving the dental care needed, 65% reported they cannot afford to pay as the reason while 19% reported they were uninsured.

2012 to 2018 Year Comparisons

- From 2012 to 2018, the overall percent statistically increased for respondents who reported there was a time in the past year someone in their household did not receive the dental care needed.
- In 2012 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report a household member did not receive the dental care needed. From 2012 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting in the past year a household member did not receive the dental care needed.
- In 2012 and 2018, unmarried respondents were more likely to report in the past year someone in the household did not receive the dental care needed. From 2012 to 2018, there was a noted increase in the percent of respondents across marital status reporting a household member did not receive the dental care needed.
- In 2012, respondents without children in the household were more likely to report in the past year someone in the household did not receive the dental care needed. In 2018, the presence of children in the household was not a significant variable. From 2012 to 2018, there was a noted increase in percent of respondents with children in the household reporting a household member did not receive the dental care needed.

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in the household did not receive the dental care needed.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report a household member did not receive the dental care needed.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report in the past year a household member did not receive the dental care needed.

Table 6. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member)^①

	2012	2015	2018
TOTAL ^a	7%	14%	13%
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket ^a	11	30	27
Middle 20 Percent Bracket	9	4	3
Top 40 Percent Bracket ^a	4	10	9
Marital Status ^{1,3}			
Married ^a	5	12	9
Not Married ^a	11	16	18
Children in Household ¹			
Yes ^a	3	11	14
No	9	15	11

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Unmet Mental Health Care

2018 Findings

- Five percent of respondents reported there was a time in the past year someone in their household did not receive the mental health care needed.
- Seven percent of respondents in the top 40 percent household income bracket reported someone in their household did not receive the mental health care needed compared to 0% of respondents in the bottom 60 percent household income bracket.
- Eight percent of respondents with children in the household reported a household member did not receive the mental health care needed compared to 3% of respondents without children in the household.
 - Of the 20 respondents who reported someone in the household did not receive the mental health care needed, six respondents reported poor mental health care as the reason for the unmet need.

2012 to 2018 Year Comparisons

- From 2012 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in their household did not receive the mental health care needed.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported an unmet mental health care need in 2012.

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in their household did not receive the mental health care needed.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone in their household did not receive the mental health care needed. In 2018, respondents in the top 40 percent household income bracket were more likely to report a household member did not receive the mental health care needed, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting in the past year a household member did not receive the mental health care needed.
- In 2015, unmarried respondents were more likely to report someone in their household did not receive the mental health care needed. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of married respondents reporting in the past year a household member did not receive the mental health care needed.
- In 2015, respondents without children in the household were more likely to report someone in their household did not receive the mental health care needed. In 2018, respondents with children in the household were more likely to report they did not receive the mental health care needed, with a noted increase since 2015.

Table 7. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Household Member)^①

	2012 ^②	2015	2018
TOTAL	3%	4%	5%
Household Income ^{2,3}			
Bottom 40 Percent Bracket ^b	--	12	0
Middle 20 Percent Bracket	--	0	0
Top 40 Percent Bracket ^b	--	1	7
Marital Status ²			
Married ^b	--	<1	5
Not Married	--	8	5
Children in Household ^{2,3}			
Yes ^b	--	0	8
No	--	6	3

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

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

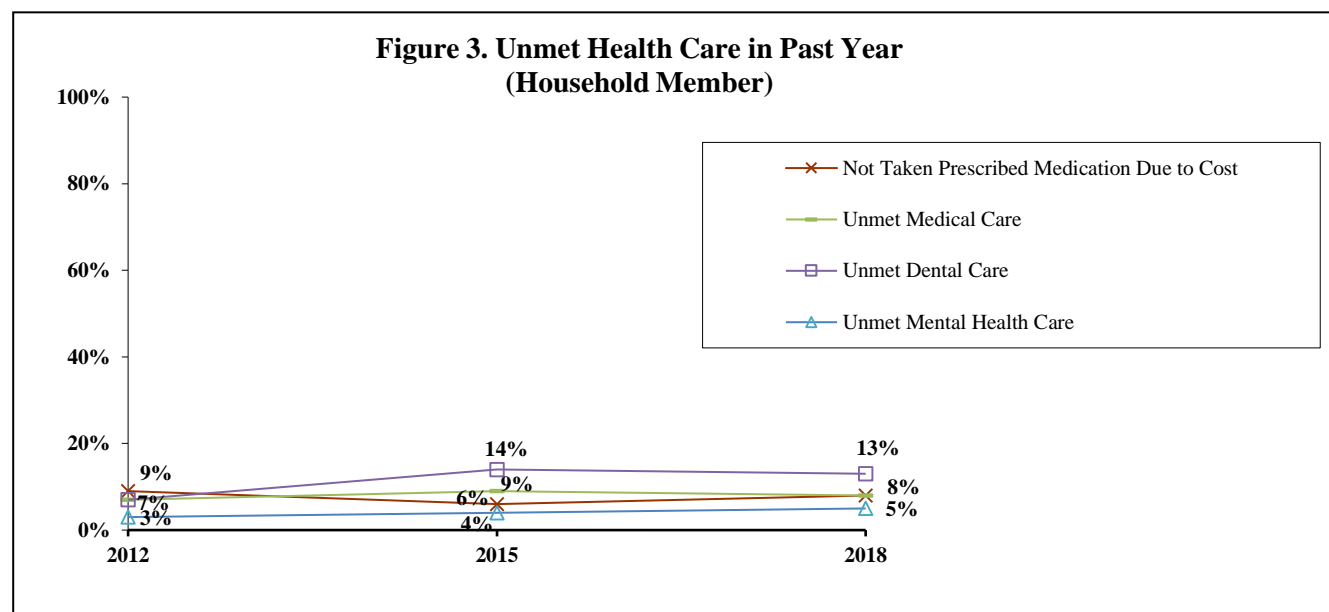
³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Health Care Needed Overall

Year Comparisons

- From 2012 to 2018, 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 2015 to 2018. From 2012 to 2018, the overall percent statistically remained the same for respondents who reported someone in their household did not receive the medical care needed or the mental health care needed, as well as from 2015 to 2018. From 2012 to 2018, the overall percent statistically increased for respondents who reported a household member did not receive the dental care needed while from 2015 to 2018, the overall percent statistically remained the same.



Health Information and Services (Figure 4; Tables 8 - 11)

KEY FINDINGS: In 2018, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 55 and older, in the top 40 percent household income bracket or who were married were more likely to report a primary care physician. Seventy-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 11% reported urgent care center. Respondents who were female, 65 and older, with a college education, in the bottom 40 percent household income bracket or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old were more likely to report urgent care as their primary health care. Forty-nine percent of respondents had an advance care plan; respondents 65 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report an advance care plan.

From 2015 to 2018, the overall percent statistically remained the same for respondents who reported they have a primary care doctor or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, 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 2015 to 2018, there was a

statistical increase. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported having an advance care plan, as well as from 2015 to 2018.

Primary Care Physician

2018 Findings

- Eighty-eight percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- Ninety-six percent of respondents 65 and older and 95% of those 55 to 64 years old reported a primary care physician compared to 75% of respondents 18 to 34 years old.
- Ninety-one percent of respondents in the top 40 percent household income bracket reported a primary care physician compared to 83% of those in the bottom 40 percent income bracket or 78% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report a primary care physician compared to unmarried respondents (94% and 81%, respectively).

2015 to 2018 Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- In 2015, female respondents were more likely to report a primary care physician. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of male respondents and a noted decrease in the percent of female respondents reporting a primary care physician.
- In 2015, respondents 45 and older were more likely to report a primary care physician. In 2018, respondents 55 and older were more likely to report a primary care physician.
- In 2015, respondents with a college education were more likely to report a primary care physician. In 2018, education was not a significant variable.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report a primary care physician. From 2015 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a primary care physician.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a primary care physician.

Table 8. Have a Primary Care Physician by Demographic Variables for Each Survey Year^①

	2015	2018
TOTAL	88%	88%
Gender ¹		
Male ^a	81	89
Female ^a	93	88
Age ^{1,2}		
18 to 34	65	75
35 to 44	88	85
45 to 54	96	91
55 to 64	97	95
65 and Older	98	96
Education ¹		
High School or Less	78	78
Some Post High School	77	87
College Graduate	93	90
Household Income ²		
Bottom 40 Percent Bracket	85	83
Middle 20 Percent Bracket ^a	96	78
Top 40 Percent Bracket	88	91
Marital Status ²		
Married	89	94
Not Married	87	81

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

¹demographic difference at $p \leq 0.05$ in 2015; ²demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2015 to 2018

Primary Health Care Services

2018 Findings

- Seventy-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Eleven percent reported urgent care center. Six percent reported no usual place.

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

2018 Findings

- Seventy-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick.
- Eighty-two percent of female respondents reported they go to a doctor's or nurse practitioner's office compared to 72% of male respondents.
- Ninety-three percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 71% of those 35 to 44 years old or 63% of respondents 18 to 34 years old.

- Eighty-one percent of respondents with a college education reported a doctor's or nurse practitioner's office compared to 75% of those with a high school education or less or 64% of respondents with some post high school education.
- Eighty-four percent of respondents in the bottom 40 percent household income bracket reported a doctor's or nurse practitioner's office compared to 76% of those in the top 40 percent income bracket or 59% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report a doctor's or nurse practitioner's office compared to unmarried respondents (83% and 69%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, 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 2006, gender was not a significant variable. In 2018, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.
- In 2006, age was not a significant variable. In 2018, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted decrease in the percent of respondents 18 to 54 years old reporting a doctor's or nurse practitioner's office.
- In 2006 and 2018, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted decrease in the percent of respondents with at least some post high school education reporting a doctor's or nurse practitioner's office.
- In 2006, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2006 and 2018, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report a doctor's or nurse practitioner's office, with a noted increase since 2015.
- In 2015, respondents 55 to 64 years old were more likely to report a doctor's or nurse practitioner's office. In 2018, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to report a doctor's or nurse practitioner's office, with a noted increase since 2015.

- In 2015, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2015 and 2018, married respondents were more likely to report a doctor's or nurse practitioner's office.

Table 9. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	91%	87%	82%	71%	78%
Gender ^{2,3,5}					
Male ^a	90	84	78	70	72
Female ^{a,b}	92	89	86	73	82
Age ^{2,3,4,5}					
18 to 34 ^a	89	74	65	51	63
35 to 44 ^a	90	90	86	64	71
45 to 54 ^a	90	92	87	73	75
55 to 64	93	86	88	88	85
65 and Older	92	92	90	84	93
Education ^{1,2,5}					
High School or Less	88	78	90	71	75
Some Post High School ^a	84	80	85	71	64
College Graduate ^{a,b}	93	91	80	72	81
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^b	85	79	74	57	84
Middle 20 Percent Bracket ^{a,b}	83	84	76	92	59
Top 40 Percent Bracket ^a	98	89	85	77	76
Marital Status ^{1,2,3,4,5}					
Married ^a	94	92	86	76	83
Not Married ^a	86	80	77	65	69

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Urgent Care Center as Primary Health Care Services

2018 Findings

- Eleven percent of respondents reported they go to an urgent care center when they are sick.
- Respondents 35 to 44 years old were more likely to report urgent care center (20%) compared to those 55 to 64 years old (3%) or respondents 65 and older (1%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting their primary place when they are sick was an urgent care center.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was an urgent care center in 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their primary place when they are sick was an urgent care center.
- In 2015 and 2018, respondents 35 to 44 years old were more likely to report urgent care center.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report urgent care center. In 2018, household income was not a significant variable.

Table 10. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year^①

	2006 ^②	2009	2012 ^②	2015	2018
TOTAL ^a	<1%	4%	3%	10%	11%
Gender					
Male	--	4	--	9	9
Female	--	4	--	10	13
Age ^{4,5}					
18 to 34	--	5	--	13	17
35 to 44	--	5	--	23	20
45 to 54	--	3	--	8	13
55 to 64	--	6	--	7	3
65 and Older	--	<1	--	2	1
Education					
High School or Less	--	0	--	0	6
Some Post High School	--	3	--	10	17
College Graduate	--	4	--	11	10
Household Income ⁴					
Bottom 40 Percent Bracket	--	2	--	8	8
Middle 20 Percent Bracket	--	6	--	4	6
Top 40 Percent Bracket	--	3	--	15	15
Marital Status					
Married	--	4	--	8	10
Not Married	--	3	--	12	13

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Advance Care Plan

2018 Findings

- Forty-nine 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-eight percent of respondents 65 and older reported they had an advance care plan compared to 36% of those 35 to 44 years old or 28% of respondents 18 to 34 years old.
- Fifty-four percent of respondents with a college education reported they had an advance care plan compared to 46% of those with a high school education or less or 32% of respondents with some post high school education.
- Fifty-four percent of respondents in the top 40 percent household income bracket reported they had an advance care plan compared to 38% of those in the middle 20 percent income bracket or 34% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report having an advance care plan compared to unmarried respondents (57% and 38%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents having an advance care plan.
- In 2006, female respondents were more likely to report having an advance care plan. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of male respondents reporting an advance care plan.
- In 2006 and 2018, respondents 65 and older were more likely to report having an advance care plan. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting an advance care plan.
- In 2006, education was not a significant variable. In 2018, respondents with a college education were more likely to report having an advance care plan, with a noted increase since 2006.
- In 2006, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report having an advance care plan, with a noted increase since 2006.
- In 2006 and 2018, married respondents were more likely to report having an advance care plan. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting an advance care plan.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents having an advance care plan.
- In 2015 and 2018, respondents 65 and older were more likely to report having an advance care plan. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting an advance care plan.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to report having an advance care plan, with a noted increase since 2015.

- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report having an advance care plan, with a noted increase since 2015.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report they had an advance care plan, with a noted increase since 2015.

Table 11. Advance Care Plan by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	42%	46%	44%	41%	49%
Gender ^{1,3}					
Male ^a	38	44	39	41	49
Female	45	47	48	41	50
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	8	25	14	13	28
35 to 44	42	37	41	27	36
45 to 54	43	37	53	40	50
55 to 64	51	49	46	46	58
65 and Older	69	82	71	76	78
Education ^{3,5}					
High School or Less	42	43	39	44	46
Some Post High School	33	41	33	36	32
College Graduate ^{a,b}	44	48	48	42	54
Household Income ^{3,5}					
Bottom 40 Percent Bracket	36	41	31	40	34
Middle 20 Percent Bracket	31	38	42	44	38
Top 40 Percent Bracket ^{a,b}	42	43	50	43	54
Marital Status ^{1,2,3,5}					
Married ^{a,b}	47	49	49	44	57
Not Married	35	41	38	37	38

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

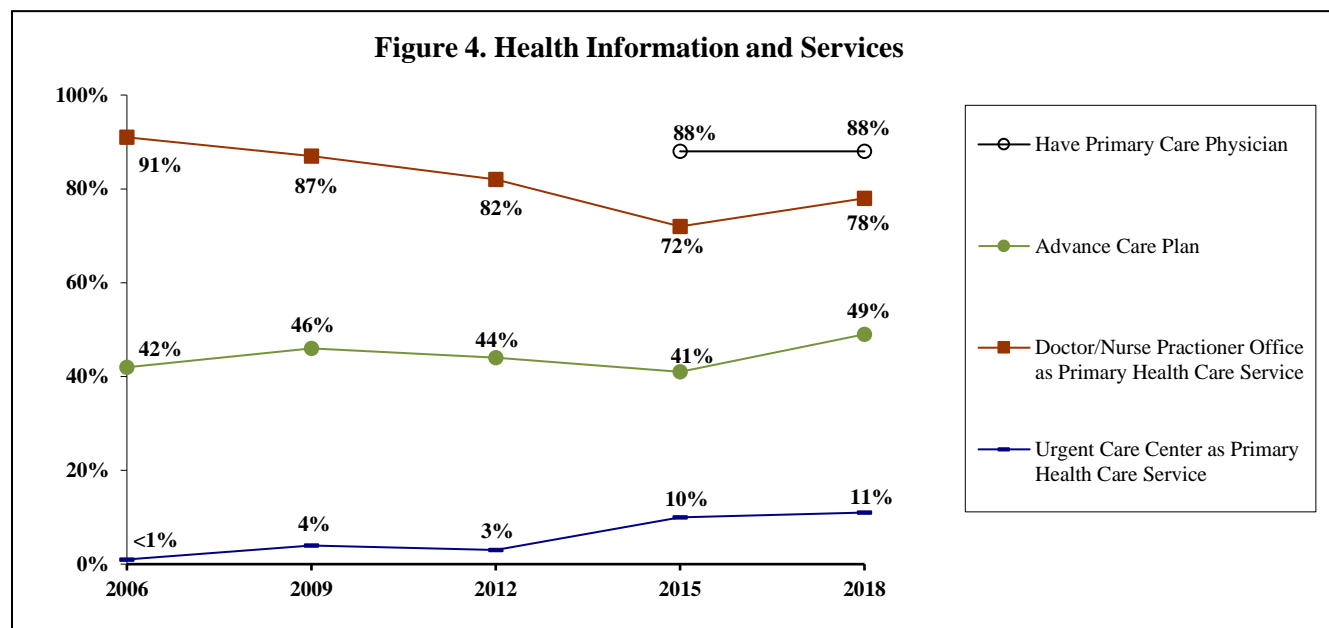
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Health Information and Services Overall

Year Comparisons

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported they have a primary care doctor or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, 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 2015 to 2018, there was a statistical increase. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported having an advance care plan, as well as from 2015 to 2018.



Dental Checkup (Figure 5; Table 12)

KEY FINDINGS: In 2018, 79% of respondents reported a visit to the dentist in the past year; respondents who were male, 35 to 44 years old, 55 to 64 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report this.

From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.

Dental Checkup

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

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

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

In 2016, 73% of Wisconsin respondents and 66% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Seventy-nine percent of respondents reported a dental visit in the past year. An additional 11% had a visit in the past one to two years.
- Eighty-four percent of male respondents reported a dental checkup in the past year compared to 74% of female respondents.
- Eighty-six percent of respondents 55 to 64 years old and 85% of those 35 to 44 years old reported a dental checkup in the past year compared to 67% of respondents 18 to 34 years old.
- Eighty-four percent of respondents with a college education reported a dental checkup in the past year compared to 67% of those with some post high school education or 61% of respondents with a high school education or less.
- Eighty-six percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 66% of those in the middle 20 percent income bracket or 65% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a dental checkup in the past year compared to unmarried respondents (86% and 69%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2006, female respondents were more likely to report a dental checkup in the past year. In 2018, male respondents were more likely to report a dental checkup in the past year, with a noted increase since 2006.
- In 2006, age was not a significant variable. In 2018, respondents 35 to 44 years old or 55 to 64 years old were more likely to report a dental checkup in the past year.
- In 2006, education was not a significant variable. In 2018, respondents with a college education were more likely to report a dental checkup in the past year.
- In 2006 and 2018, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2006 and 2018, married respondents were more likely to report a dental checkup in the past year.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.

- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report a dental checkup in the past year, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of female respondents reporting a dental checkup in the past year.
- In 2015, age was not a significant variable. In 2018, respondents 35 to 44 years old or 55 to 64 years old were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a dental checkup in the past year.
- In 2015 and 2018, respondents with a college education were more likely to report a dental checkup in the past year.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a dental checkup in the past year.

Table 12. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL	76%	80%	81%	79%	79%
Gender ^{1,5}					
Male ^{a,b}	72	78	80	75	84
Female ^b	80	81	82	83	74
Age ^{2,3,5}					
18 to 34 ^b	68	68	70	83	67
35 to 44	75	84	83	71	85
45 to 54	79	82	87	81	81
55 to 64	85	85	85	77	86
65 and Older	77	82	82	81	76
Education ^{2,3,4,5}					
High School or Less	70	67	74	65	61
Some Post High School	72	76	65	63	67
College Graduate	79	84	86	86	84
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	54	69	70	71	65
Middle 20 Percent Bracket	71	73	88	75	66
Top 40 Percent Bracket	89	86	84	84	86
Marital Status ^{1,2,3,5}					
Married	83	84	87	82	86
Not Married	68	74	73	76	69

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

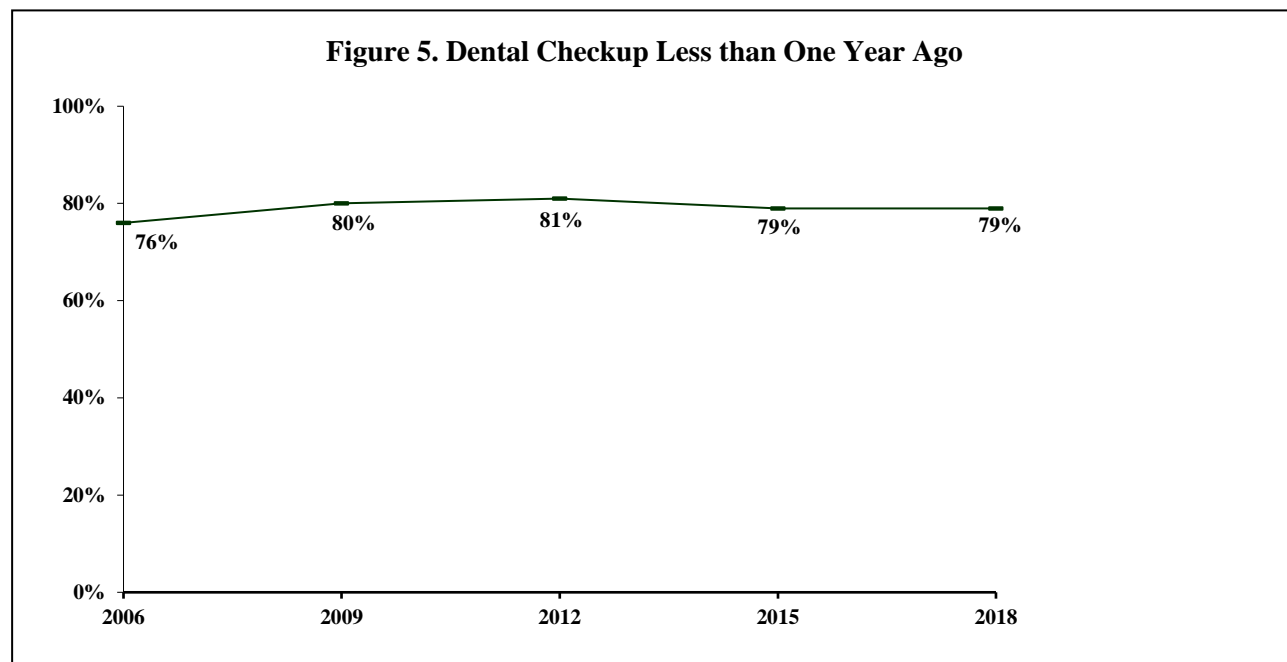
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Dental Checkup Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.



Flu Vaccination (Figure 6; Table 13)

KEY FINDINGS: In 2018, 59% of respondents had a flu vaccination in the past year. Respondents who were female or 65 and older were more likely to report a flu vaccination.

From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported a flu vaccination in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past year while from 2015 to 2018, there was no statistical change.

Flu Vaccination

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

In 2016, 50% of Wisconsin respondents and 59% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Fifty-nine percent of respondents had a flu vaccination in the past year.

- Female respondents were more likely to report receiving a flu vaccination compared to male respondents (64% and 54%, respectively).
- Respondents 65 and older were more likely to report receiving a flu vaccination (83%) compared to those 35 to 44 years old (51%) or respondents 45 to 54 years old (38%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported a flu vaccination in the past year.
- In 2006 and 2018, female respondents were more likely to report a flu vaccination. From 2006 to 2018, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2006 and 2018, respondents 65 and older were more likely to report a flu vaccination. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 44 years or 55 and older reporting a flu vaccination.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents with a college education reporting a flu vaccination in the past year.
- In 2006, respondents in the middle 20 percent household income bracket were more likely to report a flu vaccination. In 2018, household income was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting a flu vaccination.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported a flu vaccination in the past year.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report a flu vaccination, with a noted increase since 2015.
- In 2015 and 2018, respondents 65 and older were more likely to report a flu vaccination. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old or 55 to 64 years old reporting a flu vaccination in the past year.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with a college education reporting a flu vaccination.
- In 2015 and 2018, household income was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting a flu vaccination.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination in the past year.

Table 13. Flu Vaccination in Past Year by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	41%	52%	45%	48%	59%
Gender ^{1,5}					
Male ^a	36	49	47	48	54
Female ^{a,b}	44	55	43	48	64
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	24	43	31	24	53
35 to 44 ^a	31	39	45	41	51
45 to 54	31	49	35	50	38
55 to 64 ^{a,b}	55	58	42	50	73
65 and Older ^a	68	74	71	76	83
Education ²					
High School or Less	47	62	53	50	58
Some Post High School	38	41	41	37	51
College Graduate ^{a,b}	40	54	45	51	61
Household Income ¹					
Bottom 40 Percent Bracket ^{a,b}	33	46	41	41	61
Middle 20 Percent Bracket	50	58	31	55	63
Top 40 Percent Bracket ^{a,b}	36	51	44	47	58
Marital Status ³					
Married ^{a,b}	42	53	39	47	59
Not Married ^{a,b}	38	51	53	49	59

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

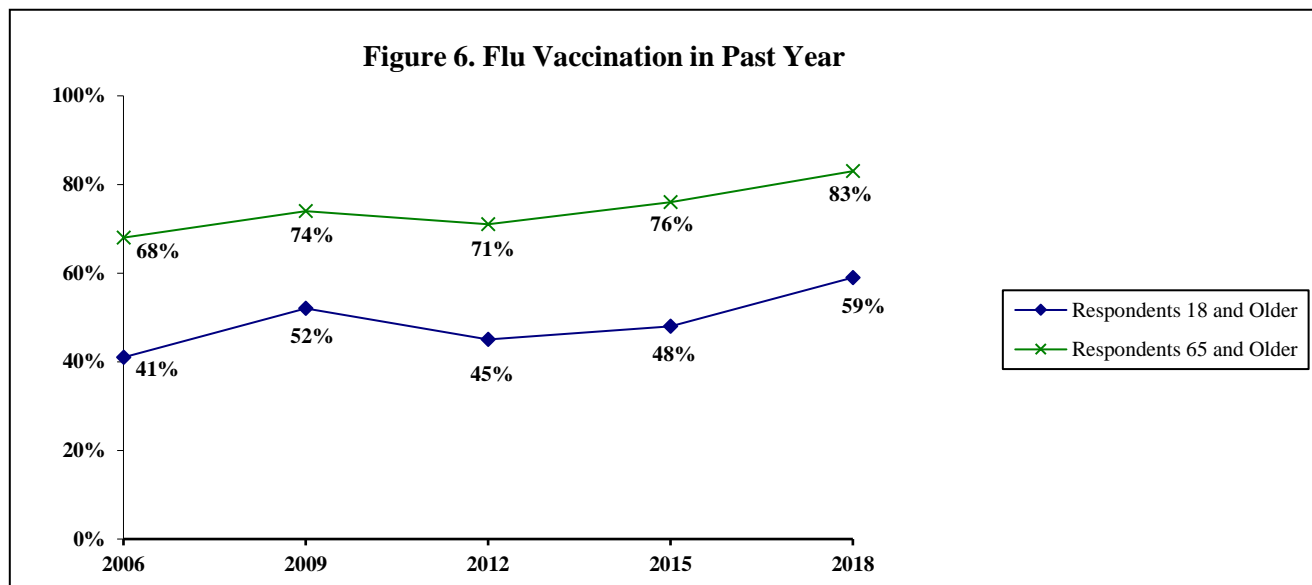
¹demographic difference at $p \leq 0.05$ in 2006; ²demographic difference at $p \leq 0.05$ in 2009; ³demographic difference at $p \leq 0.05$ in 2012; ⁴demographic difference at $p \leq 0.05$ in 2015; ⁵demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2006 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Flu Vaccination Overall

Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past year while from 2015 to 2018, there was no statistical change.



Prevalence of Select Health Conditions (Figures 7 & 8; Tables 14 - 19)

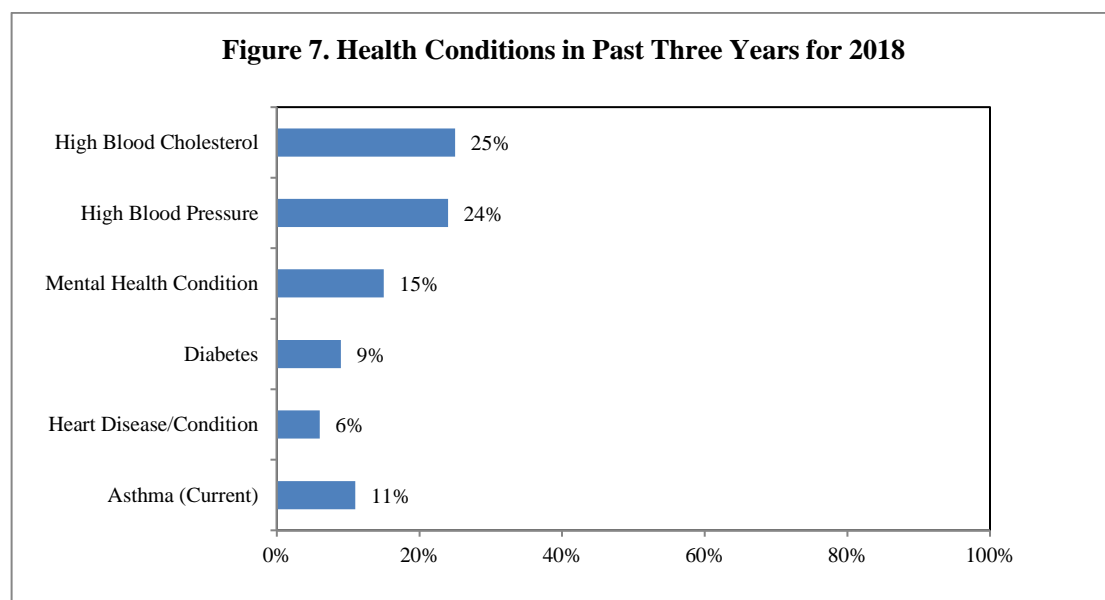
Respondents were asked a series of questions regarding if they had certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2018, out of six health conditions listed, the most often mentioned in the past three years was high blood cholesterol (25%) or high blood pressure (24%). Respondents who were male, 65 and older, with some post high school education or less, in the bottom 60 percent household income bracket, who were overweight, inactive or a nonsmoker were more likely to report high blood cholesterol. Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight or inactive were more likely to report high blood pressure. Fifteen percent of respondents reported a mental health condition; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket, unmarried or a smoker were more likely to report this. Nine percent of respondents reported diabetes; respondents who were male, 65 and older, with some post high school education, in the bottom 40 percent household income bracket, who were overweight, inactive or a nonsmoker were more likely to report diabetes. Six percent reported they were treated for, or told they had heart disease/condition in the past three years; 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 this. Eleven percent of respondents reported current asthma; respondents who were male, with some post high school education or in the middle 20 percent household income bracket were more likely to report this.

From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or high blood pressure, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported diabetes or current asthma while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition while from 2015 to 2018, there was a statistical decrease. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2015 to 2018.

2018 Findings

- Respondents were more likely to report high blood cholesterol (25%) or high blood pressure (24%) in the past three years out of six health conditions listed.



High Blood Cholesterol

2018 Findings

- Twenty-five percent of respondents reported high blood cholesterol in the past three years.
- Male respondents were more likely to report high blood cholesterol in the past three years compared to female respondents (34% and 18%, respectively).
- Respondents 65 and older were more likely to report high blood cholesterol (46%) compared to those 45 to 54 years old (13%) or respondents 18 to 34 years old (12%).
- Thirty-six percent of respondents with a high school education or less and 34% of those with some post high school education reported high blood cholesterol compared to 22% of respondents with a college education.
- Thirty-eight percent of respondents in the middle 20 percent household income bracket and 35% of those in the bottom 40 percent income bracket reported high blood cholesterol compared to 20% of respondents in the top 40 percent household income bracket.

- Overweight respondents were more likely to report high blood cholesterol compared to respondents who were not overweight (33% and 12%, respectively).
- Inactive respondents were more likely to report high blood cholesterol (52%) compared to those who met the recommended amount of physical activity (25%) or respondents who did an insufficient amount of physical activity (18%).
- Nonsmokers were more likely to report high blood cholesterol compared to smokers (27% and 9%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.
- In 2006, gender was not a significant variable. In 2018, male respondents were more likely to report high blood cholesterol, with a noted increase since 2006.
- In 2006, respondents 55 to 64 years old were more likely to report high blood cholesterol. In 2018, respondents 65 and older were more likely to report high blood cholesterol. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 44 years old reporting high blood cholesterol.
- In 2006, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to report high blood cholesterol.
- In 2006, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report high blood cholesterol. From 2006 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting high blood cholesterol.
- In 2006 and 2018, overweight respondents were more likely to report high blood cholesterol.
- In 2006, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report high blood cholesterol, with a noted increase since 2006.
- In 2006, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report high blood cholesterol, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report high blood cholesterol.
- In 2015 and 2018, respondents 65 and older were more likely to report high blood cholesterol.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to report high blood cholesterol.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report high blood cholesterol.

- In 2015 and 2018, overweight respondents were more likely to report high blood cholesterol.
- In 2015 and 2018, inactive respondents were more likely to report high blood cholesterol.
- In 2015, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report high blood cholesterol.

Table 14. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL	21%	21%	22%	26%	25%
Gender ^{3,5}					
Male ^a	20	22	26	30	34
Female	22	20	18	23	18
Age ^{1,2,3,4,5}					
18 to 34 ^a	2	3	6	9	12
35 to 44 ^a	7	10	12	26	17
45 to 54	22	25	24	18	13
55 to 64	47	33	22	31	34
65 and Older	37	36	45	49	46
Education ⁵					
High School or Less	22	28	28	29	36
Some Post High School	24	18	20	27	34
College Graduate	20	20	21	25	22
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket	26	27	24	36	35
Middle 20 Percent Bracket ^a	18	26	30	26	38
Top 40 Percent Bracket	19	18	17	23	20
Marital Status					
Married	20	20	22	24	23
Not Married	23	23	21	29	28
Overweight Status ^{1,2,3,4,5}					
Not Overweight	15	14	14	17	12
Overweight	27	28	26	35	33
Physical Activity ^{2,4,5}					
Inactive ^a	20	23	28	43	52
Insufficient	24	25	23	27	18
Recommended	19	16	20	22	25
Smoking Status ⁵					
Nonsmoker ^a	22	21	22	27	27
Smoker	19	17	18	23	9

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

High Blood Pressure

2018 Findings

- Twenty-four percent of respondents reported high blood pressure in the past three years.
- Respondents 65 and older were more likely to report high blood pressure (55%) compared to those 18 to 34 years old (6%) or respondents 35 to 44 years old (5%).
- Forty-seven percent of respondents with a high school education or less reported high blood pressure compared to 37% of those with some post high school education or 17% of respondents with a college education.
- Thirty-eight percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 33% of those in the middle 20 percent income bracket or 15% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report high blood pressure (32%) compared to married respondents (17%).
- Overweight respondents were more likely to report high blood pressure (27%) compared to respondents who were not overweight (17%).
- Sixty percent of inactive respondents reported high blood pressure compared to 20% of those who met the recommended amount of physical activity or 18% of respondents who did an insufficient amount of physical activity.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2006 and 2018, respondents 65 and older were more likely to report high blood pressure.
- In 2006 and 2018, respondents with a high school education or less were more likely to report high blood pressure.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2006, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report high blood pressure.
- In 2006 and 2018, overweight respondents were more likely to report high blood pressure.
- In 2006, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report high blood pressure, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure.

- In 2015 and 2018, respondents 65 and older were more likely to report high blood pressure. From 2015 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 45 to 54 years old reporting high blood pressure.
- In 2015 and 2018, respondents with a high school education or less were more likely to report high blood pressure.
- In 2015, respondents in the middle 20 percent household income bracket were more likely to report high blood pressure. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report high blood pressure, with a noted increase since 2015.
- In 2015 and 2018, overweight respondents were more likely to report high blood pressure.
- In 2015 and 2018, inactive respondents were more likely to report high blood pressure.
- In 2015, nonsmokers were more likely to report high blood pressure. In 2018, smoking status was not a significant variable.

Table 15. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year[®]

	2006	2009	2012	2015	2018
TOTAL	25%	23%	28%	24%	24%
Gender					
Male	22	22	30	23	23
Female	27	23	26	24	24
Age ^{1,2,3,4,5}					
18 to 34	5	5	11	5	6
35 to 44 ^b	6	8	14	15	5
45 to 54 ^b	23	21	23	8	19
55 to 64	34	34	35	35	29
65 and Older	55	48	56	55	55
Education ^{1,2,3,4,5}					
High School or Less	40	47	55	44	47
Some Post High School	32	30	30	25	37
College Graduate	19	16	22	20	17
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	35	41	34	28	38
Middle 20 Percent Bracket	23	24	31	34	33
Top 40 Percent Bracket	18	13	21	19	15
Marital Status ^{2,3,5}					
Married	22	16	24	24	17
Not Married ^b	28	30	33	23	32
Overweight Status ^{1,2,3,4,5}					
Not Overweight	19	15	18	11	17
Overweight	29	31	33	31	27
Physical Activity ^{4,5}					
Inactive ^a	35	26	36	39	60
Insufficient	25	25	26	26	18
Recommended	22	20	28	18	20
Smoking Status ⁴					
Nonsmoker	24	23	28	25	25
Smoker	27	18	25	12	14

[®]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.

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Mental Health Condition

2018 Findings

- Fifteen 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.
- Respondents 18 to 34 years old were more likely to report a mental health condition (25%) compared to those 35 to 44 years old (11%) or respondents 45 to 64 years old (10%).
- Twenty-six percent of respondents in the bottom 40 percent household income bracket and 25% of those in the middle 20 percent income bracket reported a mental health condition compared to 11% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report a mental health condition compared to married respondents (21% and 10%, respectively).
- Fifty-six percent of smokers reported a mental health condition compared to 10% of nonsmokers.

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents reporting a mental health condition.
- In 2009 and 2018, gender was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of female respondents reporting a mental health condition.
- In 2009, age was not a significant variable. In 2018, respondents 18 to 34 years old were more likely to report a mental health condition.
- In 2009, respondents with some post high school education were more likely to report a mental health condition. In 2018, education was not a significant variable.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report a mental health condition. From 2009 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting a mental health condition.
- In 2009 and 2018, unmarried respondents were more likely to report a mental health condition.
- In 2009, overweight respondents were more likely to report a mental health condition. In 2018, overweight status was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of respondents who were not overweight reporting a mental health condition.
- In 2009, inactive respondents were more likely to report a mental health condition. In 2018, physical activity was not a significant variable.
- In 2009 and 2018, smokers were more likely to report a mental health condition. From 2009 to 2018, there was a noted increase in the percent of smokers reporting a mental health condition.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting a mental health condition.
- In 2015, female respondents were more likely to report a mental health condition. In 2018, gender was not a significant variable.
- In 2015, respondents 45 to 54 years old were more likely to report a mental health condition. In 2018, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a mental health condition.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with a high school education or less reporting a mental health condition.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report a mental health condition.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report a mental health condition.
- In 2015, overweight respondents were more likely to report a mental health condition. In 2018, overweight status was not a significant variable.
- In 2015, inactive respondents were more likely to report a mental health condition. In 2018, physical activity was not a significant variable.
- In 2015, smoking status was not a significant variable. In 2018, smokers were more likely to report a mental health condition, with a noted increase since 2015.

Table 16. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year^①

	2009	2012	2015	2018
TOTAL	12%	14%	14%	15%
Gender ³				
Male	13	13	9	12
Female ^a	12	14	19	17
Age ^{3,4}				
18 to 34 ^b	15	13	6	25
35 to 44	15	12	15	11
45 to 54 ^b	9	17	29	10
55 to 64	13	14	8	10
65 and Older	9	13	13	13
Education ^{1,2}				
High School or Less ^b	14	34	7	23
Some Post High School	22	12	18	20
College Graduate	9	11	14	12
Household Income ^{1,2,4}				
Bottom 40 Percent Bracket	25	22	23	26
Middle 20 Percent Bracket ^a	8	15	14	25
Top 40 Percent Bracket	9	10	13	11
Marital Status ^{1,2,4}				
Married	8	8	13	10
Not Married	17	21	16	21
Overweight Status ^{1,3}				
Not Overweight ^a	9	11	9	16
Overweight	16	16	19	15
Physical Activity ^{1,3}				
Inactive	22	13	28	18
Insufficient	14	11	11	18
Recommended	9	15	13	11
Smoking Status ^{1,2,4}				
Nonsmoker	10	12	14	10
Smoker ^{a,b}	31	24	15	56

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

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012

³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2009 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Diabetes

2018 Findings

- Nine percent of respondents reported diabetes in the past three years.
- Male respondents were more likely to report diabetes in the past three years compared to female respondents (13% and 6%, respectively).
- Respondents 65 and older were more likely to report diabetes (16%) compared to those 35 to 44 years old (3%) or respondents 18 to 34 years old (0%).
- Twenty-one percent of respondents with some post high school education reported diabetes compared to 14% of those with a high school education or less or 6% of respondents with a college education.
- Eighteen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 6% of respondents in the top 60 percent household income bracket.
- Thirteen percent of overweight respondents reported diabetes compared to 3% of respondents who were not overweight.
- Twenty-six percent of inactive respondents reported diabetes compared to 9% of those who did an insufficient amount of physical activity or 6% of respondents who met the recommended amount of physical activity.
- Nonsmokers were more likely to report diabetes in the past three years compared to smokers (10% and 0%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported diabetes.
- In 2006 and 2018, male respondents were more likely to report diabetes. From 2006 to 2018, there was a noted increase in the percent of male respondents reporting diabetes.
- In 2006, respondents 55 and older were more likely to report diabetes. In 2018, respondents 65 and older were more likely to report diabetes. From 2006 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old reporting diabetes.
- In 2006, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report diabetes, with a noted increase since 2006.
- In 2006, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report diabetes, with a noted increase since 2006. From 2006 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting diabetes.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of unmarried respondents reporting diabetes.
- In 2006 and 2018, overweight respondents were more likely to report diabetes. From 2006 to 2018, there was a noted increase in the percent of overweight respondents reporting diabetes.

- In 2006, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report diabetes, with a noted increase since 2006.
- In 2006, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report diabetes, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported diabetes.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report diabetes.
- In 2015, respondents 55 to 64 years old were more likely to report diabetes. In 2018, respondents 65 and older were more likely to report diabetes. From 2015 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting diabetes.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report diabetes, with a noted increase since 2015.
- In 2015, respondents in the bottom 60 percent household income bracket were more likely to report diabetes. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.
- In 2015 and 2018, overweight respondents were more likely to report diabetes.
- In 2015, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report diabetes.
- In 2015 and 2018, nonsmokers were more likely to report diabetes.

Table 17. Diabetes in Past Three Years by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	5%	7%	8%	11%	9%
Gender ^{1,2,5}					
Male ^a	8	9	8	11	13
Female	3	4	7	10	6
Age ^{1,2,3,4,5}					
18 to 34	0	1	0	0	0
35 to 44 ^b	<1	5	0	16	3
45 to 54 ^a	3	3	7	9	12
55 to 64	13	10	10	19	12
65 and Older	11	14	19	14	16
Education ^{2,3,5}					
High School or Less	9	9	12	18	14
Some Post High School ^{a,b}	7	16	13	10	21
College Graduate	4	3	6	10	6
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket ^a	7	13	14	18	18
Middle 20 Percent Bracket	7	15	7	16	6
Top 40 Percent Bracket ^a	3	3	5	8	6
Marital Status ^{2,3}					
Married	5	4	5	11	8
Not Married ^a	5	10	10	10	11
Overweight Status ^{1,2,3,4,5}					
Not Overweight	3	3	2	2	3
Overweight ^a	7	11	11	19	13
Physical Activity ^{2,3,5}					
Inactive ^a	9	9	13	13	26
Insufficient	6	9	9	8	9
Recommended	4	4	5	12	6
Smoking Status ^{4,5}					
Nonsmoker ^a	5	7	7	12	10
Smoker	2	7	9	2	0

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Heart Disease/Condition

2018 Findings

- Six percent of respondents reported heart disease or condition in the past three years.
- Eighteen percent of respondents 65 and older reported heart disease/condition in the past three years compared to 1% of those 45 to 54 years old or 0% of respondents 18 to 44 years old.
- Fourteen percent of respondents with a high school education or less reported heart disease/condition compared to 8% of those with some post high school education or 4% of respondents with a college education.
- Eleven percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition compared to 6% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to report heart disease/condition (22%) compared to those who met the recommended amount of physical activity (4%) or respondents who did an insufficient amount of physical activity (3%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition.
- In 2006, male respondents were more likely to report heart disease/condition. In 2018, gender was not a significant variable.
- In 2006 and 2018, respondents 65 and older were more likely to report heart disease/condition.
- In 2006, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report heart disease/condition.
- In 2006, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition.
- In 2006, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report heart disease/condition.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported heart disease/condition.
- In 2015, male respondents were more likely to report heart disease/condition. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of male respondents reporting heart disease/condition.
- In 2015 and 2018, respondents 65 and older were more likely to report heart disease/condition. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old or 55 to 64 years old reporting heart disease/condition.

- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report heart disease/condition. From 2015 to 2018, there was a noted decrease in the percent of respondents with a college education reporting heart disease/condition.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.
- In 2015, unmarried respondents were more likely to report heart disease/condition. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting heart disease/condition.
- In 2015, physical activity was not a significant variable. In 2018, inactive respondents were more likely to report heart disease/condition. From 2015 to 2018, there was a noted decrease in the percent of respondents who did at least some physical activity reporting heart disease/condition.
- In 2015 and 2018, smoking status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of smokers reporting heart disease/condition.

Table 18. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^b	8%	8%	9%	11%	6%
Gender ^{1,4}					
Male ^b	11	10	10	15	6
Female	5	7	9	7	5
Age ^{1,2,3,4,5}					
18 to 34 ^b	0	5	9	7	0
35 to 44	2	0	0	0	0
45 to 54	6	7	3	8	1
55 to 64 ^b	11	8	9	14	4
65 and Older	22	19	24	23	18
Education ^{3,5}					
High School or Less	14	11	25	18	14
Some Post High School	7	6	12	8	8
College Graduate ^b	7	8	6	10	4
Household Income ^{3,5}					
Bottom 40 Percent Bracket	10	8	16	16	11
Middle 20 Percent Bracket	8	4	8	10	6
Top 40 Percent Bracket ^b	6	7	5	9	3
Marital Status ^{3,4}					
Married	9	8	6	6	5
Not Married ^b	7	9	13	17	7
Overweight Status ³					
Not Overweight	8	8	6	10	5
Overweight	8	8	11	10	6
Physical Activity ^{2,5}					
Inactive	12	19	15	9	22
Insufficient ^b	6	9	8	9	3
Recommended ^b	8	5	9	11	4
Smoking Status ³					
Nonsmoker	8	8	8	10	6
Smoker ^b	5	4	16	15	2

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Current Asthma

In 2016, 9% of Wisconsin respondents and 9% of U.S. respondents reported they were told they currently have asthma (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Eleven percent of respondents reported they currently have asthma.
- Male respondents were more likely to report current asthma (14%) compared to female respondents (8%).
- Twenty percent of respondents with some post high school education reported current asthma compared to 11% of those with a high school education or less or 8% of respondents with a college education.
- Thirty-four percent of respondents in the middle 20 percent household income bracket reported current asthma compared to 10% of those in the top 40 percent income bracket or 7% of respondents in the bottom 40 percent household income bracket.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting current asthma.
- In 2006, gender was not a significant variable. In 2018, male respondents were more likely to report current asthma, with a noted increase since 2006.
- In 2006 and 2018, age was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old reporting current asthma.
- In 2006, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2006.
- In 2006, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to report current asthma, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report current asthma, with a noted increase since 2015.
- In 2015 and 2018, age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting current asthma.
- In 2015, respondents with a college education were more likely to report current asthma. In 2018, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2015.
- In 2015, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to report current asthma, with a noted increase since 2015.

- In 2015, unmarried respondents were more likely to report current asthma. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of married respondents reporting current asthma.

Table 19. Current Asthma by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	7%	9%	11%	9%	11%
Gender ^{3,5}					
Male ^{a,b}	7	8	8	8	14
Female	6	11	14	11	8
Age					
18 to 34	8	10	10	11	16
35 to 44 ^b	5	7	10	18	5
45 to 54 ^a	4	13	17	8	13
55 to 64	9	6	11	5	8
65 and Older	6	10	9	6	9
Education ^{2,3,4,5}					
High School or Less	11	17	22	2	11
Some Post High School ^{a,b}	8	6	13	4	20
College Graduate	5	9	9	12	8
Household Income ⁵					
Bottom 40 Percent Bracket	9	11	15	10	7
Middle 20 Percent Bracket ^{a,b}	5	6	7	4	34
Top 40 Percent Bracket	5	7	12	12	10
Marital Status ^{2,4}					
Married ^b	6	7	10	4	10
Not Married	7	13	12	16	12

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

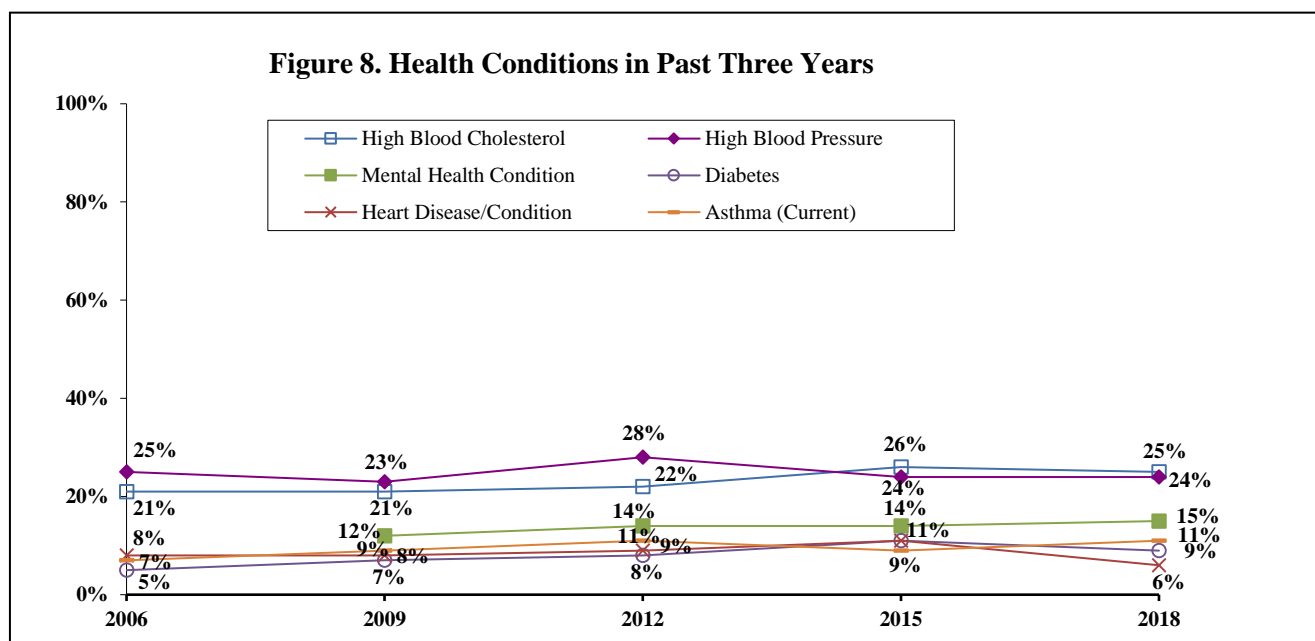
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Health Conditions Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or high blood pressure, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported diabetes or current asthma while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition while from 2015 to 2018, there was a statistical decrease. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2015 to 2018.



Physical Activity (Figures 9 & 10; Tables 20 - 22)

KEY FINDINGS: In 2018, 38% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-five 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, 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report this.

From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2015 to 2018. From 2006 to 2018, 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 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2015 to 2018, there was a statistical decrease.

Moderate Physical Activity in Usual Week

Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate.

In 2005, 42% of Wisconsin respondents and 33% of U.S. respondents did moderate physical activity at least five times a week for 30 or more minutes (2005 Behavioral Risk Factor Surveillance).

2018 Findings

- Thirty-eight percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Fifty percent did some moderate activity, while 12% did not do any moderate physical activity.
- Fifty-nine percent of respondents 45 to 54 years old met the recommended amount of moderate physical activity compared to 26% of those 18 to 34 years old or 25% of respondents 35 to 44 years old.
- Forty-one percent of respondents with a college education and 40% of those with some post high school education met the recommended amount of moderate physical activity compared to 17% of respondents with a high school education or less.
- Forty-five percent of respondents in the top 40 percent household income bracket met the recommended amount of moderate physical activity compared to 38% of those in the middle 20 percent household income bracket or 27% of respondents in the bottom 40 percent household income bracket.
- Forty-five percent of married respondents met the recommended amount of moderate physical activity compared to 30% of unmarried respondents.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2006 and 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of male respondents meeting the recommended amount of moderate physical activity.
- In 2006, age was not a significant variable. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2006. From 2006 to 2018, there was a noted increase in the percent of respondents 65 and older meeting the recommended amount of moderate physical activity.
- In 2006, education was not a significant variable. In 2018, respondents with at least some post high school education were more likely to meet the recommended amount of moderate physical activity. From 2006 to 2018, there was a noted decrease in the percent of respondents with a high school education or less meeting the recommended amount of moderate physical activity.
- In 2006, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity.
- In 2006, marital status was not a significant variable. In 2018, married respondents were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2015, age was not a significant variable. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old meeting the recommended amount of moderate physical activity.
- In 2015, education was not a significant variable. In 2018, respondents with at least some post high school education were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less meeting the recommended amount of moderate physical activity.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents meeting the recommended amount of moderate physical activity.

Table 20. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2006	2009	2012	2015	2018
TOTAL	35%	38%	36%	44%	38%
Gender					
Male ^a	32	36	33	48	43
Female	37	40	39	40	34
Age ^{3,5}					
18 to 34 ^b	34	41	23	53	26
35 to 44	39	45	47	35	25
45 to 54 ^a	33	38	44	46	59
55 to 64	39	34	38	42	40
65 and Older ^a	29	31	34	39	44
Education ^{2,3,5}					
High School or Less ^{a,b}	37	32	48	58	17
Some Post High School	30	31	25	38	40
College Graduate	35	41	38	43	41
Household Income ^{3,5}					
Bottom 40 Percent Bracket	29	34	24	35	27
Middle 20 Percent Bracket	32	34	38	55	38
Top 40 Percent Bracket	39	41	43	45	45
Marital Status ^{3,5}					
Married ^a	36	40	41	39	45
Not Married ^b	33	35	30	49	30
Overweight Status ²					
Not Overweight	38	46	40	49	41
Overweight	33	31	34	40	36

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

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).

2018 Findings

- Thirty-five percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Thirty-two percent did some vigorous physical activity while 33% did not do any vigorous physical activity.

- Forty-two percent of male respondents met the recommended amount of vigorous physical activity compared to 28% of female respondents.
- Respondents 45 to 54 years old were more likely to meet the recommended amount of vigorous physical activity (48%) compared to those 18 to 34 years old (26%) or respondents 65 and older (24%).
- Forty percent of respondents with a college education met the recommended amount of vigorous physical activity compared to 25% of those with a high school education or less or 20% of respondents with some post high school education.
- Forty-six percent of respondents in the top 40 percent household income bracket met the recommended amount of vigorous physical activity compared to 28% of those in the middle 20 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to meet the recommended amount of vigorous physical activity (43%) compared to unmarried respondents (24%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2006, gender was not a significant variable. In 2018, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2006.
- In 2006, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of vigorous physical activity. From 2006 to 2018, 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 and older meeting the recommended amount of vigorous physical activity.
- In 2006 and 2018, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity.
- In 2006, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2018, 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 2006.
- In 2006 and 2018, married respondents were more likely to meet the recommended amount of vigorous physical activity. From 2006 to 2018, there was a noted increase in the percent of married respondents meeting the recommended amount of vigorous physical activity.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to meet the recommended amount of vigorous physical activity.

- In 2015, respondents 18 to 44 years old were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old meeting the recommended amount of vigorous physical activity.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents meeting the recommended amount of vigorous physical activity.
- In 2015, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. In 2018, overweight status was not a significant variable.

Table 21. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2006	2009	2012	2015	2018
TOTAL ^a	28%	29%	29%	37%	35%
Gender ^{2,5}					
Male ^a	29	33	32	38	42
Female	28	25	26	35	28
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	42	35	25	46	26
35 to 44	39	26	41	47	43
45 to 54 ^{a,b}	26	37	46	31	48
55 to 64 ^a	19	29	21	31	36
65 and Older ^a	14	16	14	29	24
Education ^{1,2,3,5}					
High School or Less	23	22	18	40	25
Some Post High School	18	16	21	33	20
College Graduate	33	34	32	37	40
Household Income ^{1,2,4,5}					
Bottom 40 Percent Bracket	20	18	25	15	15
Middle 20 Percent Bracket	37	25	25	14	28
Top 40 Percent Bracket ^a	37	38	34	49	46
Marital Status ^{1,2,3,5}					
Married ^{a,b}	32	34	33	33	43
Not Married ^b	24	22	23	41	24
Overweight Status ^{2,4}					
Not Overweight	32	34	30	45	36
Overweight	27	24	29	30	34

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

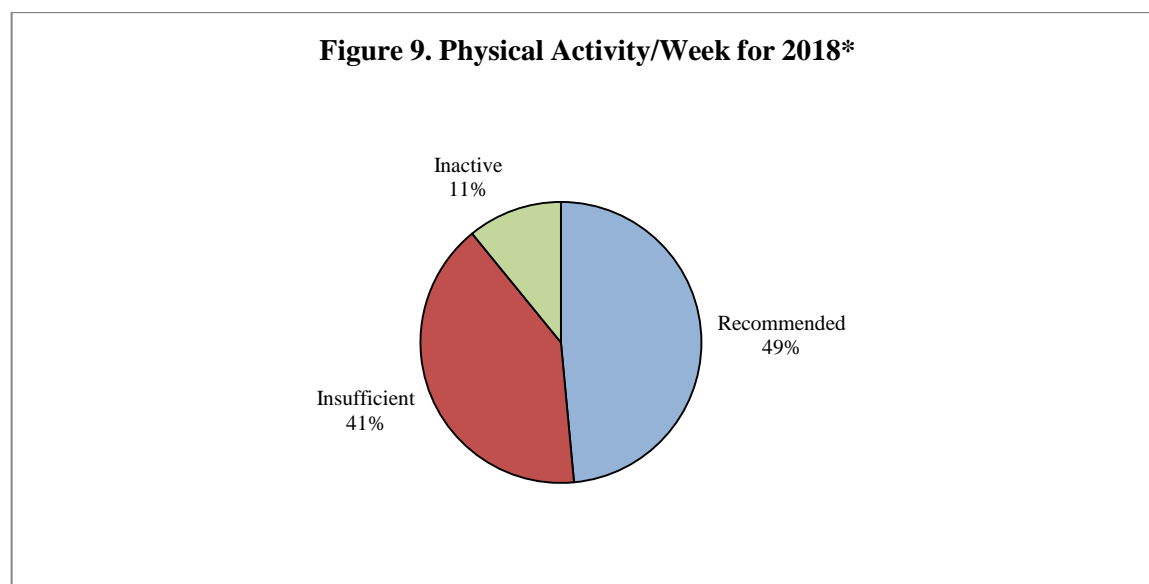
Combined Recommended Amount of Physical Activity in Typical Week

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).

2018 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 11% 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.

- Fifty-six percent of male respondents met the recommended amount of physical activity compared to 42% of female respondents.
- Sixty-seven percent of respondents 45 to 54 years old met the recommended amount of physical activity compared to 43% of those 35 to 44 years old or 33% of respondents 18 to 34 years old.
- Fifty-eight percent of respondents in the top 40 percent household income bracket met the recommended amount of physical activity compared to 53% of those in the middle 20 percent income bracket or 32% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to meet the recommended amount of physical activity compared to unmarried respondents (57% and 37%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2006, gender was not a significant variable. In 2018, male respondents were more likely to meet the recommended amount of physical activity. From 2006 to 2018, there was a noted decrease in the percent of female respondents meeting the recommended amount of physical activity.
- In 2006, respondents 18 to 44 years old were more likely to meet the recommended amount of physical activity. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of physical activity, with a noted increase since 2006. From 2006 to 2018, there was a noted decrease in the percent of respondents 18 to 44 years old meeting the recommended amount of physical activity.
- In 2006, respondents with a college education were more likely to meet the recommended amount of physical activity. In 2018, education was not a significant variable.
- In 2006 and 2018, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity.
- In 2006 and 2018, married respondents were more likely to meet the recommended amount of physical activity.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted decrease in the percent of female respondents meeting the recommended amount of physical activity.
- In 2015, age was not a significant variable. In 2018, respondents 45 to 54 years old were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old meeting the recommended amount of physical activity.
- In 2015, respondents with a high school education or less were more likely to meet the recommended amount of physical activity. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less meeting the recommended amount of physical activity.
- In 2015, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2018, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity.
- In 2015, unmarried respondents were more likely to meet the recommended amount of physical activity. In 2018, married respondents were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents meeting the recommended amount of physical activity.
- In 2015 and 2018, overweight status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of overweight respondents meeting the recommended amount of physical activity.

Table 22. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2006	2009	2012	2015	2018
TOTAL ^b	51%	52%	50%	56%	49%
Gender ⁵					
Male	50	53	52	57	56
Female ^{a,b}	51	50	48	54	42
Age ^{1,3,5}					
18 to 34 ^{a,b}	57	51	39	63	33
35 to 44 ^a	59	56	60	58	43
45 to 54 ^a	46	55	63	54	67
55 to 64	52	55	50	54	52
65 and Older	38	43	42	49	50
Education ^{1,2,3,4}					
High School or Less ^b	44	35	52	69	33
Some Post High School	38	39	38	45	45
College Graduate	56	59	53	56	51
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	41	41	38	43	32
Middle 20 Percent Bracket	56	50	44	60	53
Top 40 Percent Bracket	59	59	57	60	58
Marital Status ^{1,2,3,4,5}					
Married	55	58	57	51	57
Not Married ^b	45	44	42	62	37
Overweight Status ²					
Not Overweight	51	61	53	58	53
Overweight ^b	52	43	48	54	45

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

②Recommended moderate physical activity is 5 times/30+ minutes in a week and recommended vigorous physical activity is 3 times/20+ minutes in a week.

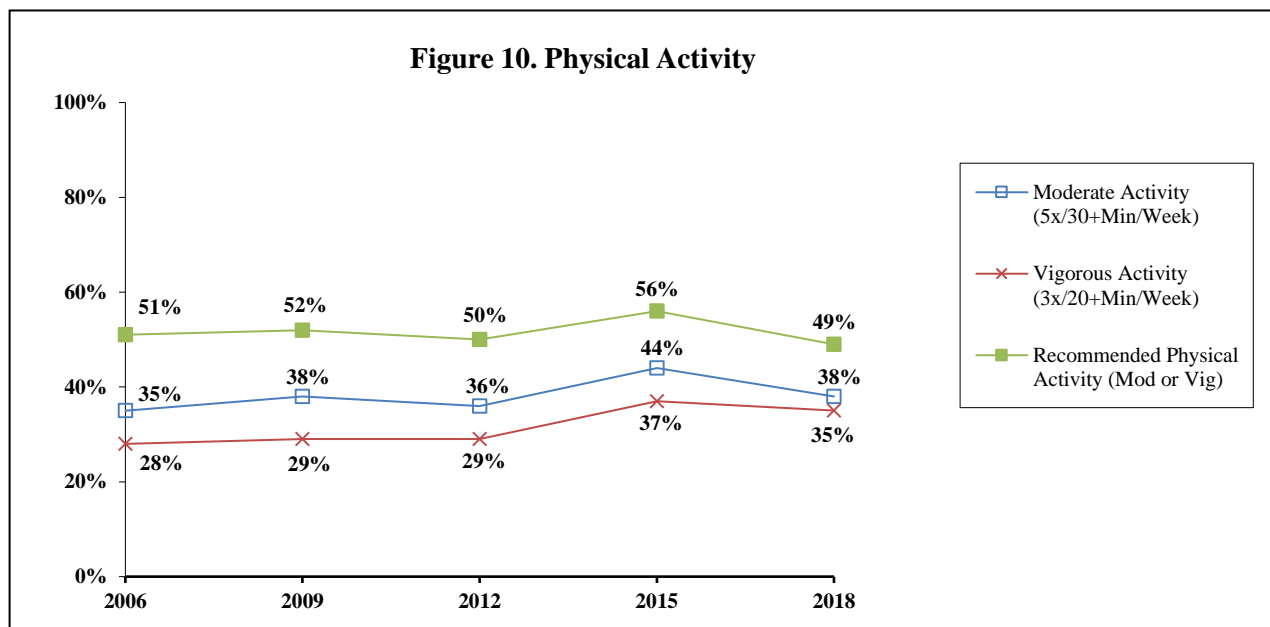
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Physical Activity Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2015 to 2018. From 2006 to 2018, 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 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2015 to 2018, there was a statistical decrease.



Body Weight (Figures 11 & 12; Tables 23 & 24)

KEY FINDINGS: In 2018, 63% of respondents were classified as at least overweight while 28% were obese. Respondents who were male, with some post high school education, in the middle 20 percent household income bracket or inactive respondents were more likely to be classified as at least overweight. Respondents who were male or in the top 40 percent household income bracket were more likely to be obese.

From 2006 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or obese, as well as from 2015 to 2018.

At Least Overweight

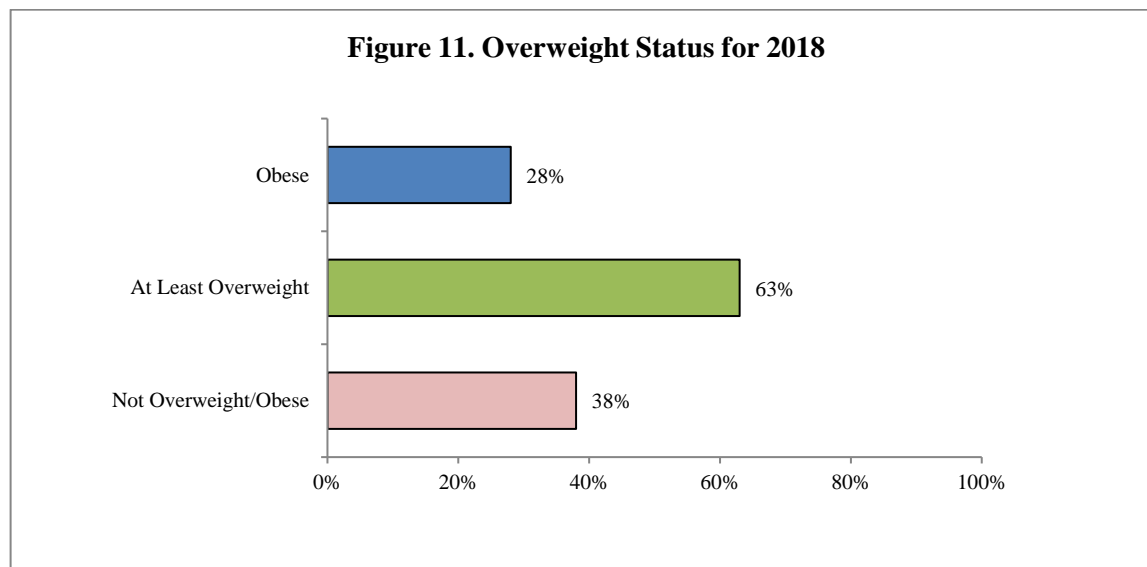
Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter².

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

In 2016, 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) (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- According to the definition, 63% of respondents were at least overweight.



- Male respondents were more likely to be at least overweight (68%) compared to female respondents (58%).
- Seventy-five percent of respondents with some post high school education were at least overweight compared to 60% of those with a college education or 54% of respondents with a high school education or less.
- Seventy-five percent of respondents in the middle 20 percent household income bracket were at least overweight compared to 70% of those in the top 40 percent income bracket or 49% of respondents in the bottom 40 percent household income bracket.
- Eighty-three percent of inactive respondents were at least overweight compared to 62% of those who did an insufficient amount of physical activity or 59% of respondents who met the recommended amount of physical activity.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents being overweight.
- In 2006 and 2018, male respondents were more likely to be classified as overweight. From 2006 to 2018, there was a noted increase in the percent of female respondents being overweight.
- In 2006, respondents 55 to 64 years old were more likely to be overweight. In 2018, age was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents 65 and older being overweight.

- In 2006, education was not a significant variable. In 2018, respondents with some post high school education were more likely to be overweight, with a noted increase since 2006.
- In 2006, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to be overweight. From 2006 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket being overweight.
- In 2006, respondents who did an insufficient amount of physical activity were more likely to be overweight. In 2018, inactive respondents were more likely to be overweight, with a noted increase since 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents being overweight.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to be classified as overweight.
- In 2015, respondents 55 to 64 years old were more likely to be overweight. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old being overweight.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to be overweight, with a noted increase since 2015.
- In 2015, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to be overweight. From 2015 to 2018, 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 top 40 percent household income bracket being overweight.
- In 2015, married respondents were more likely to be overweight. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of unmarried respondents being overweight.
- In 2015, physical activity was not a significant variable. In 2018, inactive respondents were more likely to be classified as overweight.

Table 23. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	56%	48%	61%	55%	63%
Gender ^{1,3,5}					
Male	68	50	69	60	68
Female ^a	45	46	54	51	58
Age ^{1,2,3,4}					
18 to 34 ^b	53	36	71	41	60
35 to 44	48	50	52	59	55
45 to 54	61	48	61	59	67
55 to 64	69	54	54	63	66
65 and Older ^a	52	54	65	59	66
Education ⁵					
High School or Less	63	48	65	51	54
Some Post High School ^{a,b}	48	52	68	56	75
College Graduate	56	46	59	56	60
Household Income ^{3,5}					
Bottom 40 Percent Bracket ^b	55	56	73	64	49
Middle 20 Percent Bracket	60	55	72	69	75
Top 40 Percent Bracket ^{a,b}	54	46	59	55	70
Marital Status ⁴					
Married	53	51	58	60	61
Not Married ^b	59	44	65	49	65
Physical Activity ^{1,2,5}					
Inactive ^a	42	61	69	68	83
Insufficient	59	56	62	55	62
Recommended	56	39	59	54	59

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Obesity

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

In 2016, 31% of Wisconsin respondents were classified as obese. In the U.S., 30% were classified as at least obese (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Twenty-eight percent of respondents were classified as obese (BMI 30.0 or higher).
- Male respondents were more likely to be obese compared to female respondents (35% and 22%, respectively).

- Thirty-three percent of respondents in the top 40 percent household income bracket were obese compared to 22% of those in the middle 20 percent income bracket or 18% of respondents in the bottom 40 percent household income bracket.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents being obese.
- In 2006, female respondents were more likely to be obese. In 2018, male respondents were more likely to be obese, with a noted increase since 2006.
- In 2006, respondents 55 to 64 years old were more likely to be obese. In 2018, age was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents 35 to 54 years old being obese.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents with at least some post high school education being obese.
- In 2006, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to be obese, with a noted increase since 2006.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across marital status being obese.
- In 2006 and 2018, physical activity was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being obese.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents being obese.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to be obese, with a noted increase since 2015.
- In 2015, respondents 45 to 64 years old were more likely to be obese. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old being obese.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with a college education being obese.
- In 2015, respondents in the middle 20 percent household income bracket were more likely to be obese. In 2018, respondents in the top 40 percent household income bracket were more likely to be obese, with a noted increase since 2015.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of unmarried respondents being obese.
- In 2015, inactive respondents were more likely to be obese. In 2018, physical activity was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being obese.

Table 24. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	16%	14%	23%	20%	28%
Gender ^{1,5}					
Male ^{a,b}	13	15	26	17	35
Female	19	13	21	24	22
Age ^{1,2,3,4}					
18 to 34 ^b	13	7	21	2	22
35 to 44 ^a	8	20	16	22	18
45 to 54 ^a	18	11	34	30	37
55 to 64	26	21	21	29	33
65 and Older	18	16	24	23	29
Education					
High School or Less	17	18	32	31	26
Some Post High School ^a	16	12	28	22	31
College Graduate ^{a,b}	15	14	21	18	28
Household Income ^{3,4,5}					
Bottom 40 Percent Bracket	19	16	33	29	18
Middle 20 Percent Bracket	20	20	22	37	22
Top 40 Percent Bracket ^{a,b}	12	14	23	15	33
Marital Status					
Married ^a	14	15	20	21	25
Not Married ^{a,b}	18	13	27	19	32
Physical Activity ^{2,3,4}					
Inactive	22	20	38	45	29
Insufficient	18	18	26	19	26
Recommended ^{a,b}	13	11	18	17	30

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

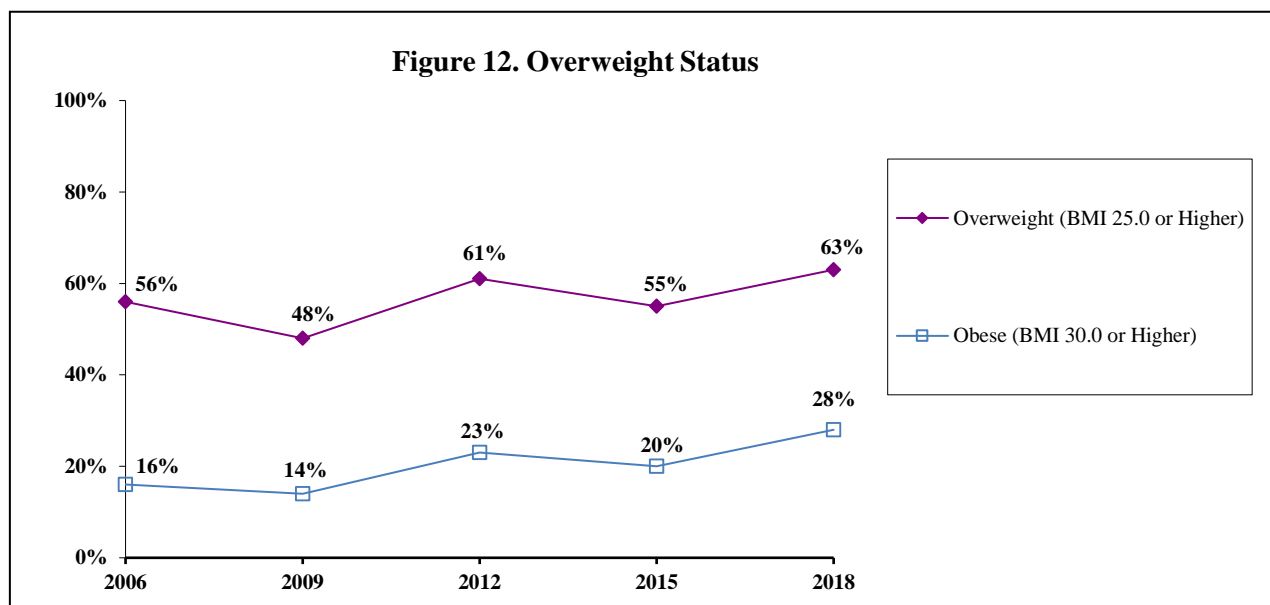
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Body Weight Overall

Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or obese, as well as from 2015 to 2018.



Nutrition (Figure 13; Tables 25 - 27)

KEY FINDINGS: In 2018, 63% of respondents reported two or more servings of fruit while 35% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents 55 to 64 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-three percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this.

From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables, while from 2015 to 2018 there was no statistical change.

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.

2018 Findings

- Sixty-three percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit a day (69%) compared to male respondents (56%).
- Seventy percent of respondents with a college education reported at least two servings of fruit a day compared to 47% of those with a high school education or less or 42% of respondents with some post high school education.
- Seventy-two percent of respondents who were not overweight reported at least two servings of fruit a day compared to 57% of overweight respondents.
- Sixty-eight percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 63% of those who did an insufficient amount of physical activity or 41% of inactive respondents.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2006 and 2018, female respondents were more likely to report at least two servings of fruit per day. From 2006 to 2018, there was a noted decrease in the percent of respondents across gender reporting at least two servings of fruit per day.
- In 2006 and 2018, age was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents 18 to 44 years old or 65 and older reporting at least two servings of fruit per day.
- In 2006 and 2018, respondents with a college education were more likely to report two or more servings of fruit per day. From 2006 to 2018, there was a noted decrease in the percent of respondents across education reporting at least two servings of fruit per day.
- In 2006, respondents in the top 40 percent household income bracket were more likely to report at least two servings of fruit a day. In 2018, household income was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting at least two servings of fruit per day.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents across marital status reporting at least two servings of fruit per day.
- In 2006, overweight status was not a significant variable. In 2018, respondents who were not overweight were more likely to report at least two servings of fruit a day. From 2006 to 2018, there was a noted decrease in the percent of overweight respondents reporting at least two servings of fruit per day.
- In 2006 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least two servings of fruit a day. From 2006 to 2018, there was a noted decrease in the percent of respondents who met the recommended amount of physical activity reporting at least two servings of fruit a day.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2015 and 2018, female respondents were more likely to report at least two servings of fruit per day.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to report two or more servings of fruit per day. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education reporting at least two servings of fruit per day.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit. In 2018, household income was not a significant variable.
- In 2015, married respondents were more likely to report at least two servings of fruit per day. In 2018, marital status was not a significant variable.
- In 2015 and 2018, respondents who were not overweight were more likely to report at least two servings of fruit per day.
- In 2015 and 2018, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit.

Table 25. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	75%	72%	70%	68%	63%
Gender ^{1,2,3,4,5}					
Male ^a	68	68	63	61	56
Female ^a	80	75	77	74	69
Age					
18 to 34 ^a	72	77	66	68	55
35 to 44 ^a	83	68	70	61	70
45 to 54	77	73	78	75	66
55 to 64	69	67	71	69	70
65 and Older ^a	70	72	67	63	57
Education ^{1,2,3,5}					
High School or Less ^a	67	55	36	60	47
Some Post High School ^{a,b}	67	68	71	68	42
College Graduate ^a	78	76	75	69	70
Household Income ^{1,2,3,4}					
Bottom 40 Percent Bracket ^a	64	62	55	53	51
Middle 20 Percent Bracket	76	67	61	68	63
Top 40 Percent Bracket ^a	79	77	79	71	64
Marital Status ^{3,4}					
Married ^a	77	74	77	73	67
Not Married ^a	72	68	62	61	58
Overweight Status ^{2,4,5}					
Not Overweight	78	75	75	78	72
Overweight ^a	72	68	68	58	57
Physical Activity ^{1,2,3,4,5}					
Inactive	53	49	65	33	41
Insufficient	69	66	65	64	63
Recommended ^a	84	80	77	77	68

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

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.

2018 Findings

- Thirty-five percent of respondents reported three or more servings of vegetables on an average day.
- Respondents 55 to 64 years old were more likely to report at least three servings of vegetables a day (48%) compared to those 18 to 34 years old (30%) or respondents 65 and older (28%).
- Thirty-nine percent of respondents with a college education reported at least three servings of vegetables a day compared to 29% of those with some post high school education or 13% of respondents with a high school education or less.
- Forty-three percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 28% of those in the middle 20 percent household income bracket or 20% of respondents in the bottom 40 percent household income bracket.
- Forty-eight percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 28% of those who did an insufficient amount of physical activity or 10% of inactive respondents.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2006, female respondents were more likely to report at least three vegetable servings per day. In 2018, gender was not a significant variable.
- In 2006, respondents 35 to 54 years old were more likely to report at least three servings of vegetables. In 2018, respondents 55 to 64 years old were more likely to report at least three servings of vegetables, with a noted increase since 2006.
- In 2006 and 2018, respondents with a college education were more likely to report at least three servings of vegetables.
- In 2006 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables per day.
- In 2006, married respondents were more likely to report at least three servings of vegetables per day. In 2018, marital status was not a significant variable.
- In 2006, respondents who were not overweight were more likely to report at least three servings of vegetables per day. In 2018, overweight status was not a significant variable.
- In 2006 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2006 to 2018, there was a noted decrease in the percent of inactive respondents reporting at least three servings of vegetables.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2015, female respondents were more likely to report at least three vegetable servings per day. In 2018, gender was not a significant variable.
- In 2015, respondents 18 to 34 years old were more likely to report at least three vegetable servings per day. In 2018, respondents 55 to 64 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least three servings of vegetables.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to report at least three servings of vegetables.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables.
- In 2015, unmarried respondents were more likely to report at least three servings of vegetables. In 2018, marital status was not a significant variable.
- In 2015 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables.

Table 26. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year[®]

	2006	2009	2012	2015	2018
TOTAL	34%	30%	37%	36%	35%
Gender ^{1,2,3,4}					
Male	30	24	31	30	32
Female	38	35	42	41	38
Age ^{1,3,4,5}					
18 to 34 ^b	34	26	33	48	30
35 to 44	43	37	49	36	32
45 to 54	41	31	45	43	41
55 to 64 ^{a,b}	28	35	40	24	48
65 and Older	23	25	23	27	28
Education ^{1,2,3,5}					
High School or Less	26	22	9	31	13
Some Post High School	28	21	32	35	29
College Graduate	38	34	43	37	39
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	31	17	22	26	20
Middle 20 Percent Bracket	24	22	35	22	28
Top 40 Percent Bracket	43	38	49	43	43
Marital Status ^{1,2,3,4}					
Married	39	34	44	32	38
Not Married	27	24	29	42	32
Overweight Status ¹					
Not Overweight	40	32	40	40	38
Overweight	30	29	36	33	33
Physical Activity ^{1,2,4,5}					
Inactive ^a	33	22	29	11	10
Insufficient	26	23	35	21	28
Recommended	41	37	41	50	48

[®]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.

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

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).

2018 Findings

- Forty-three percent of respondents reported five or more servings of fruit/vegetables on an average day.
- Female respondents were more likely to report at least five servings of fruit/vegetables a day (49%) compared to male respondents (37%).
- Fifty percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 26% of those with some post high school education or 19% of respondents with a high school education or less.
- Forty-nine percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 35% of those in the bottom 40 percent income bracket or 31% of respondents in the middle 20 percent household income bracket.
- Respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables a day (56%) compared to those who did an insufficient amount of physical activity (37%) or inactive respondents (12%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2006 and 2018, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2006 to 2018, there was a noted decrease in the percent of respondents across gender reporting at least five servings of fruit/vegetables per day.
- In 2006, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day. In 2018, age was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents 18 to 44 years old reporting at least five servings of fruit/vegetables per day.
- In 2006 and 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2006 to 2018, there was a noted decrease in the percent of respondents with some post high school education or less reporting at least five servings of fruit/vegetables per day.
- In 2006, respondents in the top 60 percent household income bracket were more likely to report at least five fruit/vegetable servings per day. In 2018, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day. From 2006 to 2018, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting at least five servings of fruit/vegetables per day.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents across marital status reporting at least five servings of fruit/vegetables per day.
- In 2006, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day. In 2018, overweight status was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of overweight respondents reporting at least five servings of fruit/vegetables per day.

- In 2006 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables a day. From 2006 to 2018, there was a noted decrease in the percent of inactive respondents reporting at least five servings of fruit/vegetables per day.

2015 to 2018 Year Comparisons

- From 2015 to 2018, 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 2015 and 2018, female respondents were more likely to report at least five fruit/vegetable servings per day.
- In 2015, respondents 18 to 34 years old or 45 to 54 years old were more likely to report at least five fruit/vegetable servings per day. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old and a noted increase in the percent of respondents 55 to 64 years old reporting at least five servings of fruit/vegetables per day.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education reporting at least five servings of fruit/vegetables per day.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day.
- In 2015, respondents who were not overweight were more likely to report at least five fruit/vegetable servings per day. In 2018, overweight status was not a significant variable.
- In 2015 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day.

Table 27. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	53%	44%	52%	46%	43%
Gender ^{1,2,3,4,5}					
Male ^a	47	35	42	39	37
Female ^a	59	51	61	53	49
Age ^{1,3,4}					
18 to 34 ^{a,b}	58	43	48	58	38
35 to 44 ^a	66	50	66	42	48
45 to 54 ^b	55	44	61	59	44
55 to 64 ^b	45	46	51	34	52
65 and Older	38	39	39	34	38
Education ^{1,2,3,5}					
High School or Less ^a	44	34	22	36	19
Some Post High School ^{a,b}	47	32	51	46	26
College Graduate	57	49	57	49	50
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	45	26	30	35	35
Middle 20 Percent Bracket ^a	58	34	45	33	31
Top 40 Percent Bracket ^a	58	54	63	55	49
Marital Status ^{2,3}					
Married ^a	54	49	61	43	44
Not Married ^a	52	36	41	51	42
Overweight Status ^{1,4}					
Not Overweight	57	47	57	55	49
Overweight ^a	50	41	49	40	39
Physical Activity ^{1,2,3,4,5}					
Inactive ^a	33	22	40	13	12
Insufficient	46	35	44	34	37
Recommended	63	55	62	60	56

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

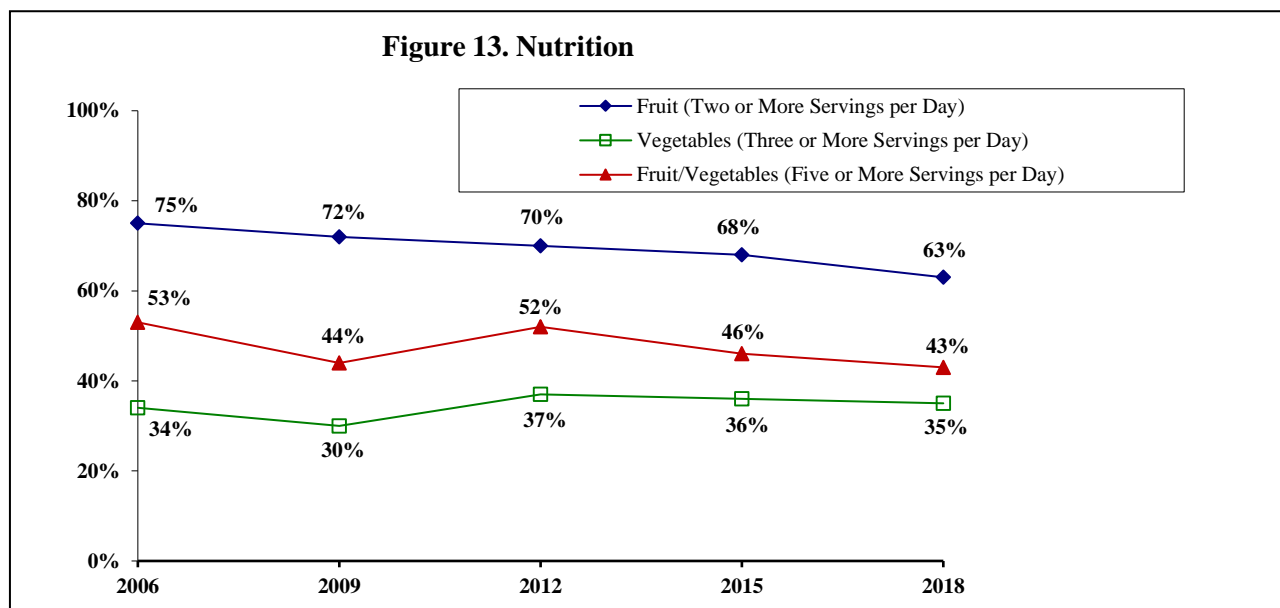
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Nutrition Overall

Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2015 to 2018, there was no statistical change.



Women's Health (Figure 14)

KEY FINDINGS: In 2018, 82% of female respondents 50 and older reported a mammogram within the past two years. Eighty-one percent of female respondents 65 and older had a bone density scan.

From 2006 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 65 and older who reported a bone density scan, as well as from 2015 to 2018.

Mammogram

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

In 2016, 80% of Wisconsin women and 78% of U.S. women 50 to 74 years old reported a mammogram within the past two years (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Eighty-two percent of female respondents 50 and older had a mammogram within the past two years.

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

- No demographic comparisons were conducted as a result of the low percent of women who were asked this question.

2006 to 2018 Year Comparisons

- From 2006 to 2018, 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 low percent of women who were asked this question in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, 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 low percent of women who were asked this question in both study years.

Bone Density Scan

2018 Findings

- Eighty-one percent of the 48 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 low percent of women who were asked this question.

2006 to 2018 Year Comparisons

- From 2006 to 2018, 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 low percent of women who were asked this question in both study years.

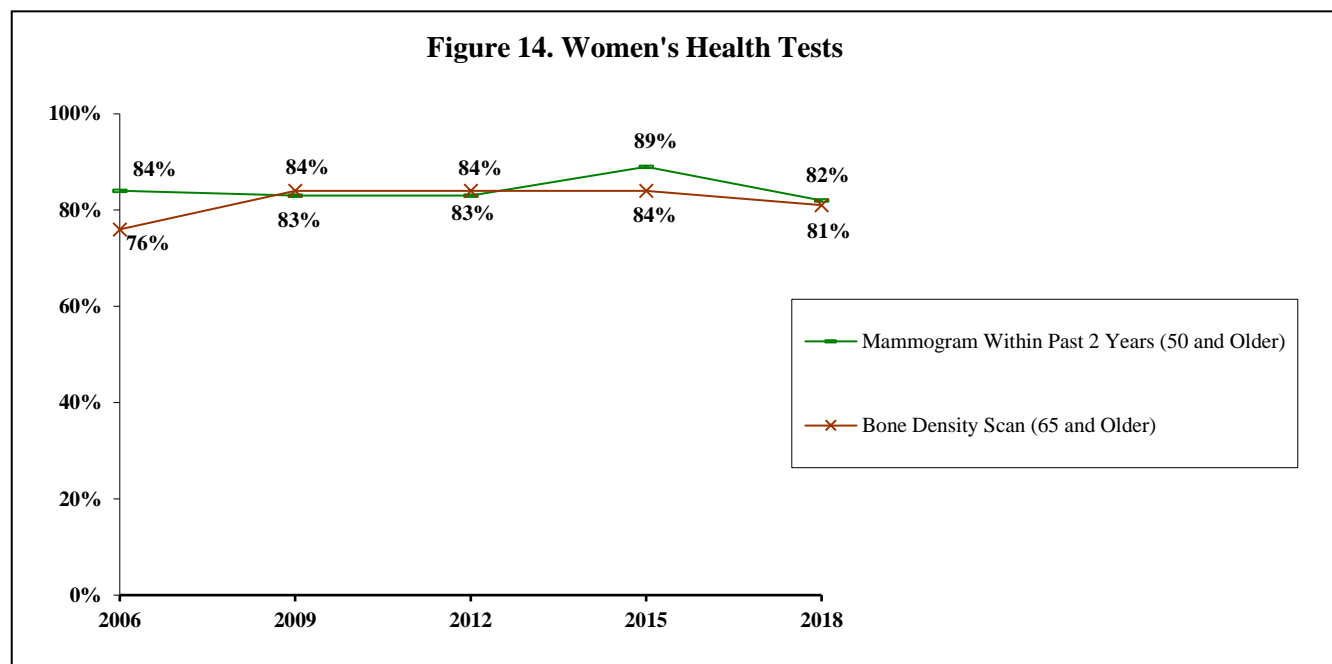
2015 to 2018 Year Comparisons

- From 2015 to 2018, 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 low percent of women who were asked this question in both study years.

Women's Health Tests Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 65 and older who reported a bone density scan, as well as from 2015 to 2018.



Colorectal Cancer Screening (Figure 15; Tables 28 - 31)

KEY FINDINGS: In 2018, 9% 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 73% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations; respondents who were in the top 40 percent household income bracket or married were more likely to report this.

From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years or a colonoscopy in the past ten years, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported they had at least one of these tests in the recommended time frame, as well as from 2015 to 2018.

Blood Stool Test

In 2016, 7% of Wisconsin respondents and 8% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Nine percent of respondents 50 and older had a blood stool test within the past year. Sixty percent reported never while 4% were not sure.
- There were no statistically significant differences between demographic variables and responses of a blood stool test within the past year.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.
- In 2006 and 2018, gender was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of male respondents reporting a blood stool test within the past year.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents across education reporting a blood stool test within the past year.
- In 2006 and 2018, household income was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents across household income reporting a blood stool test within the past year.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents across marital status reporting a blood stool test within the past year.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.
- In 2015 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of male respondents reporting a blood stool test within the past year.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education or less reporting a blood stool test within the past year.
- In 2015 and 2018, household income was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a blood stool test within the past year.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting a blood stool test within the past year.

Table 28. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year
(Respondents 50 and Older)^①

	2006	2012	2015	2018
TOTAL ^{a,b}	22%	12%	19%	9%
Gender				
Male ^{a,b}	26	15	23	7
Female	19	9	15	12
Education ²				
Some Post High School or Less ^{a,b}	22	17	22	8
College Graduate ^a	21	9	17	10
Household Income				
Bottom 60 Percent Bracket ^{a,b}	23	11	23	9
Top 40 Percent Bracket ^a	20	12	17	8
Marital Status				
Married ^a	24	9	17	10
Not Married ^{a,b}	19	15	21	9

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2012

³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Sigmoidoscopy

A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.³

In 2016, 3% of Wisconsin respondents and 2% of U.S. respondents 50 to 75 years old reported a sigmoidoscopy within the past five years (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Ten percent of respondents 50 and older reported their last sigmoidoscopy was within the past five years. Seventy-two percent reported never.
- There were no statistically significant differences between demographic variables and responses of a sigmoidoscopy within the past five years.

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- In 2009, male respondents were more likely to report a sigmoidoscopy within the past five years. In 2018, gender was not a significant variable.

³“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.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- From 2015 to 2018, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy within the past five years.

Table 29. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

	2009	2012	2015	2018
TOTAL	11%	8%	11%	10%
Gender ^{1,2}				
Male	15	12	16	13
Female	8	5	7	8
Education				
Some Post High School or Less	11	12	14	15
College Graduate	11	6	8	7
Household Income				
Bottom 60 Percent Bracket	13	12	8	9
Top 40 Percent Bracket	9	8	13	11
Marital Status				
Married	13	7	12	11
Not Married	10	10	8	8

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

¹demographic difference at $p \leq 0.05$ in 2009; ²demographic difference at $p \leq 0.05$ in 2012

³demographic difference at $p \leq 0.05$ in 2015; ⁴demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2009 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Colonoscopy

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

In 2016, 70% of Wisconsin respondents and 64% of U.S. respondents 50 to 75 years old reported a colonoscopy within the past ten years (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Seventy-three percent of respondents 50 and older had a colonoscopy within the past ten years. Nineteen percent reported never.

⁴“Screening for Colorectal Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2005. Agency for Healthcare Research and Quality, 2005. Pages 32 - 35.

- Respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years compared to respondents in the bottom 60 percent household income bracket (82% and 63%, respectively).
- Married respondents were more likely to report a colonoscopy within the past ten years compared to unmarried respondents (81% and 63%, respectively).

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2009, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years, with a noted increase since 2009.
- In 2009, marital status was not a significant variable. In 2018, married respondents were more likely to report a colonoscopy within the past ten years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2015 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of male respondents reporting a colonoscopy within the past ten years.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a colonoscopy within the past ten years.

Table 30. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

	2009	2012	2015	2018
TOTAL	69%	69%	69%	73%
Gender				
Male ^b	71	71	66	80
Female	68	67	71	68
Education				
Some Post High School or Less	66	64	63	70
College Graduate	71	70	71	75
Household Income ⁴				
Bottom 60 Percent Bracket	70	69	64	63
Top 40 Percent Bracket ^a	69	69	72	82
Marital Status ⁴				
Married	74	70	72	81
Not Married	64	67	63	63

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

¹demographic difference at $p \leq 0.05$ in 2009; ²demographic difference at $p \leq 0.05$ in 2012

³demographic difference at $p \leq 0.05$ in 2015; ⁴demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2009 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Colorectal Cancer Screening Recommendation Met

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

In 2016, 74% of Wisconsin respondents and 68% of U.S. respondents 50 to 75 years old reported one of the three tests in the recommended time frame (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Seventy-seven 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).
- Eighty-four percent of respondents in the top 40 percent household income bracket reported a colorectal cancer screen in the recommended time frame compared to 71% of respondents in the bottom 60 percent household income bracket.
- Eighty-three percent of married respondents reported a colorectal cancer screen in the recommended time frame compared to 70% of unmarried respondents.

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2009 and 2018, gender was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of male respondents reporting a colorectal cancer screen in the recommended time frame.
- In 2009, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report a colorectal cancer screen in the recommended time frame, with a noted increase since 2009.
- In 2009, marital status was not a significant variable. In 2018, married respondents were more likely to report a colorectal cancer screen in the recommended time frame.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report a colorectal cancer screen in the recommended time frame.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a colorectal cancer screen in the recommended time frame.

Table 31. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

	2009	2012	2015	2018
TOTAL	70%	73%	77%	77%
Gender				
Male ^a	71	78	74	82
Female	70	70	78	73
Education				
Some Post High School or Less	70	74	75	74
College Graduate	71	73	78	79
Household Income ⁴				
Bottom 60 Percent Bracket	72	74	78	71
Top 40 Percent Bracket ^a	70	73	75	84
Marital Status ⁴				
Married	74	75	78	83
Not Married	66	72	75	70

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

¹demographic difference at $p \leq 0.05$ in 2009; ²demographic difference at $p \leq 0.05$ in 2012

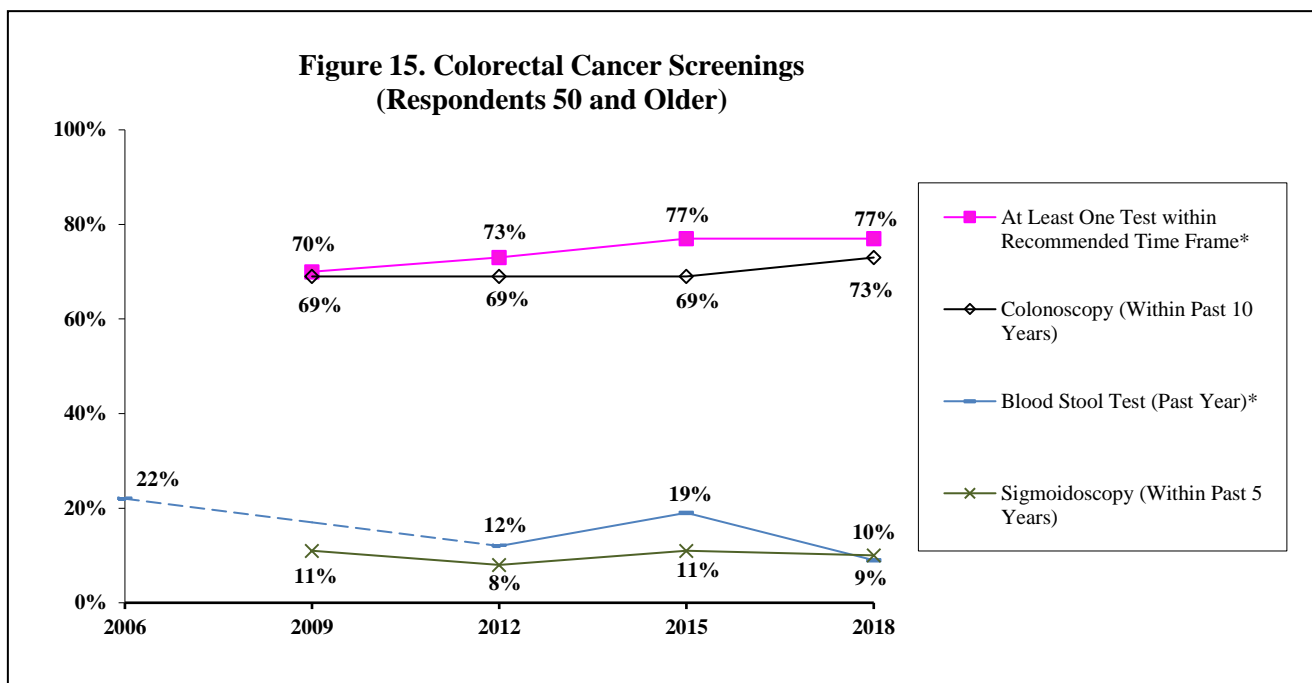
³demographic difference at $p \leq 0.05$ in 2015; ⁴demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2009 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2015 to 2018. From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported they had at least one of these tests in the recommended time frame, as well as from 2015 to 2018.



*In 2009, blood stool test was not asked.

Tobacco Cigarette Use (Figure 16; Table 32)

KEY FINDINGS: In 2018, 11% of respondents were current tobacco cigarette smokers; respondents who were female, 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker.

From 2006 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2018.

Current Tobacco Cigarette Smokers

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

In 2016, 17% of Wisconsin respondents and 17% of U.S. respondents were current smokers (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Eleven percent of respondents were current tobacco cigarette smokers (5% every day and 6% some days).
- Female respondents were more likely to be a current smoker compared to male respondents (15% and 7%, respectively).
- Twenty-four percent of respondents 18 to 34 years old were current smokers compared to 6% of those 35 to 44 years old or 5% of respondents 45 to 54 years old.
- Twenty-three percent of respondents with a high school education or less were current smokers compared to 17% of those with some post high school education or 8% of respondents with a college education.
- Twenty-seven percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 7% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to be a current smoker compared to married respondents (16% and 7%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2006, gender was not a significant variable. In 2018, female respondents were more likely to be a current smoker. From 2006 to 2018, there was a noted decrease in the percent of male respondents who were current smokers.
- In 2006, age was not a significant variable. In 2018, respondents 18 to 34 years old were more likely to be a current smoker.
- In 2006, respondents with some post high school education were more likely to be a current smoker. In 2018, respondents with a high school education or less were more likely to be a current smoker, with a noted increase since 2006.
- In 2006, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker, with a noted increase since 2006.
- In 2006 and 2018, unmarried respondents were more likely to be a current smoker.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2015, male respondents were more likely to be a current smoker. In 2018, female respondents were more likely to be a current smoker. From 2015 to 2018, there was a noted decrease in the percent of male respondents who were current smokers.
- In 2015, age was not a significant variable. In 2018, respondents 18 to 34 years old were more likely to be a current smoker. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old who were current smokers.

- In 2015 and 2018, respondents with a high school education or less were more likely to be a current smoker.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket who were current smokers.
- In 2015 and 2018, unmarried respondents were more likely to be a current smoker.

Table 32. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL	13%	11%	12%	13%	11%
Gender ^{2,4,5}					
Male ^{a,b}	14	13	12	17	7
Female	12	8	11	9	15
Age ^{2,3,5}					
18 to 34	17	19	19	16	24
35 to 44	12	11	9	15	6
45 to 54 ^b	9	7	7	19	5
55 to 64	12	12	16	5	8
65 and Older	12	5	6	8	8
Education ^{1,2,3,4,5}					
High School or Less ^a	8	16	26	30	23
Some Post High School	19	19	23	13	17
College Graduate	12	7	6	10	8
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket ^{a,b}	16	22	34	11	27
Middle 20 Percent Bracket	15	10	11	8	3
Top 40 Percent Bracket ^b	12	6	3	14	7
Marital Status ^{1,2,3,4,5}					
Married	10	4	6	9	7
Not Married	16	18	19	17	16

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

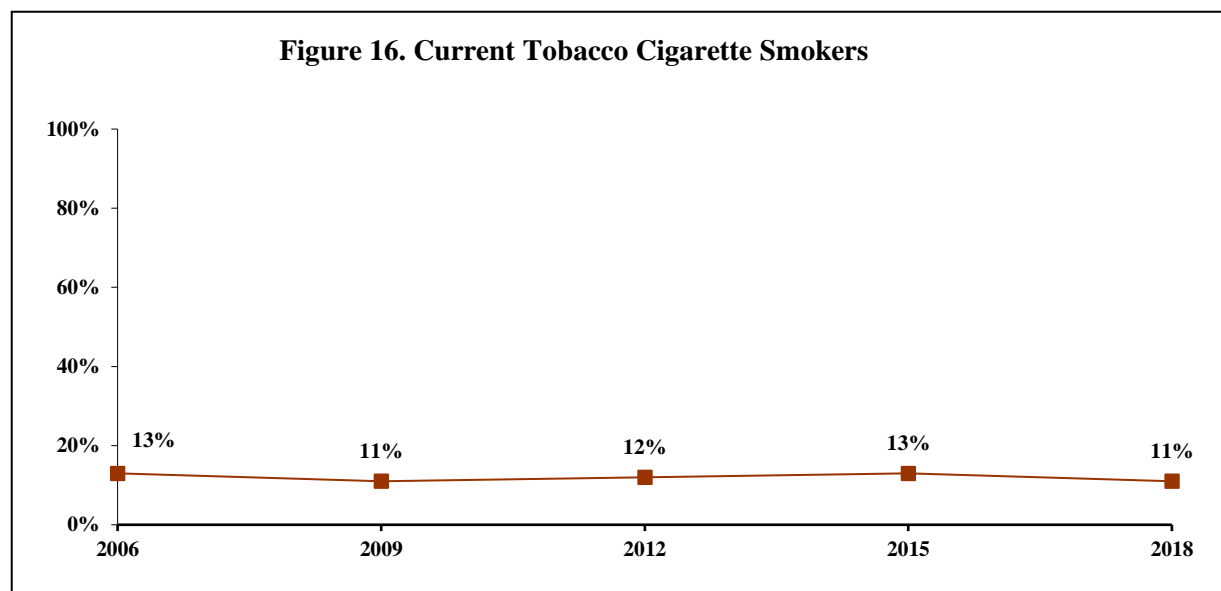
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Tobacco Cigarette Use Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2018.



Exposure to Cigarette Smoke (Figures 17 & 18; Table 33)

KEY FINDINGS: In 2018, 83% 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.

From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2018, there was a statistical decrease.

Smoking Policy Inside Home

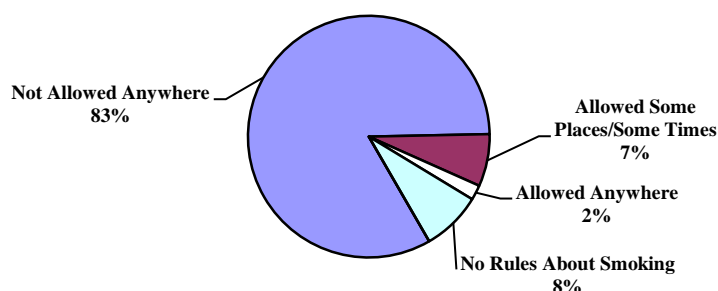
The Healthy People 2020 goal for smoke-free homes is 87%. (Objective TU-14)

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).

2018 Findings

- Eighty-three percent of respondents reported smoking is not allowed anywhere inside the home while 7% reported smoking is allowed in some places or at some times. Two percent reported smoking is allowed anywhere inside the home. Eight percent of respondents reported there are no rules about smoking inside the home.

Figure 17. Smoking Policy Inside Home for 2018



- Eighty-seven percent of respondents in the top 40 percent household income bracket reported smoking is not allowed in the home compared to 75% of those in the middle 20 percent income bracket or 73% 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 (90% and 74%, respectively).
- Eighty-seven percent of nonsmokers reported smoking is not allowed in the home compared to 53% of smokers.
- Respondents in households with children were more likely to report smoking is not allowed in the home (91%) compared to respondents in households without children (77%).

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2009 and 2018, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home.
- In 2009 and 2018, married respondents were more likely to report smoking is not allowed in the home.
- In 2009 and 2018, nonsmokers were more likely to report smoking is not allowed in the home.

- In 2009 and 2018, respondents in households with children were more likely to report smoking is not allowed in the home. From 2009 to 2018, there was a noted decrease in the percent of respondents in households with children reporting smoking is not allowed in the home.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting smoking is not allowed in the home.
- In 2015 and 2018, married respondents were more likely to report smoking is not allowed in the home. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting smoking is not allowed in the home.
- In 2015, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report smoking is not allowed in the home. From 2015 to 2018, there was a noted decrease in the percent of smokers reporting smoking is not allowed in the home.
- In 2015 and 2018, respondents in households with children were more likely to report smoking is not allowed in the home. From 2015 to 2018, there was a noted decrease in the percent of respondents in households without children reporting smoking is not allowed in the home.

Table 33. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year^①

	2009	2012	2015	2018
TOTAL ^b	83%	81%	89%	83%
Household Income ^{1,2,3,4}				
Bottom 40 Percent Bracket	73	66	79	73
Middle 20 Percent Bracket	73	81	84	75
Top 40 Percent Bracket ^b	89	90	94	87
Marital Status ^{1,2,3,4}				
Married	89	88	93	90
Not Married ^b	75	73	83	74
Smoking Status ^{1,2,4}				
Nonsmoker	86	88	89	87
Smoker ^b	60	30	90	53
Children in Household ^{1,2,3,4}				
Yes ^a	96	91	95	91
No ^b	74	76	86	77

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

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012

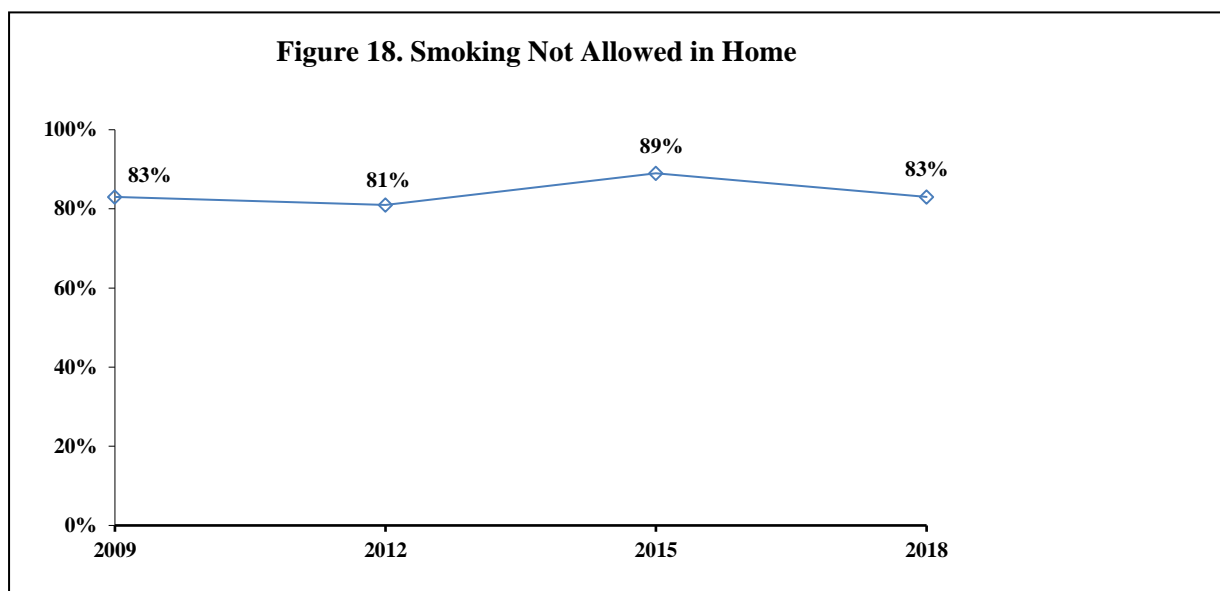
³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2009 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Exposure to Cigarette Smoke Overall

Year Comparisons

- From 2009 to 2018, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2018, there was a statistical decrease.



Other Tobacco Products (Figure 19; Table 34)

KEY FINDINGS: In 2018, 4% of respondents used electronic cigarettes in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents used cigars, cigarillos or little cigars in the past month.

From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.

Electronic Cigarettes

In 2016, 5% of Wisconsin respondents and 5% of U.S. respondents used electronic cigarettes in the past month (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Four percent of respondents used electronic cigarettes in the past month.
- Eight percent of male respondents used electronic cigarettes in the past month compared to less than one percent of female respondents.
- Sixteen percent of respondents 18 to 34 years old used electronic cigarettes in the past month compared to 0% percent of respondents 35 to 44 years old or 55 and older.

- Nine percent of respondents in the middle 20 percent household income bracket used electronic cigarettes in the past month compared to 6% of those in the top 40 percent income bracket or 0% of respondents in the bottom 40 percent household income bracket.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who used electronic cigarettes in the past month.
- In 2015 and 2018, male respondents were more likely to use electronic cigarettes in the past month.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to use electronic cigarettes in the past month. From 2015 to 2018, there was a noted decrease in the percent of respondents 55 to 64 years old reporting they used electronic cigarettes in the past month.
- In 2015, respondents with a high school education or less were more likely to use electronic cigarettes in the past month. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with some post high school education reporting they used electronic cigarettes in the past month.
- In 2015 and 2018, respondents in the middle 20 percent household income bracket were more likely to use electronic cigarettes. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they used electronic cigarettes in the past month.
- In 2015, unmarried respondents were more likely to use electronic cigarettes. In 2018, marital status was not a significant variable.

Table 34. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year^①

	2015	2018
TOTAL	4%	4%
Gender ^{1,2}		
Male	8	8
Female	1	<1
Age ^{1,2}		
18 to 34	9	16
35 to 44	0	0
45 to 54	1	1
55 to 64 ^a	7	0
65 and Older	2	0
Education ¹		
High School or Less ^a	27	8
Some Post High School ^a	0	7
College Graduate	1	3
Household Income ^{1,2}		
Bottom 40 Percent Bracket	1	0
Middle 20 Percent Bracket	8	9
Top 40 Percent Bracket ^a	1	6
Marital Status ¹		
Married	1	4
Not Married	8	5

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

¹demographic difference at $p \leq 0.05$ in 2015; ²demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2015 to 2018

Cigars, Cigarillos or Little Cigars

2018 Findings

- Three percent of respondents used cigars, cigarillos or little cigars in the past month.
- No demographic comparisons were conducted as a result of the low percent of respondents who used cigars, cigarillos or little cigars in the past month.

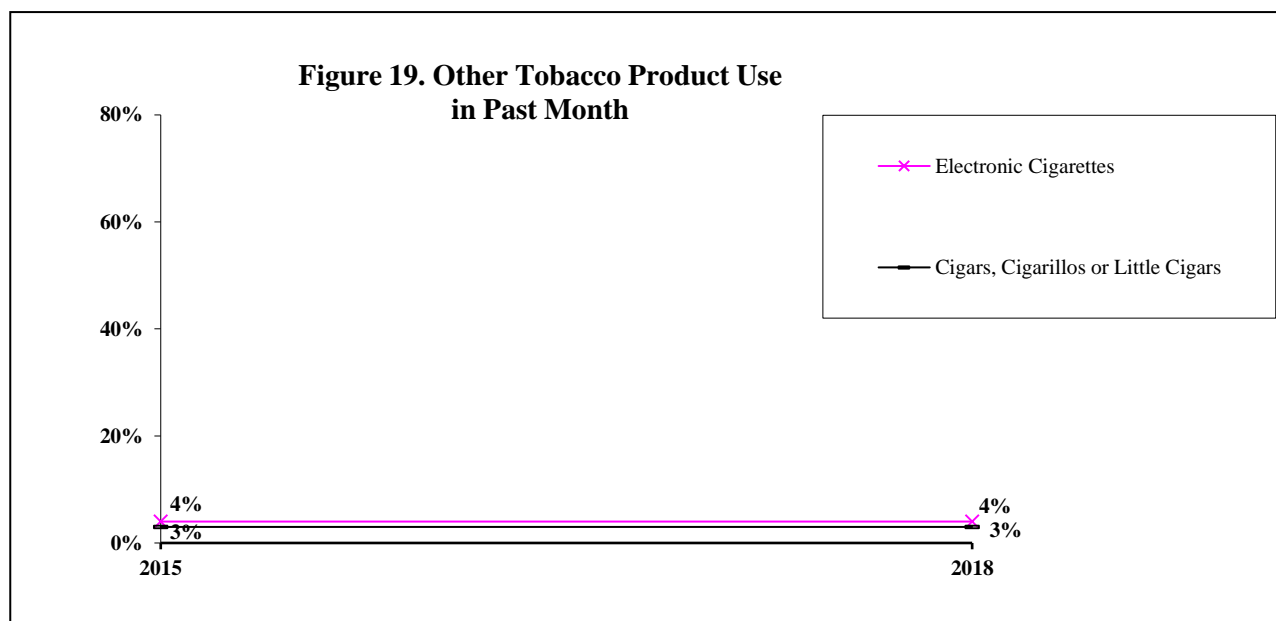
2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who used cigars, cigarillos or little cigars in both study years.

Other Tobacco Products Overall

Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.



Binge Drinking (Figure 20; Table 35)

KEY FINDINGS: In 2018, 32% of respondents were binge drinkers in the past month. Respondents who were 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month.

From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2015 to 2018. Please note: in 2006 and 2009, binge drinking definition was 5+ drinks regardless of gender. Since 2012, the definition was 4+ drinks for females and 5+ drinks for males.

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 2018, Milwaukee 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 2016, 25% 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). Seventeen percent of U.S. respondents reported binge drinking in the past month (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Thirty-two percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).
- Respondents 18 to 34 years old were more likely to have binged in the past month (62%) compared to those 55 to 64 years old (18%) or respondents 65 and older (7%).
- Forty-five percent of respondents in the top 40 percent household income bracket reported binge drinking compared to 22% of those in the bottom 40 percent income bracket or 13% of respondents in the middle 20 percent household income bracket.

2006 to 2018 Year Comparisons

In 2012, 2015 and 2018, the Milwaukee 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 2006 and 2009, the definition was five or more drinks, regardless of gender.

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who binged.
- In 2006, male respondents were more likely to have binged. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across gender reporting binge drinking.
- In 2006 and 2018, respondents 18 to 34 years old were more likely to have binged. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 44 years old or 55 to 64 years reporting binge drinking.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents with at least some post high school education reporting binge drinking.
- In 2006, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to have binged, with a noted increase since 2006.
- In 2006, unmarried respondents were more likely to have binged. In 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across marital status reporting binge drinking.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who binged.
- In 2015, male respondents were more likely to have binged. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to have binged. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 44 years old reporting binge drinking.
- In 2015, respondents with some post high school education were more likely to have binged. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with a college education reporting binge drinking.

- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to have binged. From 2015 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting binge drinking.
- In 2015, unmarried respondents were more likely to have binged. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of married respondents reporting binge drinking.

Table 35. Binge Drinking in Past Month by Demographic Variables for Each Survey Year^{①,②}

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	15%	11%	27%	24%	32%
Gender ^{1,2,4}					
Male ^a	19	18	29	29	36
Female ^{a,b}	13	6	26	19	28
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	30	17	60	38	62
35 to 44 ^{a,b}	13	19	27	32	50
45 to 54	19	9	22	23	23
55 to 64 ^a	7	12	14	20	18
65 and Older	5	3	7	7	7
Education ^{3,4}					
High School or Less	14	13	19	30	26
Some Post High School ^a	13	13	20	34	36
College Graduate ^{a,b}	16	11	30	19	32
Household Income ^{4,5}					
Bottom 40 Percent Bracket ^b	19	15	33	11	22
Middle 20 Percent Bracket	22	8	24	18	13
Top 40 Percent Bracket ^{a,b}	15	12	29	33	45
Marital Status ^{1,4}					
Married ^{a,b}	11	12	27	19	33
Not Married ^a	21	11	27	29	31

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

^②In 2012, 2015 and 2018, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2006 and 2009, “5 or more drinks on an occasion” was used for both males and females.

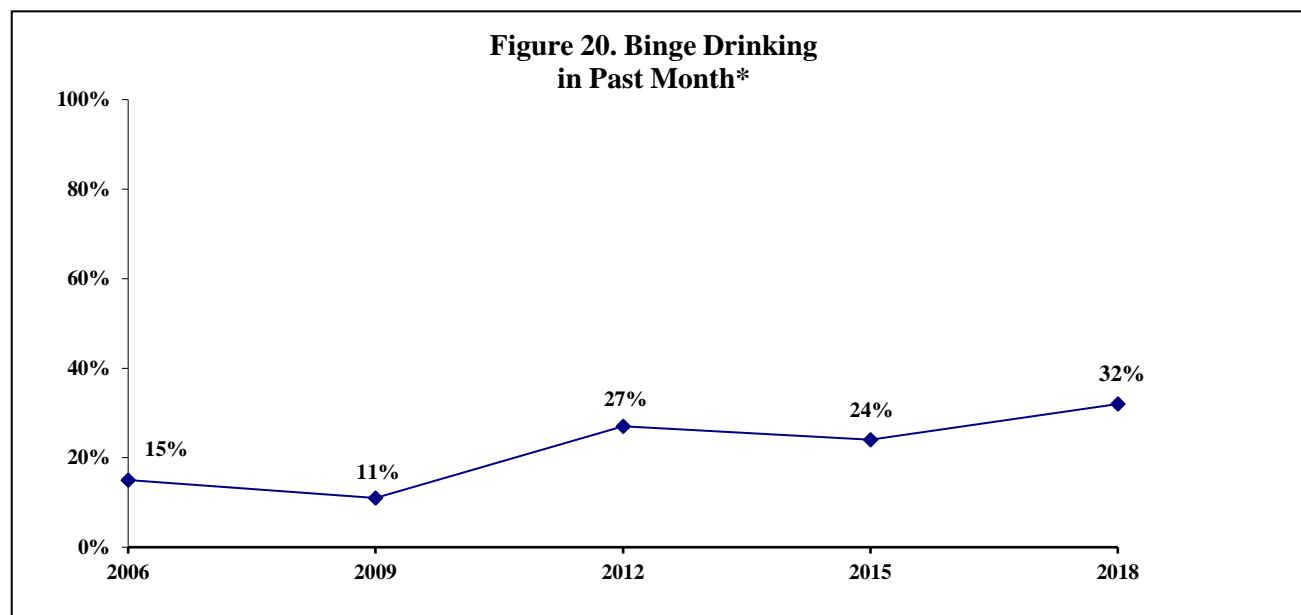
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Binge Drinking Overall

Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2015 to 2018. Please note: in 2006 and 2009, binge drinking definition was 5+ drinks regardless of gender. Since 2012, the definition was 4+ drinks for females and 5+ drinks for males.



*In 2012, 2015 and 2018, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2006 and 2009, “5 or more drinks on an occasion” was used for both males and females.

Household Problems (Figure 21; Tables 36 - 38)

KEY FINDINGS: In 2018, 4% of respondents reported someone in their household experienced a problem in connection with marijuana in the past year. Three percent of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol. Two percent of respondents reported someone in their household experienced a problem with the misuse of prescription drugs/over-the-counter drugs. One percent of respondents each reported a household problem with gambling or cocaine/heroin/other street drugs.

From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting a household problem with marijuana while from 2015 to 2018, there was no statistical change. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with gambling while from 2015 to 2018, there was a statistical decrease. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2018.

Household Problem Associated with Alcohol in Past Year

2018 Findings

- Three 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.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol.

2006 to 2018 Year Comparisons

- From 2006 to 2018, 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 the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with alcohol in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report a household problem with drinking alcohol in the past year.

Table 36. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year^①

	2006 ^②	2009 ^②	2012 ^②	2015	2018 ^②
TOTAL	3%	1%	1%	4%	3%
Household Income ⁴					
Bottom 40 Percent Bracket	--	--	--	1	--
Middle 20 Percent Bracket	--	--	--	0	--
Top 40 Percent Bracket	--	--	--	6	--
Marital Status					
Married	--	--	--	4	--
Not Married	--	--	--	4	--
Children in Household					
Yes	--	--	--	2	--
No	--	--	--	4	--

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Household Problem Associated with Marijuana in Past Year

2018 Findings

- Four 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 marijuana in the past year.
- Nine percent of respondents with children in the household reported a household problem with marijuana compared to less than one percent of respondents without children.

2012 to 2018 Year Comparisons

- From 2012 to 2018, there was a statistical increase 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 marijuana in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with marijuana in 2012.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with marijuana in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with marijuana in 2015.

Table 37. Household Problem Associated with Marijuana in Past Year by Demographic Variables for Each Survey Year^①

	2012 ^②	2015 ^②	2018
TOTAL ^a	1%	2%	4%
Household Income			
Bottom 40 Percent Bracket	--	--	1
Middle 20 Percent Bracket	--	--	6
Top 40 Percent Bracket	--	--	6
Marital Status			
Married	--	--	3
Not Married	--	--	6
Children in Household ^③			
Yes	--	--	9
No	--	--	<1

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

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

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015; ³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2012 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Household Problem Associated with Gambling in Past Year

2018 Findings

- One 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 gambling in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a household problem with gambling.

2012 to 2018 Year Comparisons

- From 2012 to 2018, 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 gambling in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with gambling in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with gambling in the past year.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report a household problem with gambling in the past year.

Table 38. Household Problem Associated with Gambling in Past Year by Demographic Variables for Each Survey Year^①

	2012 ^②	2015	2018 ^②
TOTAL ^b	<1%	5%	1%
Household Income ²			
Bottom 40 Percent Bracket	--	13	--
Middle 20 Percent Bracket	--	0	--
Top 40 Percent Bracket	--	4	--
Marital Status			
Married	--	7	--
Not Married	--	3	--
Children in Household			
Yes	--	5	--
No	--	5	--

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

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

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015; ³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2012 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Other Household Problems in Past Year

2018 Findings

- Two percent of respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs/over-the-counter drugs. One percent of respondents reported someone in their household experienced a problem in connection with cocaine/heroin/other street drugs.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a problem associated with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs in the past year.

2012 to 2018 Year Comparisons

- From 2012 to 2018, 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 cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs in both study years.

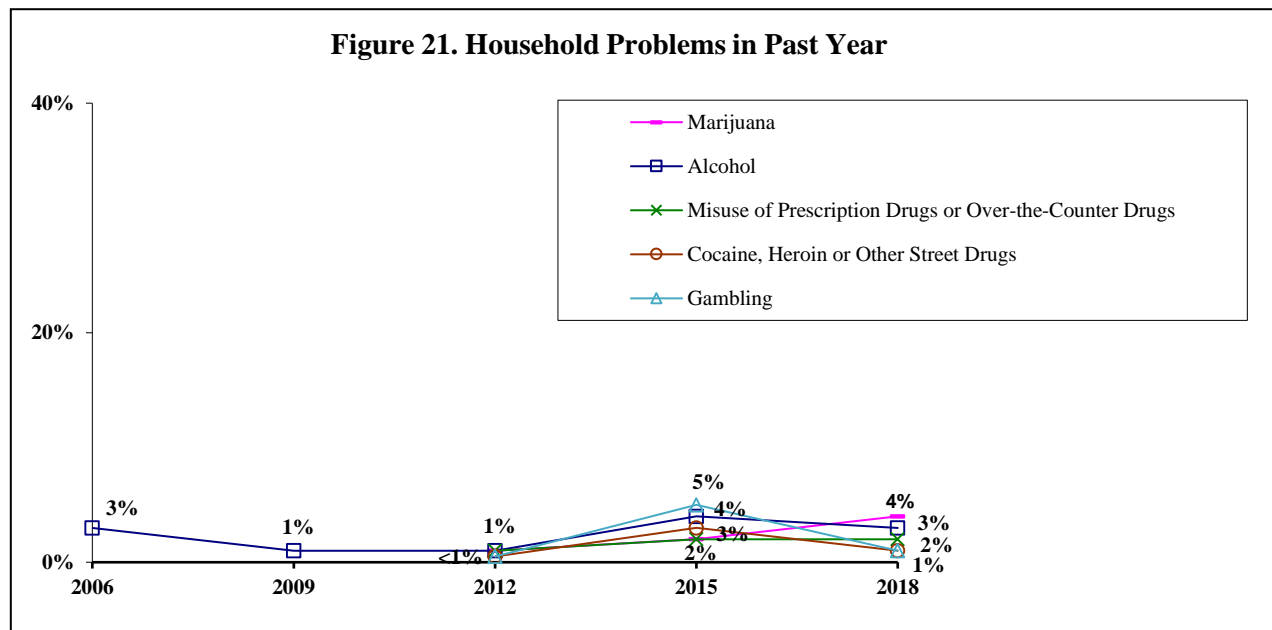
2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem in connection with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs in both study years.

Household Problems Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting a household problem with marijuana while from 2015 to 2018, there was no statistical change. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with gambling while from 2015 to 2018, there was a statistical decrease. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2018.



Mental Health Status (Figures 22 & 23; Tables 39 & 40)

KEY FINDINGS: In 2018, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents with a high school education or less, in the bottom 60 percent household income bracket or without children in the household were more likely to report this. One percent of respondents felt so overwhelmed they considered suicide in the past year.

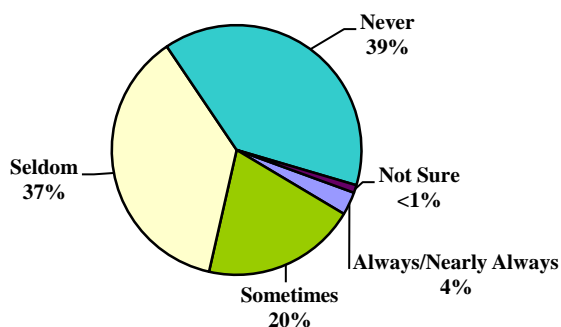
From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year while from 2015 to 2018, there was a statistical decrease.

Felt Sad, Blue or Depressed

2018 Findings

- Four percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 4,500 residents. Twenty percent reported sometimes and the remaining 76% reported seldom or never.

Figure 22. Felt Sad, Blue or Depressed in Past Month for 2018



- Twenty-five percent of respondents with a high school education or less reported they always or nearly always felt sad, blue or depressed compared to 4% of those with some post high school education or 1% of respondents with a college education.
- Eleven percent of respondents in the bottom 40 percent household income bracket and 9% of those in the middle 20 percent income bracket reported they always or nearly always felt sad, blue or depressed compared to less than one percent of respondents in the top 40 percent household income bracket.
- Seven percent of respondents without children in the household reported they always or nearly always felt sad, blue or depressed compared to less than one percent of respondents with children.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported they always or nearly always felt sad, blue or depressed in 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2015, female respondents were more likely to report they always or nearly always felt sad, blue or depressed. In 2018, gender was not a significant variable.

- In 2015 and 2018, age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting they always or nearly always felt sad, blue or depressed.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2015.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2015, children in the household was not a significant variable. In 2018, respondents without children in the household were more likely to report they always or nearly always felt sad, blue or depressed. From 2015 to 2018, there was a noted decrease in the percent of respondents with children in the household reporting they always or nearly always felt sad, blue or depressed.

Table 39. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year^①

	2006 ^②	2009	2012	2015	2018
TOTAL	3%	4%	5%	5%	4%
Gender ^{2,4}					
Male	--	6	5	2	3
Female	--	3	6	7	4
Age					
18 to 34 ^b	--	5	5	0	8
35 to 44	--	6	3	5	0
45 to 54	--	2	9	7	4
55 to 64	--	5	4	8	4
65 and Older	--	3	4	5	4
Education ^{2,3,5}					
High School or Less ^b	--	12	16	7	25
Some Post High School	--	8	3	5	4
College Graduate	--	2	4	4	1
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket	--	12	12	7	11
Middle 20 Percent Bracket	--	4	4	4	9
Top 40 Percent Bracket	--	1	3	2	<1
Marital Status ^{2,3}					
Married	--	1	4	6	3
Not Married	--	8	7	3	6
Children in Household ^{3,5}					
Yes ^b	--	2	8	5	<1
No	--	5	4	4	7

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

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.

2018 Findings

- One percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 3,000 residents who may have considered suicide in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year that they considered suicide.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year that they considered suicide in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported they considered suicide in the past year.
- In 2015, respondents with a college education were more likely to report they considered suicide.

Table 40. Considered Suicide in Past Year by Demographic Variables for Each Survey Year^①

	2006 ^②	2009 ^②	2012	2015	2018 ^②
TOTAL ^b	2%	3%	4%	5%	1%
Gender					
Male	--	--	2	5	--
Female	--	--	5	4	--
Age					
18 to 34	--	--	6	7	--
35 to 44	--	--	3	0	--
45 to 54	--	--	4	8	--
55 to 64	--	--	5	4	--
65 and Older	--	--	<1	2	--
Education ^{3,4}					
High School or Less	--	--	12	2	--
Some Post High School	--	--	2	0	--
College Graduate	--	--	3	6	--
Household Income ³					
Bottom 40 Percent Bracket	--	--	12	8	--
Middle 20 Percent Bracket	--	--	0	0	--
Top 40 Percent Bracket	--	--	2	4	--
Marital Status ³					
Married	--	--	2	4	--
Not Married	--	--	6	6	--
Children in Household					
Yes	--	--	5	5	--
No	--	--	3	4	--

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

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

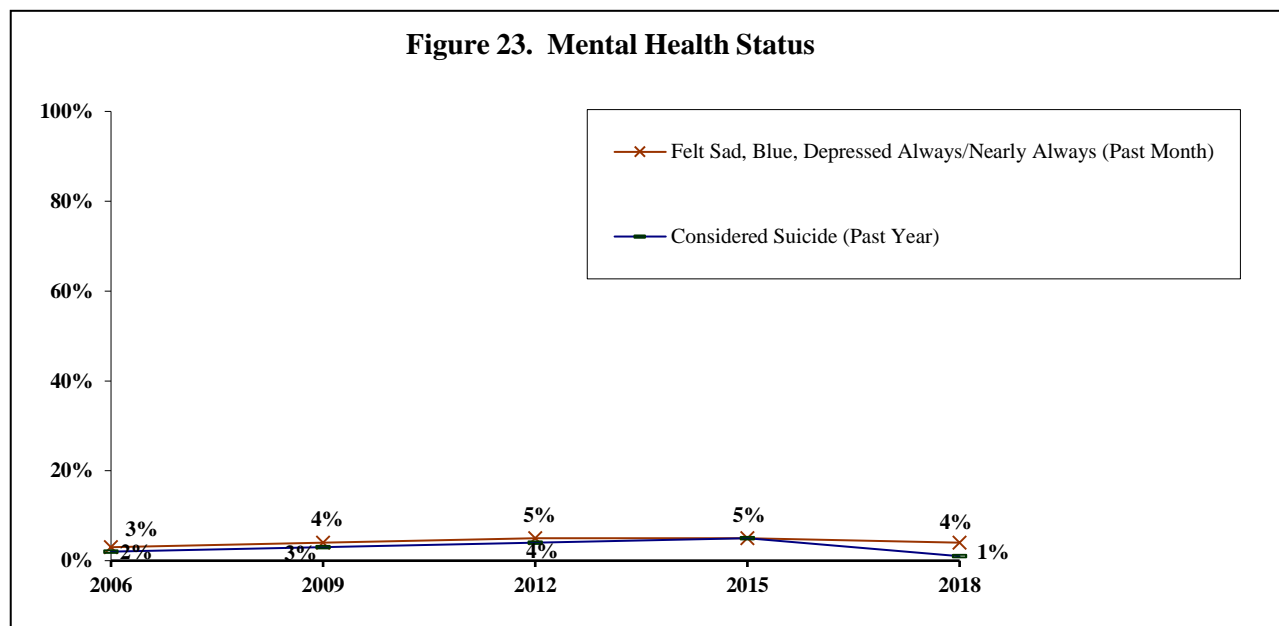
¹demographic difference at $p \leq 0.05$ in 2006; ²demographic difference at $p \leq 0.05$ in 2009; ³demographic difference at $p \leq 0.05$ in 2012; ⁴demographic difference at $p \leq 0.05$ in 2015; ⁵demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2006 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Mental Health Status Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past year, as well as from 2015 to 2018. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year while from 2015 to 2018, there was a statistical decrease.



Personal Safety Issues (Figure 24; Tables 41 - 43)

KEY FINDINGS: In 2018, 6% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 45 to 54 years old or with some post high school education were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. A total of 9% reported at least one of these two situations; respondents 18 to 34 years old or 45 to 54 years old were more likely to report this.

From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting they were pushed/kicked/slapped/hit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting at least one of the two personal safety issues while from 2015 to 2018, there was no statistical change.

Afraid for Personal Safety

2018 Findings

- Six percent of respondents reported someone made them afraid for their personal safety in the past year.
- Fourteen percent of respondents 45 to 54 years old reported someone made them afraid for their personal safety in the past year compared to 3% of those 55 to 64 years old or 0% of respondents 35 to 44 years old.
- Twelve percent of respondents with some post high school education reported someone made them afraid for their personal safety in the past year compared to 5% of those with a college education or 0% of respondents with a high school education or less.
 - Of the 25 respondents, a stranger was the person most often reported who made them afraid (16 respondents).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2006, respondents 35 to 64 years old were more likely to report they were afraid for their personal safety. In 2018, respondents 45 to 54 years old were more likely to report they were afraid for their personal safety. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 35 to 44 years old reporting they were afraid for their personal safety.
- In 2006, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report they were afraid for their personal safety, with a noted increase since 2006.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting they were afraid for their personal safety.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2015 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of male respondents reporting they were afraid for their personal safety.
- In 2015 and 2018, respondents 45 to 54 years old were more likely to report they were afraid for their personal safety. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting they were afraid for their personal safety.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report they were afraid for their personal safety, with a noted increase since 2015.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report they were afraid for their personal safety. In 2018, household income was not a significant variable.

Table 41. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL	4%	6%	6%	4%	6%
Gender					
Male ^b	5	6	6	2	7
Female	5	7	6	5	5
Age ^{1,3,4,5}					
18 to 34 ^{a,b}	<1	5	13	0	8
35 to 44 ^a	7	8	6	0	0
45 to 54	8	8	2	8	14
55 to 64	7	9	5	4	3
65 and Older	1	3	2	6	5
Education ^{3,5}					
High School or Less	2	1	1	2	0
Some Post High School ^{a,b}	4	9	13	2	12
College Graduate	5	6	5	4	5
Household Income ⁴					
Bottom 40 Percent Bracket	4	6	9	7	5
Middle 20 Percent Bracket	4	5	3	0	3
Top 40 Percent Bracket	6	5	4	2	5
Marital Status ³					
Married ^a	4	5	2	4	8
Not Married	5	8	10	2	4

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Pushed, Kicked, Slapped or Hit

2018 Findings

- Four percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- Fourteen percent of respondents 18 to 34 years old reported they were pushed, kicked, slapped or hit compared to 1% of those 65 and older or 0% of respondents 35 to 64 years old.
- Six percent of respondents in the top 40 percent household income bracket reported they were pushed, kicked, slapped or hit compared to 0% of respondents in the bottom 60 percent household income bracket.
 - Of the 14 respondents, a stranger was the person most often reported who pushed, kicked, slapped or hit them (6 respondents) followed by an acquaintance (5 respondents).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were pushed, kicked, slapped or hit in the past year in 2006.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- In 2015, respondents 18 to 34 years old or 45 to 54 years old were more likely to report they were pushed, kicked, slapped or hit. In 2018, respondents 18 to 34 years old were more likely to report they were pushed, kicked, slapped or hit. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting they were pushed, kicked, slapped or hit.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report they were pushed, kicked, slapped or hit. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they were pushed, kicked, slapped or hit.

Table 42. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year^①

	2006 ^②	2009 ^②	2012	2015	2018
TOTAL ^a	1%	2%	5%	4%	4%
Gender ³					
Male	--	--	9	6	5
Female	--	--	2	3	2
Age ^{3,4,5}					
18 to 34	--	--	18	7	14
35 to 44	--	--	4	5	0
45 to 54 ^b	--	--	2	8	0
55 to 64	--	--	2	1	0
65 and Older	--	--	0	0	1
Education ³					
High School or Less	--	--	12	0	0
Some Post High School	--	--	12	1	7
College Graduate	--	--	3	6	3
Household Income ^{3,5}					
Bottom 40 Percent Bracket ^b	--	--	7	6	0
Middle 20 Percent Bracket	--	--	0	6	0
Top 40 Percent Bracket	--	--	3	4	6
Marital Status ³					
Married	--	--	1	4	4
Not Married	--	--	11	5	4

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

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

¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2006 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Combined Personal Safety Issues

2018 Findings

- A total of 9% of all respondents reported at least one of the two personal safety issues.
- Sixteen percent of respondents 18 to 34 years old and 14% of those 45 to 54 years old reported at least one of the personal safety issues compared to 0% of respondents 35 to 44 years old.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2006 and 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of male respondents reporting at least one of the personal safety issues.
- In 2006, respondents 35 to 64 years old were more likely to report at least one of the personal safety issues. In 2018, respondents 18 to 34 years old or 45 to 54 years old were more likely to report at least one of the personal safety issues. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old or 65 and older and a noted decrease in the percent of respondents 35 to 44 years old reporting at least one of the personal safety issues.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents with some post high school education reporting at least one of the personal safety issues.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting at least one of the personal safety issues.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2015, age was not a significant variable. In 2018, respondents 18 to 34 years old or 45 to 54 years old were more likely to report at least one of the personal safety issues.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents with some post high school education reporting at least one of the personal safety issues.

Table 43. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year^①

	2006	2009	2012	2015	2018
TOTAL ^a	5%	8%	8%	7%	9%
Gender ³					
Male ^a	5	8	11	8	11
Female	5	8	6	6	7
Age ^{1,3,5}					
18 to 34 ^a	2	10	19	7	16
35 to 44 ^a	8	8	9	5	0
45 to 54	8	8	4	10	14
55 to 64	7	9	5	4	3
65 and Older ^a	1	3	2	6	6
Education ^{2,3}					
High School or Less	5	1	13	2	0
Some Post High School ^{a,b}	4	14	16	2	12
College Graduate	5	7	6	8	9
Household Income					
Bottom 40 Percent Bracket	4	7	11	7	6
Middle 20 Percent Bracket	4	8	4	6	3
Top 40 Percent Bracket	7	8	6	7	9
Marital Status ^{2,3}					
Married ^a	4	5	3	7	9
Not Married	6	11	14	6	8

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

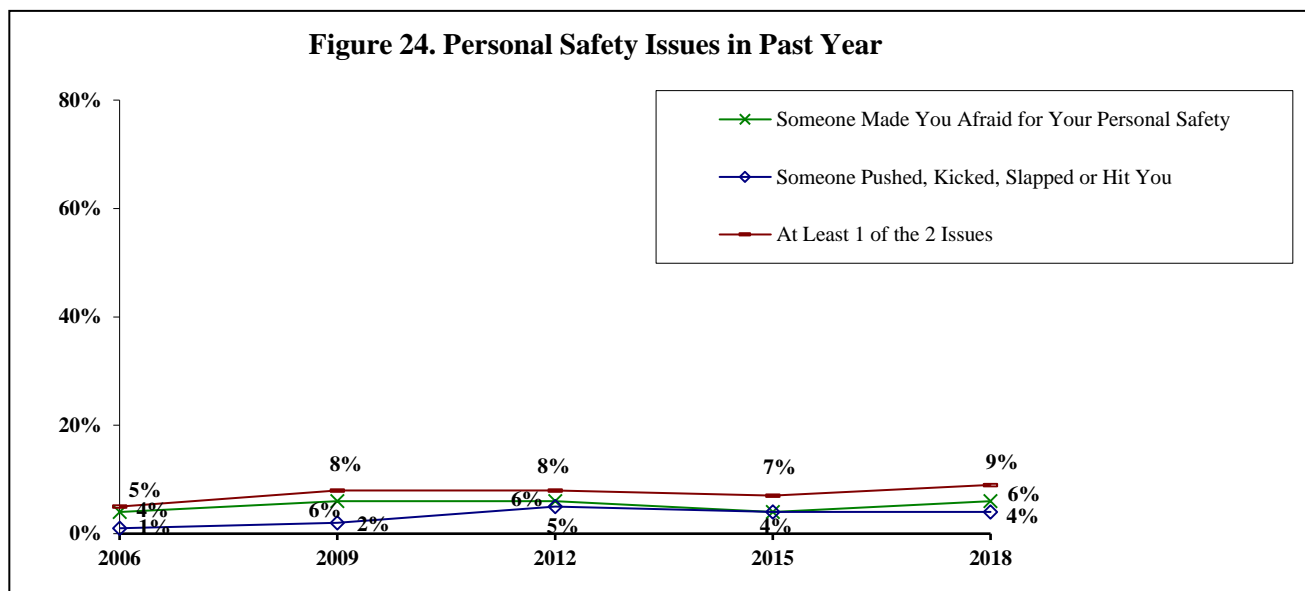
¹demographic difference at $p \leq 0.05$ in 2006; ²demographic difference at $p \leq 0.05$ in 2009; ³demographic difference at $p \leq 0.05$ in 2012; ⁴demographic difference at $p \leq 0.05$ in 2015; ⁵demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2006 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Personal Safety Issues Overall

Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting they were pushed/kicked/slapped/hit while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents reporting at least one of the two personal safety issues while from 2015 to 2018, there was no statistical change.



Children in Household (Figures 25 & 26; Tables 44 – 50)

KEY FINDINGS: In 2018, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-eight percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 97% reporting their child visited their personal doctor or nurse for preventive care during the past year. Less than one percent reported there was a time in the past year their child did not receive the medical care needed while 1% reported their child did not receive the dental care needed. Five percent of respondents reported their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. One percent of respondents reported their child was seldom or never safe in their community. Seventy-four percent of respondents reported their child has two or fewer hours of screen time on an average school/week day. Seventy-nine percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Sixty-five percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Less than one percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Seventeen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 17% reported verbal bullying, 4% reported cyber bullying and less than one percent reported physical bullying.

From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor or nurse, as well as from 2015 to 2018. From 2012

to 2018, there was a statistical increase in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care while from 2015 to 2018, there was no statistical change. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need or unmet dental need, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting their child was unable to see a specialist when needed, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child had asthma while from 2015 to 2018, there was no statistical change. From 2012 to 2018, 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 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes or always/nearly always felt unhappy/sad/depressed, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child was bullied overall, verbally bullied or cyber bullied, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported physically bullied while from 2015 to 2018, there was a statistical decrease.

Children in Household

2018 Findings

- Forty-four percent of respondents reported they have a child under the age of 18 living in their household. Eighty-seven 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.
- Seventy-two percent of the children selected were 12 or younger. Thirty-seven percent were boys. Of these households, 19% were in the bottom 60 percent household income bracket and 80% were married.

Child's Personal Doctor

2018 Findings

Of the 149 respondents who make health care decisions for their child...

- Ninety-eight percent of respondents reported they have 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 respondents reporting their child had a personal doctor or nurse in the past year.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child had a personal doctor or nurse.
- In 2012, respondents were more likely to report their son had a personal doctor or nurse. In 2018, child's gender was not a significant variable.
- In 2012 and 2018, child's age was not a significant variable. From 2012 to 2018, there was a noted increase in the percent of respondents reporting their child who was 12 or younger had a personal doctor or nurse.

2015 to 2018 Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their child had a personal doctor or nurse.
- There were no statistically significant differences between and within demographic variables and responses of reporting their child had a personal doctor or nurse in both study years.

Table 44. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year^①

	2012	2015	2018
TOTAL	94%	99%	98%
Gender ¹			
Boy	99	100	100
Girl	90	98	97
Age			
12 Years Old or Younger ^a	94	100	99
13 to 17 Years Old	94	97	95

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Preventive Care with Child's Personal Doctor

2018 Findings

Of the 146 respondents with a child who had a personal doctor...

- Of children who had a personal doctor, 97% reported their child visited their personal doctor/nurse for preventive care during the past year.
- There were no statistically significant differences between demographic variables and respondents reporting their child saw their personal doctor for preventative care.

2012 to 2018 Comparisons

- From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care.
- There were no statistically significant differences between and within demographic variables and responses of reporting their child saw their personal doctor or nurse in both study years.

2015 to 2018 Comparisons

- From 2015 to 2018, 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 2015, respondents were more likely to report their child who was 12 or younger saw their personal doctor for preventive care. In 2018, child's age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents reporting their 13 to 17 year old child saw their personal doctor for preventative care.

Table 45. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year^①

	2012	2015	2018
TOTAL ^a	91%	95%	97%
Gender			
Boy	92	93	96
Girl	90	98	97
Age ²			
12 Years Old or Younger	93	100	96
13 to 17 Years Old ^b	88	82	97

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Unmet Care

2018 Findings

Of the 149 respondents with a child...

- Five percent of respondents reported there was a time in the past year their child was not able to visit a specialist they needed to see. One percent reported there was a time in the past year their child did not receive dental care needed. Less than one percent reported there was a time in the past year their child did not receive medical care needed.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child had an unmet need.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting in the past year their child had an unmet medical need or unmet dental need. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting their child in the past year was not able to see a specialist when needed.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had an unmet need in both study years.

2015 to 2018 Comparisons

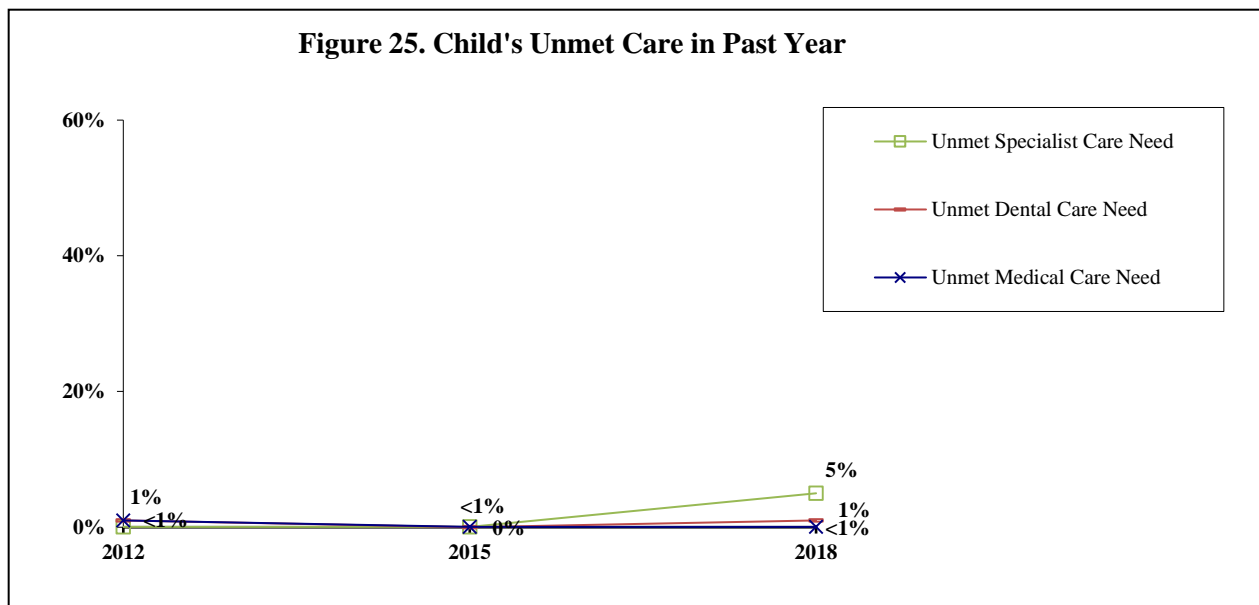
- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their child in the past year had an unmet medical need or unmet dental need. From 2015 to 2018, there was a statistical increase in the overall percent of respondents reporting their child in the past year was unable to see a specialist when needed.

- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had an unmet need in both study years.

Child's Unmet Care Overall

Year Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need or unmet dental need, as well as from 2015 to 2018. From 2012 to 2018, there was a statistical increase in the overall percent of respondents reporting their child was unable to see a specialist when needed, as well as from 2015 to 2018.



Child's Asthma

2018 Findings

Of the 149 respondents with a child...

- Three percent of respondents reported their child currently had asthma.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child had asthma.

2012 to 2018 Comparisons

- From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child currently had asthma (12% and 3%, respectively).
- There were no statistically significant differences between demographic variables and respondents reporting their child currently had asthma in 2012.

2015 to 2018 Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (2% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had asthma in both study years.

Table 46. Child Currently Had Asthma by Demographic Variables for Each Survey Year^①

	2012	2015 ^②	2018 ^②
TOTAL ^a	12%	2%	3%
Gender			
Boy	10	--	--
Girl	13	--	--
Age			
12 Years Old or Younger	12	--	--
13 to 17 Years Old	11	--	--

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

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Child's Safety in Community

2018 Findings

Of the 148 respondents with a child...

- One percent of respondents reported their child was seldom/never safe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child was seldom/never safe in their community.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (0% and 1%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

2015 to 2018 Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (0% and 1%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

Child's Sleeping Arrangement

2018 Findings

Of the 33 respondents with a child two years old or younger...

- One hundred percent of respondents reported when their child was a baby, their child usually slept in a crib or bassinette. Zero percent reported in bed with them or another person.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (0% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

2015 to 2018 Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (0% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

Child's Screen Time

The Healthy People 2020 goal for adolescents in grades 9 through 12 who view television, videos, or play video games for no more than 2 hours a day is 73.9%. (Objective PA-8.2.3)

The Healthy People 2020 goal for adolescents in grades 9 through 12 who use computers unrelated to school work for no more than 2 hours a day is 82.6%. (Objective PA-8.3.3)

2018 Findings

Of the 147 respondents with a child...

- Ninety-seven percent of respondents reported their child watched TV for two or fewer hours on an average school/week day while 93% of respondents reported two or fewer hours in which their child plays video/computer games or use a device for something that is not school work. In total, 74% of respondents reported their child has two or fewer hours of screen time on an average school/week day.
- Eighty-one percent of respondents reported their child who was 5 to 12 years old had two or fewer hours of screen time on an average school/week day compared to 55% of respondents speaking on behalf of their 13 to 17 year old child.

Table 47. Child's Total Screen Time (Two or Fewer Hours per Day) by Demographic Variables for 2018[Ⓢ]

	2018
TOTAL	74%
Gender	
Boy	71
Girl	75
Age ¹	
5 to 12 Years Old	81
13 to 17 Years Old	55

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

¹demographic difference at $p \leq 0.05$ in 2018

Child's Soda Consumption

2018 Findings

Of the 147 respondents with a child...

- Seventy-nine percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Twenty percent of respondents reported their child drank soda one or more times in the past week, but less than once a day. One percent reported at least one soda per day.
- Eighty-six percent of respondents reported their child who was 5 to 12 years old did not drink soda or pop in the past week compared to 58% of respondents speaking on behalf of their 13 to 17 years old child.

Table 48. Child's Soda Consumption (Zero in Past Week) by Demographic Variables for 2018[Ⓢ]

	2018
TOTAL	79%
Gender	
Boy	77
Girl	80
Age ¹	
5 to 12 Years Old	86
13 to 17 Years Old	58

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

¹demographic difference at $p \leq 0.05$ in 2018

Child's Physical Activity

2018 Findings

Of the 108 respondents with a child 5 to 17 years old...

- Sixty-five percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.

- Seventy-eight percent of respondents reported their son was physically active five times a week/60 minutes compared to 57% of respondents speaking on behalf of their daughter.
- Seventy-two percent of respondents reported their 5 to 12 year old child was physically active five times a week/60 minutes compared to 53% of respondents speaking on behalf of their 13 to 17 year old child.
 - Of the 38 respondents who reported their child was not physically active five times a week/60 minutes, 40% reported the weather prevented their child from exercising more.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2012, child's gender was not a significant variable. In 2018, respondents were more likely to report their son was physically active five times a week.
- In 2012, child's age was not a significant variable. In 2018, respondents were more likely to report their 5 to 12 year old child was physically active five times a week.

2015 to 2018 Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2015, child's gender was not a significant variable. In 2018, respondents were more likely to report their son was physically active five times a week.
- In 2015 and 2018, respondents were more likely to report their 5 to 12 year old child was physically active five times a week.

Table 49. 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)^①

	2012	2015	2018
TOTAL	67%	64%	65%
Gender ³			
Boy	67	59	78
Girl	67	70	57
Age ^{2,3}			
5 to 12 Years Old	71	77	72
13 to 17 Years Old	63	43	53

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

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2012 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Child's Emotional Well-Being

2018 Findings

Of the 109 respondents with a child 5 to 17 Years Old...

- Less than one percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months.

2012 to 2018 Year Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months (1% and less than one percent, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018, 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 (6% and less than one percent, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2018 Findings

Of the 109 respondents with a child 5 to 17 Years Old...

- Seventeen percent of respondents reported their 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 17% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Four 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. Less than one percent reported their child was physically bullied, for example, being hit or kicked.
- There were no statistically significant differences between demographic variables and respondents reporting their child experienced bullying in the past year.

2012 to 2018 Year Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied.
- There were no statistically significant differences between and within demographic variables and responses of reporting their child was bullied in both study years.

2015 to 2018 Year Comparisons

- From 2015 to 2018 there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied.
- In 2015, respondents were more likely to report their daughter was bullied in the past year. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their daughter was bullied in the past year.
- In 2015, respondents were more likely to report their 5 to 12 year old child was bullied in the past year. In 2018, child's age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their 5 to 12 year old child was bullied in the past year.

Table 50. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year
(Children 5 to 17 Years Old)^①

	2012	2015	2018
TOTAL	21%	26%	17%
Gender ²			
Boy	21	15	11
Girl ^b	21	39	19
Age ²			
5 to 12 Years Old ^b	27	46	18
13 to 17 Years Old	16	6	13

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

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

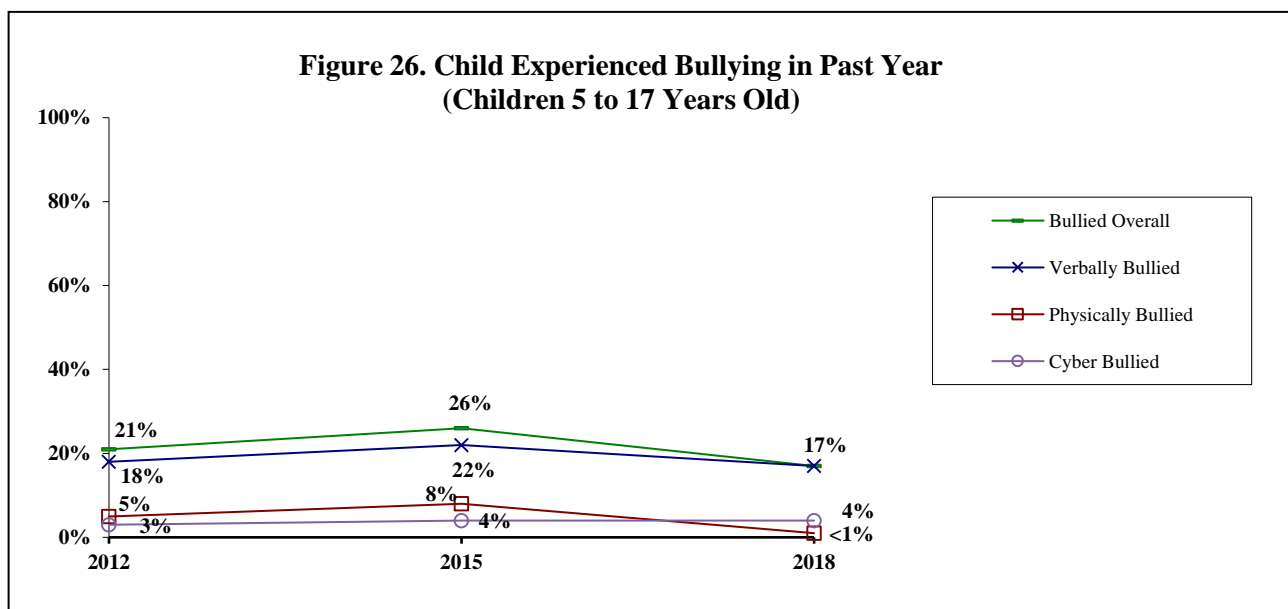
³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2012 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Child Experienced Bullying Overall

Year Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child was bullied overall, verbally bullied or cyber bullied, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported physically bullied while from 2015 to 2018, there was a statistical decrease.



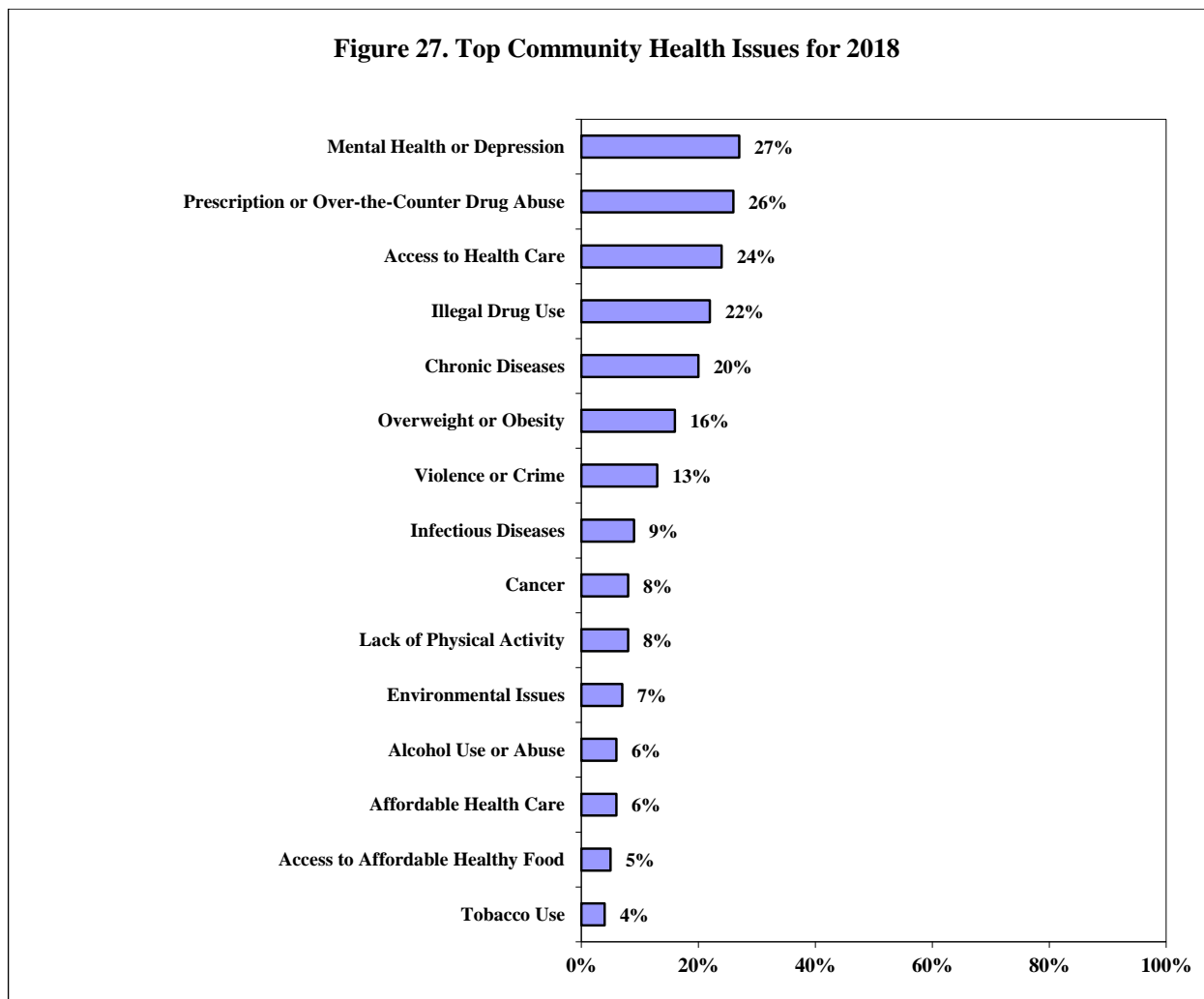
Community Health Issues (Figure 27; Tables 51 - 65)

KEY FINDINGS: In 2018, respondents were asked to list the top three community health issues. The most often cited was mental health or depression (27%) or prescription or over-the-counter drug abuse (26%). Respondents who were 18 to 44 years old or in the middle 20 percent household income bracket were more likely to report mental health or depression as a top community health issue. Respondents who were male, 35 to 44 years old or with some post high school education were more likely to report prescription or over-the-counter drug abuse. Twenty-four percent reported access to health care as a top health issue. Respondents who were 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report access to health care. Twenty-two percent reported illegal drug use as a top health issue; respondents who were male or in the middle 20 percent household income bracket were more likely to report this. Twenty percent of respondents reported chronic diseases; respondents with some post high school education were more likely to report this. Sixteen percent of respondents reported overweight or obesity; respondents 18 to 34 years old or with a high school education or less were more likely to report this. Thirteen percent of respondents reported violence or crime as a top community health issue; respondents 55 to 64 years old were more likely to report this. Nine percent of respondents reported infectious diseases; male respondents were more likely to report this. Eight percent of respondents reported cancer. Eight percent of respondents reported lack of physical activity as a top community health issue. Respondents who were 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report lack of physical activity. Seven percent of respondents reported environmental issues as a top health issue. Six percent of respondents reported alcohol use or abuse as a top

health issue; respondents with some post high school education or less or who were unmarried were more likely to report this. Six percent of respondents reported affordable health care. Five percent of respondents reported access to affordable healthy food as a top health issue; respondents in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported tobacco use; respondents 18 to 34 years old were more likely to report this.

2018 Findings

- Respondents were asked to list the three largest community health issues. Respondents were more likely to select mental health or depression (27%) followed by prescription or over-the-counter drug abuse (26%) or access to health care (24%).



Mental Health or Depression as a Top Community Health Issue

2018 Findings

- Twenty-seven percent of respondents reported mental health or depression as one of the top three community health issues.
- Respondents 18 to 44 years old were more likely to report mental health or depression as one of the top health issues (38%) compared to those 55 to 64 years old (21%) or respondents 65 and older (11%).
- Thirty-six percent of respondents in the middle 20 percent household income bracket reported mental health or depression as one of the top community health issues compared to 33% of those in the top 40 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.

Table 51. Mental Health or Depression as a Top Community Health Issue by Demographic Variables for 2018[®]

	2018
TOTAL	27%
Gender	
Male	26
Female	27
Age ¹	
18 to 34	38
35 to 44	38
45 to 54	29
55 to 64	21
65 and Older	11
Education	
High School or Less	14
Some Post High School	24
College Graduate	29
Household Income ¹	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	36
Top 40 Percent Bracket	33
Marital Status	
Married	26
Not Married	29

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

¹demographic difference at $p \leq 0.05$ in 2018

Prescription or Over-the-Counter Drug Abuse as a Top Community Health Issue

2018 Findings

- Twenty-six percent of respondents reported prescription or over-the-counter drug abuse one of the top three community health issues.
- Male respondents were more likely to report prescription or over-the counter drug abuse as one of the top health issues (34%) compared to female respondents (18%).
- Thirty-five percent of respondents 35 to 44 years old reported prescription or over-the counter drug abuse as one of the top health issues compared to 17% of those 45 to 54 years old or 15% of respondents 65 and older.
- Twenty-nine percent of respondents with some post high school education reported prescription or over-the counter drug abuse as one of the top community health issues compared to 26% of those with a college education or 9% of respondents with a high school education or less.

Table 52. Prescription or Over-the Counter Drug Abuse as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	26%
Gender ¹	
Male	34
Female	18
Age ¹	
18 to 34	32
35 to 44	35
45 to 54	17
55 to 64	33
65 and Older	15
Education ¹	
High School or Less	9
Some Post High School	29
College Graduate	26
Household Income	
Bottom 40 Percent Bracket	26
Middle 20 Percent Bracket	30
Top 40 Percent Bracket	27
Marital Status	
Married	26
Not Married	24

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

¹demographic difference at $p \leq 0.05$ in 2018

Access to Health Care as a Top Community Health Issue

2018 Findings

- Twenty-four percent of respondents reported access to health care (physical, dental or mental) as one of the top three community health issues.
- Thirty-three percent of respondents 55 to 64 years old reported access to health care as one of the top community health issues compared to 26% of those 65 and older or 13% of respondents 18 to 34 years old.
- Respondents with a college education were more likely to report access to health care (29%) compared to those with a high school education or less (17%) or respondents with some post high school education (12%).
- Thirty-two percent of respondents in the top 40 percent household income bracket reported access to health care as a top health issue compared to 21% of those in the middle 20 percent income bracket or 12% of respondents in the bottom 40 percent household income bracket.

Table 53. Access to Health Care as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	24%
Gender	
Male	24
Female	24
Age ¹	
18 to 34	13
35 to 44	29
45 to 54	28
55 to 64	33
65 and Older	26
Education ¹	
High School or Less	17
Some Post High School	12
College Graduate	29
Household Income ¹	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	21
Top 40 Percent Bracket	32
Marital Status	
Married	27
Not Married	21

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

¹demographic difference at $p \leq 0.05$ in 2018

Illegal Drug Use as a Top Community Health Issue

2018 Findings

- Twenty-two percent of respondents reported illegal drug use as one of the top three community health issues.
- Male respondents were more likely to report illegal drug use as one of the top health issues (27%) compared to female respondents (16%).
- Thirty-one percent of respondents in the middle 20 percent household income bracket reported illegal drug use as a top issue compared to 26% of those in the top 40 percent income bracket or 12% of respondents in the bottom 40 percent household income bracket.

Table 54. Illegal Drug Use as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	22%
Gender ¹	
Male	27
Female	16
Age	
18 to 34	24
35 to 44	11
45 to 54	27
55 to 64	22
65 and Older	24
Education	
High School or Less	19
Some Post High School	32
College Graduate	19
Household Income ¹	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	31
Top 40 Percent Bracket	26
Marital Status	
Married	23
Not Married	20

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

¹demographic difference at $p \leq 0.05$ in 2018

Chronic Diseases as a Top Community Health Issue

2018 Findings

- Twenty percent of respondents reported chronic diseases, like diabetes or heart disease, as as one of the top three community health issues.
- Thirty-two percent of respondents with some post high school education reported chronic diseases as one of the top community health issues compared to 25% of those with a high school education or less or 17% of respondents with a college education.

Table 55. Chronic Diseases as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	20%
Gender	
Male	20
Female	20
Age	
18 to 34	25
35 to 44	18
45 to 54	27
55 to 64	10
65 and Older	19
Education ¹	
High School or Less	25
Some Post High School	32
College Graduate	17
Household Income	
Bottom 40 Percent Bracket	20
Middle 20 Percent Bracket	19
Top 40 Percent Bracket	17
Marital Status	
Married	18
Not Married	24

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

¹demographic difference at $p \leq 0.05$ in 2018

Overweight or Obesity as a Top Community Health Issue

2018 Findings

- Sixteen percent of respondents reported overweight or obesity as one of the top three community health issues.
- Respondents 18 to 34 years old were more likely to report overweight or obesity as one of the top health issues (25%) compared to those 35 to 44 years old (12%) or respondents 65 and older (9%).
- Thirty-one percent of respondents with a high school education or less reported overweight or obesity as a top community health issue compared to 16% of those with some post high school education or 14% of respondents with a college education.

Table 56. Overweight or Obesity as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	16%
Gender	
Male	15
Female	17
Age ¹	
18 to 34	25
35 to 44	12
45 to 54	14
55 to 64	21
65 and Older	9
Education ¹	
High School or Less	31
Some Post High School	16
College Graduate	14
Household Income	
Bottom 40 Percent Bracket	20
Middle 20 Percent Bracket	16
Top 40 Percent Bracket	16
Marital Status	
Married	14
Not Married	19

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

¹demographic difference at $p \leq 0.05$ in 2018

Violence or Crime as a Top Community Health Issue

2018 Findings

- Thirteen percent of respondents reported violence or crime as one of the top three community health issues.
- Twenty-two percent of respondents 55 to 64 years old reported violence or crime as one of the top community health issues compared to 6% of those 18 to 34 years old or 4% of respondents 45 to 54 years old.

Table 57. Violence or Crime as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	13%
Gender	
Male	15
Female	11
Age ¹	
18 to 34	6
35 to 44	17
45 to 54	4
55 to 64	22
65 and Older	17
Education	
High School or Less	11
Some Post High School	7
College Graduate	15
Household Income	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	19
Top 40 Percent Bracket	13
Marital Status	
Married	14
Not Married	12

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

¹demographic difference at $p \leq 0.05$ in 2018

Infectious Diseases as a Top Community Health Issue

2018 Findings

- Nine percent of respondents reported infectious diseases, such as whooping cough, tuberculosis, or sexually transmitted diseases, as one of the top three community health issues.
- Twelve percent of male respondents reported infectious diseases as a top community health issue compared to 6% of female respondents.

Table 58. Infectious Diseases as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	9%
Gender ¹	
Male	12
Female	6
Age	
18 to 34	6
35 to 44	17
45 to 54	6
55 to 64	12
65 and Older	5
Education	
High School or Less	14
Some Post High School	9
College Graduate	8
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	16
Top 40 Percent Bracket	8
Marital Status	
Married	10
Not Married	8

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

¹demographic difference at $p \leq 0.05$ in 2018

Cancer as a Top Community Health Issue

2018 Findings

- Eight percent of respondents reported cancer as one of the top three community health issues.
- There were no statistically significant differences between demographic variables and respondents reporting cancer as one of the top three community health issues.

Table 59. Cancer as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	8%
Gender	
Male	8
Female	7
Age	
18 to 34	2
35 to 44	5
45 to 54	10
55 to 64	10
65 and Older	13
Education	
High School or Less	8
Some Post High School	9
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	7
Marital Status	
Married	7
Not Married	9

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

¹demographic difference at $p \leq 0.05$ in 2018

Lack of Physical Activity as a Top Community Health Issue

2018 Findings

- Eight percent of respondents reported lack of physical activity as one of the top three community health issues.
- Fifteen percent of respondents 18 to 34 years old reported lack of physical activity compared to 4% of those 65 and older or 2% of respondents 35 to 44 years old.
- Fifteen percent of respondents in the bottom 40 percent household income bracket reported lack of physical activity as a top health issue compared to 7% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

Table 60. Lack of Physical Activity as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	8%
Gender	
Male	8
Female	8
Age ¹	
18 to 34	15
35 to 44	2
45 to 54	11
55 to 64	8
65 and Older	4
Education	
High School or Less	6
Some Post High School	7
College Graduate	9
Household Income ¹	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	7
Marital Status	
Married	8
Not Married	9

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

¹demographic difference at $p \leq 0.05$ in 2018

Environmental Issues as a Top Community Health Issue

2018 Findings

- Seven percent of respondents reported environmental issues (air, water, wind turbine, animal waste) as one of the top three community health issues.
- There were no statistically significant differences between demographic variables and respondents reporting environmental issues as one of the top three health issues.

Table 61. Environmental Issues as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	7%
Gender	
Male	6
Female	8
Age	
18 to 34	5
35 to 44	14
45 to 54	5
55 to 64	8
65 and Older	2
Education	
High School or Less	0
Some Post High School	4
College Graduate	8
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	9
Marital Status	
Married	9
Not Married	4

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

¹demographic difference at $p \leq 0.05$ in 2018

Alcohol Use or Abuse as a Top Community Health Issue

2018 Findings

- Six percent of respondents reported alcohol use or abuse as one of the top three community health issues.
- Respondents with some post high school education or less were more likely to report alcohol use or abuse (11%) compared to respondents with a college education (4%).
- Unmarried respondents were more likely to report alcohol use or abuse as a top community health issue compared to married respondents (9% and 4%, respectively).

Table 62. Alcohol Use or Abuse as a Top Community Health Issue by Demographic Variables for 2018[Ⓢ]

	2018
TOTAL	6%
Gender	
Male	6
Female	7
Age	
18 to 34	6
35 to 44	6
45 to 54	5
55 to 64	5
65 and Older	8
Education ¹	
High School or Less	11
Some Post High School	11
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	5
Marital Status ¹	
Married	4
Not Married	9

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

¹demographic difference at $p \leq 0.05$ in 2018

Affordable Health Care as a Top Community Health Issue

2018 Findings

- Six percent of respondents reported affordable health care as one of the top three community health issues.
- There were no statistically significant differences between demographic variables and respondents reporting affordable health care as one of the top three health issues.

Table 63. Affordable Health Care as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	6%
Gender	
Male	4
Female	8
Age	
18 to 34	9
35 to 44	2
45 to 54	10
55 to 64	5
65 and Older	4
Education	
High School or Less	3
Some Post High School	4
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	8
Marital Status	
Married	5
Not Married	8

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

¹demographic difference at $p \leq 0.05$ in 2018

Access to Affordable Healthy Food as a Top Community Health Issue

2018 Findings

- Five percent of respondents reported access to affordable healthy food as one of the top three community health issues.
- Ten percent of respondents in the bottom 40 percent household income bracket reported access to affordable healthy food as a top health issue compared to 3% of respondents in the top 60 percent household income bracket.

Table 64. Access to Affordable Healthy Food as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	5%
Gender	
Male	5
Female	5
Age	
18 to 34	6
35 to 44	5
45 to 54	4
55 to 64	5
65 and Older	4
Education	
High School or Less	0
Some Post High School	4
College Graduate	6
Household Income ¹	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	3
Marital Status	
Married	4
Not Married	6

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

¹demographic difference at $p \leq 0.05$ in 2018

Tobacco Use as a Top Community Health Issue

2018 Findings

- Four percent of respondents reported tobacco use as one of the top three community health issues.
- Ten percent of respondents 18 to 34 years old reported tobacco use as a top health issue compared to 1% percent of respondents 55 to 64 years old.

Table 65. Tobacco Use as a Top Community Health Issue by Demographic Variables for 2018^①

	2018
TOTAL	4%
Gender	
Male	3
Female	6
Age ¹	
18 to 34	10
35 to 44	2
45 to 54	5
55 to 64	1
65 and Older	2
Education	
High School or Less	0
Some Post High School	4
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	2
Marital Status	
Married	5
Not Married	4

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

¹demographic difference at $p \leq 0.05$ in 2018

APPENDIX A: QUESTIONNAIRE FREQUENCIES

North Shore

February 20 through May 12, 2018

[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. Currently, what is your primary type of health care coverage? Is it through... [INTERVIEWER NOTE: If Respondent answer "Obamacare, the exchange, Affordable Care Act (ACA)", code as private insurance]

Private insurance	69%
Medicaid including medical assistance, Title 19 or Badger Care	7
Medicare	21
Or do you not have health care coverage	4
Not sure	<1

2. Did everyone in your household have health insurance during all, part or none of the past 12 months?

All	96%
Part	4
None	<1
Not sure	<1

3. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes	8%
No	92
Not sure	0

4. In the past 12 months, did you or anyone in your household not get the medical care needed?

Yes	7%	→CONTINUE WITH Q5
No	92	→GO TO Q6
Not sure	<1	→GO TO Q6

5. Why did someone in your household not receive the medical care needed?
[30 Respondents; More than 1 response accepted]

Cannot afford to pay	43%
Poor medical care	18
Uninsured	17
Unable to get appointment	13
Insurance did not cover it	13
Co-payments too high	9

6. In the past 12 months, did you or anyone in your household not get the dental care needed?

Yes	13%	→CONTINUE WITH Q7
No	87	→GO TO Q8
Not sure	<1	→GO TO Q8

7. Why did someone in your household not receive the dental care needed?
[50 Respondents; More than 1 response accepted]

Cannot afford to pay	65%
Uninsured	19
Unable to get appointment	6
Physical barriers	4
Poor dental care	3
Insurance did not cover it	2
Unable to find dentist to take Medicaid or other insurance.....	1
Not enough time	<1
Other (2% or less).....	3

8. In the past 12 months, did you or anyone in your household not get the mental health care needed?

Yes.....	5%	→ CONTINUE WITH Q9
No	95	→ GO TO Q10
Not sure	0	→ GO TO Q10

9. Why did someone in your household not receive the mental health care you thought you needed?
[20 Respondents: Multiple responses accepted]

Poor mental health care	6 respondents
Uninsured	4 respondents
Specialty physician not in area	2 respondents
Other.....	8 respondents

10. When you are sick, to which one of the following places do you usually go? Would you say...

Doctor's or nurse practitioner's office	78%
Public health clinic or community health center	<1
Hospital outpatient department.....	4
Hospital emergency room	2
Urgent care center	11
Some other kind of place or	0
No usual place	6
Not sure	0

11. 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

12. 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.....	49%
No	49
Not sure	2

13. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Less than a year ago79%
 1 to 2 years ago.....11
 3 to 4 years ago..... 5
 5 or more years ago or..... 6
 Never 0
 Not sure 0

14. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old24%
 35 to 44 years old17
 45 to 54 years old20
 55 to 64 years old19
 65 and older.....21

15. During the past 12 months, have you had a flu shot?

Yes.....59%
 No41
 Not sure 0

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
16. You have high blood pressure?	24%	77%	0%
17. Your blood cholesterol is high?	25	74	<1
18. You have heart disease or a heart condition?.....	6	94	0
19. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?	15	85	0
20. You have diabetes (men) You have diabetes not associated with a pregnancy (women)	9	91	0
21. Do you currently have asthma?.....	11	89	0

22. 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.....36%
 Two servings27
 Three or more servings.....37
 Not sure 0

23. 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.....28%
 Two servings36
 Three or more servings.....35
 Not sure 0

24. Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate. In a usual week, not including at work, on how many days do you do moderate activities for at least 30 minutes at a time?

Zero days	12%
1 to 4 days	50
5 to 7 days	38
Not sure	0

25. 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	33%
1 to 2 days	32
3 to 7 days	35
Not sure	<1

FEMALES ONLY

Now I have some questions about women's health.

26. 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? [104 Respondents 40 and Older]

Within the past year (anytime less than 12 months ago)	62%
Within the past 2 years (1 year, but less than 2 years ago)	20
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)	4
5 or more years ago	12
Never	0
Not sure	0

27. 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? [48 Respondents 65 and Older]

Yes	81%
No	15
Not sure	4

MALE & FEMALE RESPONDENTS 50 AND OLDER

28. 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? [192 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	9%
Within the past 2 years (1 year, but less than 2 years ago)	4
Within the past 5 years (2 years, but less than 5 years ago)	9
5 years ago or more	13
Never	60
Not sure	4

29. 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?

[192 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).....	2
Within the past 5 years (2 years, but less than 5 years ago)	6
Within the past 10 years (5 years but less than 10 years ago) ...	3
10 years ago or more	10
Never	72
Not sure	5

30. 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? [192 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago).....	10%
Within the past 2 years (1 year, but less than 2 years ago).....	14
Within the past 5 years (2 years, but less than 5 years ago)	29
Within the past 10 years (5 years but less than 10 years ago) ...	20
10 years ago or more	7
Never	19
Not sure	2

ALL RESPONDENTS

31. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

Never	39%
Seldom.....	37
Sometimes	20
Nearly always	3
Always.....	<1
Not sure	<1

32. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes.....	1%
No	99
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.

33. 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 times	68%
1 time.....	9
2 or more times.....	23
Not sure	<1

During the past year, has ANYONE IN YOUR HOUSEHOLD, INCLUDING YOURSELF, experienced any kind of problem such as legal, social, personal, physical or medical in connection with ...?

	Yes	No	Not Sure
34. Drinking alcohol	3%	97%	0%
35. Marijuana	4	96	0
36. Cocaine, heroin or other street drugs	1	99	0
37. Misuse of prescription drugs or over-the-counter drugs.....	2	99	0
38. Gambling.....	1	99	0

In the past 30 days, did you use...

	Yes	No	Not Sure
39. Cigars, cigarillos, or little cigars	3%	97%	0%
40. Electronic cigarettes, also known as e-cigarettes	4	96	0

Now I'd like to talk to you about regular tobacco cigarettes....

41. Do you now smoke tobacco cigarettes every day, some days or not at all?

Every day.....	5%
Some days	6
Not at all	89
Not sure	0

42. Which statement best describes the rules about smoking inside your home...

Smoking is not allowed anywhere inside your home	83%
Smoking is allowed in some places or at some times.....	7
Smoking is allowed anywhere inside your home or.....	2
There are no rules about smoking inside your home.....	8
Not sure	0

Now, I have a few questions to ask about you and your household.

43. Gender [DERIVED, NOT ASKED]

Male.....	47%
Female	53

44. About how much do you weigh, without shoes?

45. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese.....	38%
Overweight	34
Obese.....	28

46. Are you Hispanic or Latino?

Yes.....	6%
No	94
Not sure	0

47. Which of the following would you say is your race?

White	81%
Black, African American.....	12
Asian.....	2
Native Hawaiian or other Pacific Islander.....	0
American Indian or Alaska Native	<1
Or another race (please specify)	3
Multiple races	1
Not sure	0

48. What is your current marital status?

Single and never married.....	26%
A member of an unmarried couple.....	2
Married	56
Separated	<1
Divorced	10
Widowed	6
Not sure	0

49. What is the highest grade level of education you have completed?

8th grade or less.....	0%
Some high school	<1
High school graduate or GED	8
Some college	16
Technical school graduate	3
College graduate.....	39
Advanced or professional degree	33
Not sure	0

50. What county do you live in? [FILTER]

Milwaukee	100%
-----------------	------

51. What city, town or village do you legally reside in? [FILTER]

Bayside	7%
Brown Deer	18
Fox Point	7
Glendale	22
River Hills	4
Shorewood.....	20
Whitefish Bay.....	23

52. What is the zip code of your primary residence?

53217	44%
53209	21
53211	21
53223	12
53224	1

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

53. 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.
54. How many of these telephone numbers are residential numbers?
55. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

56. What is your annual household income before taxes?

Less than \$10,000.....	5%
\$10,000 to \$20,000.....	5
\$20,001 to \$30,000.....	4
\$30,001 to \$40,000.....	8
\$40,001 to \$50,000.....	5
\$50,001 to \$60,000.....	3
\$60,001 to \$75,000.....	6
\$75,001 to \$90,000.....	7
\$90,001 to \$105,000.....	6
\$105,001 to \$120,000.....	5
\$120,001 to \$135,000.....	2
Over \$135,000.....	30
Not sure	2
No answer.....	10

57. How many adults, INCLUDING YOURSELF, live in the household?

One	26%
Two.....	57
Three or more	17
Not sure	0

58. How many children under the age of 18 are living in the household?

None	56%	→GO TO Q81
One	16	→CONTINUE WITH Q59
Two or more	28	→CONTINUE WITH Q59
Not sure	0	→GO TO Q81

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

59. Do you make health care decisions for [HIM/HER]? [172 Respondents]

Yes.....	87%	→ CONTINUE WITH Q60
No	13	→GO TO Q81
Not sure	0	→GO TO Q81

60. What is the age of the child? [145 Respondents]

12 or younger.....	72%
13 to 17 years old	28
Not sure	0

61. Is this child a boy or girl? [147 Respondents]

Boy	37%
Girl	63
Not sure	0

62. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [149 Respondents]

Yes.....	<1%	→ CONTINUE WITH Q63
No	99	→ GO TO Q64
Not sure	0	→ GO TO Q64

63. Why did your child not receive the medical care needed? [1 Respondent; Multiple Responses Accepted]

Poor medical care	1 respondent
Physical barriers	1 respondent

64. 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? [149 Respondents]

Yes.....	98%	→ CONTINUE WITH Q65
No	2	→ GO TO Q66
Not sure	0	→ GO TO Q66

65. 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? [146 Respondents]

Yes.....	97%
No	3
Not sure	0

66. 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? [149 Respondents]

Yes.....	5%	→ CONTINUE WITH Q67
No	95	→ GO TO Q68
Not sure	0	→ GO TO Q68

67. Why did your child not see a specialist needed? [7 Respondents; Multiple Responses Accepted]

Uninsured	4 respondents
Unable to get appointment	2 respondents
Poor medical care	1 respondent

68. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [149 Respondents]

Yes.....	1%	→ CONTINUE WITH Q69
No	99	→ GO TO Q70
Not sure	0	→ GO TO Q70

69. Why did your child not receive the dental health care needed? [2 Respondents; Multiple Responses Accepted]

Cannot afford to pay	2 respondents
Dentist did not know how to treat or provide care	1 respondent

70. Does your child have asthma? [149 Respondents]

Yes.....	3%
No	97
Not sure	0

71. On an average school day, how many hours does your child watch TV? [If Respondent says child not a student, say “Weekday”] [147 Respondents]

Does not watch TV on average school day	22%
Less than 1 hour per day.....	33
1 hour per day.....	17
2 hours per day	25
3 hours per day	2
4 hours per day	0
5 or more hours per day.....	0
Not sure	0

72. On an average school day, how many hours does your child play video or computer games or use a computer for something that is not school work? Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media. [If Respondent says child not a student, say “Weekday”] [147 Respondents]

Does not play video games, etc. in average school day.....	39%
Less than 1 hour per day.....	24
1 hour per day.....	16
2 hours per day	14
3 hours per day	3
4 hours per day	3
5 or more hours per day.....	<1
Not sure	0

73. During the past 7 days, how many times did your child drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? Do not include diet soda or diet pop. [147 Respondents]

Did not drink soda or pop in the past 7 days	79%
1 to 3 times during past 7 days	20
4 to 6 times during the past 7 days	0
1 time per day	1
2 times per day	0
Not sure	<1

74. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [33 Respondents of Children 2 years old or younger]

Crib or bassinette.....	100%
Pack n' Play.....	0
Couch or chair	0
Swing.....	0
Car	0
Car seat.....	0
Floor	0
In bed with you or another person.....	0
Not sure	0

75. How often do you feel your child is safe in your community or neighborhood? [148 Respondents]

Always.....	66%
Nearly always	30
Sometimes	2
Seldom.....	0
Never	1
Not sure	<1

76. During the past 6 months, how often was your child unhappy, sad or depressed? [109 Respondents of Children 5 to 17 Years Old]

Always.....	0%
Nearly always	<1
Sometimes	24
Seldom.....	35
Never	40
Not sure	0

77. During the past 12 months, has your child experienced any bullying?
[109 Respondents of Children 5 to 17 Years Old]

Yes.....	17%	→CONTINUE WITH Q78
No	78	→GO TO Q79
Not sure	6	→GO TO Q79

78. What type of bullying did your child experience? [109 Respondents of Children 5 to 17 Years Old]

Verbally abused for example spreading mean rumors or kept out of a group....	17%
Physically bullied for example, being hit or kicked	<1
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	4

79. 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?
[108 Respondents of Children 5 to 17 years old]

Zero or one day.....	3%
Two through four days	32
Five or more days	65
Not sure	0

80. [0 to 4 DAYS OF PHYSICAL ACTIVITY] Why was your child not physically active for at least 60 minutes on more days? [38 Respondents: Multiple responses accepted]

Weather	40%
No afterschool activities	15
Sick/ill	11
Child does not like to be physically active	10
Lack of time.....	10
School/homework/other activities	3
Other.....	11

The next series of questions deal with personal safety issues.

81. During the past year has anyone made you afraid for your personal safety?

Yes.....	6%	→CONTINUE WITH Q82
No	94	→GO TO Q83
Not sure	0	→GO TO Q83

82. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? Again, I want to assure you that all your responses are strictly confidential. [25 Respondents; More than 1 response accepted]

Stranger	16 respondents
Friend	5 respondents
Acquaintance	2 respondents
Child.....	1 respondent
Someone else.....	1 respondent

83. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes.....	4%	→CONTINUE WITH Q84
No	96	→GO TO Q85
Not sure	0	→GO TO Q85

84. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? [14 Respondents; More than 1 response accepted]

Stranger	6 respondents
Acquaintance	5 respondents
Spouse	1 respondent
Someone else.....	3 respondents

85. Finally, what are the three largest health concerns in your community?

Mental health or depression.....	27%
Prescription or over-the-counter drug abuse.....	26
Access to health care (physical, dental or mental care)	24
Illegal drug use	22
Chronic diseases like diabetes or heart disease	20
Overweight or obesity	16
Violence or crime	13
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	9
Cancer.....	8
Lack of physical activity.....	8
Environmental issues (air, water, wind turbines, animal waste) ...	7
Alcohol use or abuse.....	6
Affordable healthcare	6
Access to affordable healthy food	5
Tobacco use	4
Driving problems/aggressive driving/drunken driving.....	3
Lead poisoning	3
Aging/aging population	1
Infant mortality	<1

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2018 Community Health Survey

The 2018 North Shore Community Health Survey was conducted from February 20 through May 12, 2018. 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=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). 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.

2015 Community Health Survey

The 2015 North Shore Community Health Survey was conducted from March 4 through May 14, 2015 and covered this larger service area. 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.

2012 Community Health Survey

The 2012 North Shore Community Health Survey was conducted from June 20 through November 6, 2012. Six hundred seventy-eight 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=618). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=60). 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 678, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2009 Community Health Survey

The 2009 North Shore Community Health Survey was conducted from September 30, 2009, through January 14, 2010. Six hundred seventy-five 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 numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=643). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=32). 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 675, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2006 Community Health Survey

The 2006 North Shore Community Health Survey was conducted from March 14 through July 11, 2006. A total of 675 random adults 18 and older within the area were interviewed by telephone. The sample of random telephone numbers included 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 675, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.