Cudahy/Oak Creek/St. Francis/ South Milwaukee Community Health Survey Report

Commissioned by:

Ascension

Aurora Health Care

Children's Hospital of Wisconsin

Froedtert Health

In Partnership with:
Center for Urban Population Health
Cudahy Health Department
Oak Creek Health Department
St. Francis Health Department
South Milwaukee Health Department

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Purpose

The purpose of this project is to provide Cudahy, Oak Creek, St. Francis and South Milwaukee 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, Cudahy Health Department, Oak Creek Health Department, St. Francis Health Department and South Milwaukee 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 any of the health departments.

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 cellphone 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 65 years old or older who were asked if they ever received a pneumonia vaccination).

In 2016, the Census Bureau estimated 66,360 adult residents in the communities. Thus, in this report, one percentage point equals approximately 670 adults. So, when 32% of respondents reported they have high blood pressure, this roughly equals 21,440 residents $\pm 3,350$ individuals. Therefore, from 18,090 to 24,790 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 34,827 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 350 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 having at least 2 servings of fruit per day (64%) and the percentage of adults reporting this in 2018 (59%) 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 crosstabulations 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 in the past 30 days.

The definition for binge drinking varies. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 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	49%
	/ -
Female	52
Age	
18 to 34	29%
35 to 44	17
45 to 54	20
55 to 64	15
65 and Older	18
Education	
High School Graduate or Less	26%
Some Post High School	34
College Graduate	40
Household Income	
Bottom 40 Percent Bracket	23%
Middle 20 Percent Bracket	18
Top 40 Percent Bracket	51
Not Sure/No Answer	9
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Married	52%

[®]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 Cudahy, Oak Creek, St. Francis and South Milwaukee residents. The following data are highlights of the comprehensive study.

Health Care Coverage						Health Conditions in Past 3 Years					
South Milwaukee County	2006	2009	2012	2015	2018	South Milwaukee County	2006	2009	2012	2015	2018
Personally Not Currently Covered						High Blood Pressure	26%	29%	30%	28%	32%
18 and Older	5%	7%	7%	2%	3%	High Blood Cholesterol	24%	20%	25%	23%	24%
18 to 64 Years Old	6%	8%	9%	2%	3%	Mental Health Condition		10%	15%	17%	18%
At Least One Household Member Not						Diabetes	8%	9%	10%	10%	12%
Covered in Past Year	19%	13%	14%	6%	4%	Heart Disease/Condition	9%	8%	10%	8%	9%
						Asthma (Current)	9%	10%	12%	8%	6%
Other Research: (2016)				WI	U.S.						
Personally Not Covered (Currently)				9%	10%	Physical Health and Nutrition					
, , , , , , , , , , , , , , , , , , , ,						South Milwaukee County	2006	2009	2012	2015	2018
Unmet Care						Physical Activity/Week					
South Milwaukee County			2012	2015	2018	Moderate Activity (5 Times/30 Min)	39%	34%	41%	44%	32%
Someone in Household in Past Year						Vigorous Activity (3 Times/20 Min)	25%	21%	23%	36%	30%
Prescription Drug Not Taken Due to Cost			12%	7%	7%	Recommended Moderate or Vigorous	49%	45%	49%	58%	45%
Unmet Medical Care Need			10%	11%	8%	Overweight Status					
Unmet Dental Care Need			16%	17%	9%	Overweight (BMI 25.0+)	63%	65%	69%	69%	71%
Unmet Mental Health Care Need			2%	3%	2%	Obese (BMI 30.0+)	27%	27%	30%	35%	36%
						Fruit Intake (2+ Servings/Day)	64%	62%	63%	63%	59%
Health Information and Services						Vegetable Intake (3+ Servings/Day)	23%	24%	29%	32%	29%
South Milwaukee County	<u>2006</u>	<u>2009</u>	<u>2012</u>			At Least 5 Fruit/Vegetables/Day	34%	37%	39%	39%	38%
Have a Primary Care Physician				91%	90%						
Primary Health Services						Other Research: (2016)				<u>WI</u>	<u>U.S.</u>
Doctor/Nurse Practitioner's Office	83%	83%	79%	72%	77%	Overweight (BMI 25.0+)					65%
Urgent Care Center	4%	7%	6%	17%	12%	Obese (BMI 30.0+)				31%	30%
Public Health Clinic/Com. Health Center	2%	2%	1%	1%	2%						
Hospital Emergency Room	2%	1%	3%	5%	3%	Women's Health					
Hospital Outpatient	2%	<1%	4%	<1%	<1%	South Milwaukee County	<u>2006</u>	<u>2009</u>			<u>2018</u>
No Usual Place	5%	4%	8%	4%	5%	Mammogram (50+; Within Past 2 Years)	82%	81%	82%	77%	72%
Advance Care Plan	36%	38%	37%	38%	40%	Bone Density Scan (65 and Older)	73%	78%	82%	87%	86%
Dental Checkup (Past Year)	68%	68%	66%	70%	72%	0.1 0.1 (0.15)					
Flu Vaccination (Past Year)						Other Research: (2016)				<u>WI</u>	<u>U.S.</u>
18 and Older		43%		44%	45%	Mammogram (50 - 74; Within Past 2 Years	')			80%	78%
65 and Older	71%	72%	59%	68%	76%	Calamatal Carray Carray (70 and Ol	A				
0.1 P 1 (2016)				1177	II C	Colorectal Cancer Screenings (50 and Ol		2000	2012	2015	2010
Other Research: (2016) Flu Vaccination (65 and Older, Past Year)				<u>WI</u>	<u>U.S.</u>	South Milwaukee County	2006				2018
,					59%	Blood Stool Test (Within Past Year)	22%		10%	10%	17%
Dental Checkup (Past Year)				73%	66%	Sigmoidoscopy (Within Past 5 Years)		9%	6%	7%	5%
T. I. I. D. (1)						Colonoscopy (Within Past 10 Years)		63%	66%	67%	66%
Tobacco Use in Past Month	2007	2000	2012	2015	2010	Screening in Recommended Time Frame		64%	67%	69%	72%
South Milwaukee County			2012			Od P (2016)				11/1	II C
Cigarette Smokers Electronic Cigarettes	<i>∠∠</i> %	∠1%	23%	5%	18% 7%	Other Research: (2016) Screening in Recommended Time Frame				<u>WI</u>	<u>U.S.</u> 68%
					3%	Screening in Recommended Time Frame				1470	0070
Cigars, Cigarillos or Little Cigars				4%	3%	Mental Health Status					
Other Research: (2016)				WI	U.S.	South Milwaukee County	<u>20</u> 06	2009	2012	2015	<u>20</u> 18
Cigarette Smokers				17%	17%	Felt Sad, Blue or Depressed					
Electronic Cigarettes				5%	5%	Always/Nearly Always (Past Month)	6%	4%	5%	7%	9%
_						Considered Suicide (Past Year)	3%	2%	3%	3%	6%
Smoking Policy at Home											
South Milwaukee County		2009	2012	2015	2018	Alcohol Use in Past Month					
Not Allowed Anywhere		74%	77%	83%	81%	South Milwaukee County	2006	2009	2012	2015	<u>2018</u>
Allowed in Some Places/at Some Times		11%	12%	7%	5%	Binge Drinker	21%	21%	35%	39%	31%
Allowed Anywhere	-	3%	2%	2%	3%						
No Rules Inside Home		12%	9%	9%	11%	Other Research: (2016)				WI	<u>U.S.</u>
						Binge Drinker				25%	17%

Household Problems in Past Year						Personal Safety in Past Year			
South Milwaukee County	2006	2009	2012	2015	<u>2018</u>	South Milwaukee County 2006 2009	2012	2015	2018
Alcohol	2%	2%	4%	5%	2%	Afraid for Their Safety 5% 7%	5%	5%	3%
Marijuana			3%	<1%	3%	Pushed, Kicked, Slapped, or Hit 3% 3%	4%	6%	4%
Cocaine, Heroin or Other Street Drugs			1%	<1%	2%	At Least One of the Safety Issues 6% 8%	9%	10%	6%
Misuse of Prescription or OTC Drugs			2%	1%	1%				
Gambling			<1%	2%	<1%	Children in Household			
						South Milwaukee County	<u>2012</u>	<u>2015</u>	<u>2018</u>
Top Community Health Issues						Personal Health Doctor/Nurse Who			
South Milwaukee County						Knows Child Well and Familiar with History	91%	97%	96%
Illegal Drug Use					31%	Visited Personal Doctor/Nurse for			
Overweight or Obesity					23%	Preventive Care (Past Year)	93%	91%	92%
Access to Health Care					18%	Did Not Receive Care Needed (Past Year)			
Prescription or OTC Drug Abuse					17%	Medical Care	2%	2%	5%
Mental Health or Depression					16%	Dental Care		6%	3%
Alcohol Use or Abuse					14%	Specialist	2%	1%	0%
Chronic Diseases					13%	Current Asthma	7%	11%	13%
Infectious Diseases					10%	Safe in Community/Neighborhood (Seldom/Never)	0%	0%	0%
Cancer					8%	Screen Time (2 or Fewer Hours per Day)			39%
Tobacco Use					8%	Soda Consumption (0 in Past Week)			63%
Violence or Crime					7%	Physical Activity (60 Min./5 or More Days/Week)	69%	68%	59%
Environmental Issues					7%	Children 5 to 17 Years Old			
Affordable Health Care					7%	Unhappy, Sad or Depressed in Past 6 Months			
Access to Affordable Healthy Food					4%	Always/Nearly Always	3%	3%	4%
Lack of Physical Activity					4%	Experienced Some Form of Bullying (Past Year)	23%	19%	13%
						Verbally Bullied	19%	17%	11%
						Physically Bullied	5%	3%	0%
						Cyber Bullied	3%	2%	6%

Overall Health and Health Care Key Findings

In 2018, 3% of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. From 2006 to 2018, there was a statistical decrease in the overall percent of 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 no statistical change. From 2006 to 2018, there was a statistical decrease in the overall percent of 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, there was no statistical change.

In 2018, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket or married were more likely to report this. Eight percent of respondents reported someone in the household did not receive the medical care needed in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported someone in the household did not receive the mental health care needed. From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported someone in their household had not taken their prescribed medication due to prescription costs 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 who reported someone in the household did not receive the medical care needed while from 2015 to 2018, there was a statistical decrease. From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported a household member did not receive the dental care needed, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported a household member did not receive the mental health care needed, as well as from 2015 to 2018.

In 2018, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; female respondents were more likely to report a primary care physician. Seventy-seven 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 12% reported urgent care center. Respondents who were female, with a college education 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 who were 18 to 44 years old were more likely to report urgent care as their primary health care service. Forty percent of respondents had an advance care plan; respondents who were 65 and older or with a high school education or less were more likely to report an advance care plan. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, the overall percent statistically decreased for respondents who reported 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 no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2015 to 2018, there was a statistical decrease. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported having an advance care plan, as well as from 2015 to 2018.

In 2018, 72% of respondents reported a visit to the dentist in the past year. Respondents who were female, with at least some post high school education, in the top 60 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. 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, 45% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or married were more likely to report a flu vaccination. 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 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 65 and older who reported a flu vaccination in the past year, as well as from 2015 to 2018.

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 pressure (32%). Respondents who were male, 65 and older, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report high blood pressure. Twenty-four percent reported high blood cholesterol; respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight, inactive or nonsmokers were more likely to report high blood cholesterol. Eighteen percent reported a mental health condition; respondents with a high school education or less or unmarried respondents were more likely to report this. Twelve percent or respondents reported diabetes; respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report this. Nine percent of respondents reported they were treated for, or told they had a heart disease/condition in the past three years; respondents 65 and older, with a high school education or less, overweight or inactive were more likely to report this. Six percent of respondents reported current asthma; respondents who were female or in the bottom 40 percent household income bracket were more likely to report this. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported high blood pressure 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 high blood cholesterol, as well as from 2015 to 2018. From 2009 to 2018, there was a statistical increase in the overall percent of respondents who reported a mental health condition 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, 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 while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical decrease in the overall percent of respondents who reported current asthma while from 2015 to 2018, there was no statistical change.

In 2018, 9% 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 40 percent household income bracket or who were unmarried were more likely to report this. Six percent of respondents felt so overwhelmed they considered suicide in the past year; respondents with a high school education or less, who were unmarried or with children in the household were more likely to report this. 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, as well as from 2015 to 2018. From 2006 to 2018,

there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2015 to 2018.

Behavioral Risk Factors Key Findings

In 2018, 32% of respondents did moderate physical activity five times a week for 30 minutes. Thirty percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 45% met the recommended amount of physical activity; respondents who were 18 to 34 years old, with a college education, in the middle 20 percent household income bracket, unmarried or not overweight were more likely to report this. From 2006 to 2018, there was a statistical decrease 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 a statistical decrease. 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, 71% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old, married or inactive were more likely to be overweight or obese. From 2006 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2015 to 2018, there was no statistical change.

In 2018, 59% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents with a college education, in the top 40 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents with at least some post high school education, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight 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, not overweight or who met the recommended amount of physical activity were more likely to report this. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables 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 five servings of fruit/vegetables, as well as from 2015 to 2018.

In 2018, 72% of female respondents 50 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan. From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents 50 and older who reported having a mammogram within the past two years 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 65 and older who reported a bone density scan, as well as from 2015 to 2018.

In 2018, 17% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years. Sixty-six percent of respondents reported a colonoscopy within the past ten years. This results in 72% of respondents meeting the current colorectal cancer screening recommendations. From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2018, there was a statistical increase. 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 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 2018, 18% of respondents were current tobacco cigarette smokers; respondents who were 35 to 44 years old 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, 81% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 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 a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2018, there was no statistical change.

In 2018, 7% of respondents used electronic cigarettes in the past month; respondents 18 to 34 years old, with a college education or in the top 40 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, 31% of respondents were binge drinkers in the past month. Respondents who were 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2018, there was a statistical decrease. Please note: binge drinking definition was 5+ drinks in 2006 and 2009 while it was 4+ drinks for females and 5+ drinks for males since 2012.

In 2018, 2% of respondents each reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol or a problem with cocaine/heroin/other street drugs in the past year. Three percent of respondents reported someone in their household experienced a problem in a connection with marijuana. One percent of respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs/over the counter drugs. Less than one percent of respondents reported someone in their household experienced a problem in connection with gambling. From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol 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 marijuana or with cocaine/heroin//other street drugs while from 2015 to 2018, there was a statistical increase. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs or with gambling, as well as from 2015 to 2018.

In 2018, 3% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 6% reported at least one of these two situations. From 2006 to 2018, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety 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 reporting they were pushed/kicked/slapped/or hit while from 2015 to 2018, there was a statistical decrease. From 2006 to 2018, there was a no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues while from 2015 to 2018, there was a statistical decrease.

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-six percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 92% reporting their child visited their personal doctor or nurse for preventive care during the past year. Five percent reported there was a time in the past year their child did not receive the medical care needed while 3% of respondents reported their child did not receive the dental care needed and 0% reported their child was not able to visit a specialist they needed to see. Thirteen percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Thirty-nine percent of respondents reported their child has two or fewer hours of screen time on an average school/week day. Sixty-three percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Fifty-nine 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. Thirteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying,

6% reported cyber bullying and 0% 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/nurse or visited their personal doctor/nurse for preventive care, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, an unmet dental need or their child was unable to see a specialist when needed, 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 had asthma or 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 their child always or 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 or in the type of bullying, as well as from 2015 to 2018.

Community Health Issues Key Findings

In 2018, respondents were asked to list the top three community health issues. The most often cited was illegal drug use (31%). Respondents who were female or in the top 40 percent household income bracket were more likely to report illegal drug use as a top community health issue. Twenty-three percent of respondents reported overweight/obesity as a top health issue; respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report this. Eighteen percent reported access to health care as a top community health issue; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seventeen percent of respondents reported prescription or over-the counter drug abuse; respondents in the top 40 percent household income bracket or married respondents were more likely to report this. Sixteen percent of respondents reported mental health or depression as a top community health issue; respondents who were female, 18 to 34 years old, with a college education or unmarried were more likely to report this. Fourteen percent of respondents reported alcohol use or abuse as a top health issue; respondents in the bottom 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported chronic diseases; respondents in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported infectious diseases as a top community health issue. Respondents who were female, with a college education or in the middle 20 percent household income bracket were more likely to report infectious diseases. Eight percent of respondents reported cancer as a top community health issue. Respondents who were 35 to 44 years old, 55 to 64 years old or unmarried were more likely to report cancer. Eight percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents reported violence or crime; respondents 65 and older were more likely to report this. Seven percent of respondents reported environmental issues as a top community health issue; respondents 35 to 44 years old were more likely to report this. Seven percent of respondents reported affordable health care; respondents who were female, 45 to 64 years old, with some post high school education or married respondents were more likely to report this. Four percent of respondents reported access to affordable healthy food as a top community health issue. Respondents with some post high school education or in the middle 20 percent household income bracket were more likely to report access to affordable healthy food as a top health issue. Four percent of respondents reported lack of physical activity as a top community health issue. Respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report lack of physical activity.

Key Findings

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

KEY FINDINGS: In 2018, 3% of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this.

> From 2006 to 2018, there was a statistical decrease in the overall percent of 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 no statistical change. From 2006 to 2018, there was a statistical decrease in the overall percent of 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, there was no statistical change.

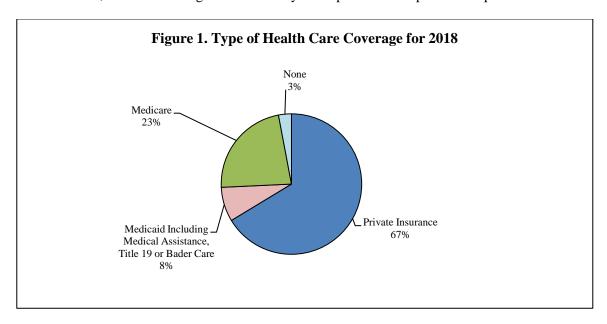
Personally Not Currently Covered

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

Three percent of respondents reported they were not currently covered by any health care insurance. Sixtyseven percent reported private insurance through an employer while 8% reported Medicaid, including medical assistance, Title 19 or Badger Care. Twenty-three percent of respondents reported Medicare.



No demographic comparisons were conducted as a result of the low percent of respondents who reported they were not currently covered by health insurance.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2006, respondents who were male, 18 to 34 years old, 45 to 64 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they were not currently covered by health care insurance.

2015 to 2018 Year Comparisons

- From 2015 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.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were not currently covered by health insurance in both study years.

Table 2. Personally No Health Care Coverage by Demographic Variables for Each Survey Year[®]

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

[®]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.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> 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.
- Eleven 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 3% of those in the middle 20 percent income bracket or 1% of respondents in the top 40 percent household income bracket.

2006 to 2018 Year Comparisons

- From 2006 to 2018, the overall percent statistically <u>decreased</u> 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 <u>decrease</u> in the percent of respondents across household income reporting someone in their household was not covered in the past year.
- In 2006, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents across marital status reporting someone in their household was not covered in the past year.
- In 2006 and 2018, the presence of children in the household was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents with or without children in the household reporting someone in their household was not covered in the past year.

- From 2015 to 2018, the overall percent remained statistically 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 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.
- In 2015, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2018, marital status was not a significant variable.

Table 3. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year[®]

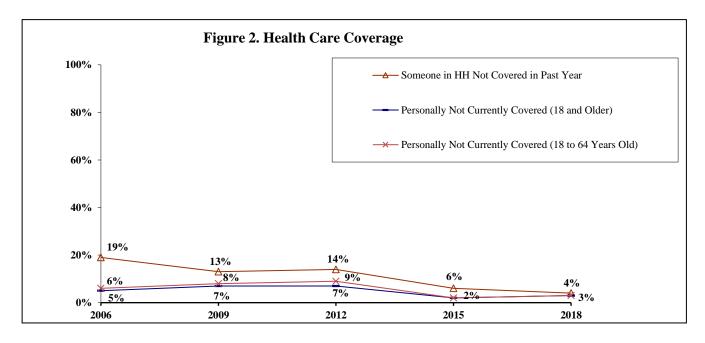
Survey Tear					
	2006	2009	2012	2015	2018
TOTAL ^a	19%	13%	14%	6%	4%
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^a	26	15	27	10	11
Middle 20 Percent Bracket ^a	15	18	7	4	3
Top 40 Percent Bracket ^a	15	7	7	2	1
Marital Status ^{1,2,3,4}					
Married ^a	15	8	12	2	3
Not Married ^a	24	19	17	9	5
Children in Household ³					
Yes ^a	18	12	18	7	6
No^a	19	13	12	5	3

^oPercentages 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.

Health Care Coverage Overall

Year Comparisons

• From 2006 to 2018, there was a statistical <u>decrease</u> in the percent of respondents 18 and older or 18 to 64 years old reporting no current personal health care coverage while from 2015 to 2018, there was no statistical change. From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents reporting someone in the household was not covered at least part of the time in the past year while from 2015 to 2018, there was no statistical change.



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 2018; ⁵demographic difference at p≤0.05 in 2018

 $^{^{}a}$ <u>year</u> difference at p≤0.05 from 2006 to 2018; b <u>year</u> difference at p≤0.05 from 2015 to 2018

Health Care Needed (Figure 3; Tables 4 - 6)

KEY FINDINGS: In 2018, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket or married were more likely to report this. Eight percent of respondents reported someone in the household did not receive the medical care needed in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported someone in the household did not receive the mental health care needed.

> From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported someone in their household had not taken their prescribed medication due to prescription costs 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 who reported someone in the household did not receive the medical care needed while from 2015 to 2018, there was a statistical <u>decrease</u>. From 2012 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who reported a household member did not receive the dental care needed, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported a household member did not receive the mental health care needed, as well as from 2015 to 2018.

Financial Burden of Prescription Medication

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

2018 Findings

- Seven percent of respondents reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.
- Thirteen percent of respondents in the bottom 40 percent household income bracket reported someone in their household had not taken their prescribed medication due to prescription costs in the past year compared to 9% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.
- Married respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year compared to unmarried respondents (11% and 3%, respectively).

- From 2012 to 2018, the overall percent statistically decreased for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.
- In 2012 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report someone in the household had not taken their prescribed medication due to prescription costs in the past year.

- In 2012, marital status was not a significant variable. In 2018, married respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.
- In 2012, respondents with 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. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of respondents with children in the household reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.

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.
- In 2015, 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, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs, with a noted increase since 2015. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.
- In 2015, respondents with 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, children in household was not a significant variable.

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

rear (Household Member)			
	2012	2015	2018
TOTAL ^a	12%	7%	7%
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	20	10	13
Middle 20 Percent Bracket	7	12	9
Top 40 Percent Bracket	4	4	4
Marital Status ³			
Married ^b	11	6	11
Not Married ^{a,b}	13	8	3
Children in Household ^{1,2}			
Yes ^a	16	10	8
No	9	5	7

[®]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 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

Unmet Medical Care

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

2018 Findings

- Eight percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed.
- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported someone in the household did not receive the medical care needed in the past year compared to 4% of those in the top 40 percent income bracket or 1% of respondents in the middle 20 percent household income bracket.
 - Of the 30 respondents who reported unmet medical care, 40% reported they cannot afford to pay as the reason for the unmet need while 32% reported poor medical care. Twenty-seven percent reported insurance did not cover it.

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 the household did not receive the medical care needed.
- In 2012 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report someone in the household did not receive the medical care needed. From 2012 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a household member did not receive the medical care needed.
- In 2012, unmarried respondents were more likely to report someone in the household did not receive the medical care needed. In 2018, marital status was not a significant variable. From 2012 to 2018 there was a noted decrease in the percent of unmarried respondents reporting a household member did not receive the medical care needed.

- From 2015 to 2018, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household did not receive the medical care needed in the past year.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report there was a time in the past year a household member did not receive the medical care needed.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting someone in the household did not receive the medical care needed.
- In 2015, respondents with children in the household were more likely to report someone in the household did not receive the medical care needed. In 2018, the presence of children in the household was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with children in the household reporting someone in the household did not receive the medical care needed.

Table 5. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member)[®]

	2012	2015	2018
TOTAL ^b	10%	11%	8%
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	16	18	24
Middle 20 Percent Bracket ^a	9	6	1
Top 40 Percent Bracket	4	8	4
Marital Status ¹			
Married	7	11	9
Not Married ^{a,b}	12	12	6
Children in Household ²			
Yes ^b	10	16	6
No	9	8	8

[®]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.

Unmet Dental Care

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

2018 Findings

- Nine percent of respondents reported someone in the household did not receive the dental care needed in the past year.
- Twenty-one percent of respondents in the bottom 40 percent household income bracket reported someone in the household did not receive the dental care needed compared to 4% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
 - Of the 35 respondents who reported a household member not receiving dental care needed, 52% reported the inability to pay as the reason for the unmet need while 28% reported insurance did not cover it. Twenty-six percent reported uninsured.

- From 2012 to 2018, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household did not receive the dental care needed in the past year.
- In 2012, respondents in the bottom 60 percent household income bracket were more likely to report a household member did not receive the dental care needed. In 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 decrease in the percent of respondents in the top 60 percent household income bracket reporting a household member did not receive the dental care needed.

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

- In 2012 and 2018, marital status was not a significant variable. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of respondents across marital status reporting someone in the household did not receive the dental care needed.
- In 2012, respondents with children in the household were more likely to report in the past year someone 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 <u>decrease</u> in the percent of respondents with children in the household reporting someone did not receive the dental care needed

- From 2015 to 2018, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household did not receive the dental care needed in the past year.
- 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. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the top 60 percent household income bracket reporting someone in the household did not receive the dental care needed in the past year.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent respondents across marital status reporting in the past year a household member did not receive the dental care needed.
- In 2015, respondents with children in the household were more likely to report 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 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with children in the household reporting someone in the household did not receive the dental care needed.

Table 6. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member)[®]

	2012	2015	2018
$TOTAL^{\mathrm{a,b}}$	16%	17%	9%
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	20	27	21
Middle 20 Percent Bracket ^{a,b}	20	20	4
Top 40 Percent Bracket ^{a,b}	8	8	3
Marital Status			
Married ^{a,b}	15	14	9
Not Married ^{a,b}	17	19	9
Children in Household ^{1,2}			
Yes ^{a,b}	22	20	6
No	11	14	10

[®]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 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2012 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

Unmet Mental Health Care

2018 Findings

- Two percent of respondents reported someone in the household did not receive the mental health care needed in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported an unmet mental health care need in 2018.

2012 to 2018 Year Comparisons

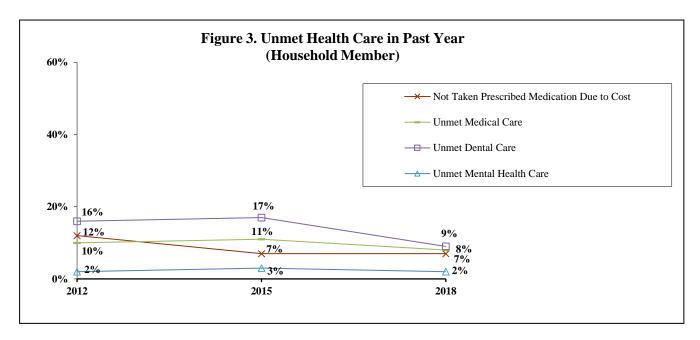
- From 2012 to 2018, the overall percent statistically remained the same for respondents who reported someone in the household did not receive the mental health care needed in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported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

- From 2015 to 2018, the overall percent statistically remained the same for respondents who reported there was a time in the past year they 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 in both study years.

Health Care Needed Overall

Year Comparisons

From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported someone in their household had not taken their prescribed medication due to prescription costs 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 who reported a household member did not receive the medical care needed while from 2015 to 2018, there was a statistical decrease. From 2012 to 2018, there was a statistical decrease in the overall percent of respondents who reported a household member did not receive the dental care needed, as well as from 2015 to 2018. From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported a household member did not receive the mental health care needed, as well as from 2015 to 2018.



Health Information and Services (Figure 4; Tables 7 - 10)

KEY FINDINGS: In 2018, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; female respondents were more likely to report a primary care physician. Seventy-seven 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 12% reported urgent care center. Respondents who were female, with a college education 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 who were 18 to 44 years old were more likely to report urgent care as their primary health care service. Forty percent of respondents had an advance care plan; respondents who were 65 and older or with a high school education or less were more likely to report an advance care plan.

> From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, the overall percent statistically decreased for respondents who reported 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 no statistical change. From 2006 to 2018, there was a statistical increase in

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

- Ninety percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician compared to male respondents (95% and 85%, respectively).

- 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 and 2018, female respondents were more likely to report a primary care physician.
- In 2015, respondents 65 and older were more likely to report a primary care physician. In 2018, age was not a significant variable
- In 2015, respondents with some post high school education or less were more likely to report a primary care physician. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education or less and a noted increase in the percent of respondents with a college education reporting a primary care physician.
- In 2015, married respondents were more likely to report a primary care physician. In 2018, marital status was not a significant variable.

Table 7. Have a Primary Care Physician by Demographic Variables for Each Survey Year[®]

Table 7. Have a Primary Care Physici	an by Demo	grapnic varia
	2015	2018
TOTAL	91%	90%
Gender ^{1,2}		
Male	88	85
Female	94	95
Age ¹		
18 to 34	82	87
35 to 44	91	85
45 to 54	95	89
55 to 64	95	95
65 and Older	98	96
Education ¹		
High School or Less ^a	94	88
Some Post High School ^a	95	89
College Graduate ^a	85	93
Household Income		
Bottom 40 Percent Bracket	91	87
Middle 20 Percent Bracket	94	87
Top 40 Percent Bracket	90	91
Marital Status ¹		
Married	94	92
Not Married	87	88

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

Primary Health Care Services

2018 Findings

• Ninety percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Twelve percent reported urgent care center. Five percent reported no usual place.

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

2018 Findings

- Seventy-seven percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick.
- Female respondents were more likely to report they go to a doctor's or nurse practitioner's office when they are sick compared to male respondents (84% and 71%, respectively).

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

^a<u>year</u> difference at p≤0.05 from 2015 to 2018

- Eighty-four percent of respondents with a college education reported they go to a doctor's or nurse practitioner's office when they are sick compared to 75% of those with some post high school education or 71% of respondents with a high school education or less.
- Married respondents were more likely to report they go to a doctor's or nurse practitioner's office when they are sick compared to unmarried respondents (82% and 72%, respectively).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical <u>decrease</u> 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 and 2018, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of female respondents reporting a doctor's or nurse practitioner's office.
- In 2006, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. In 2018, age was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents 45 to 54 years old reporting a doctor's or nurse practitioner's office.
- In 2006, respondents with at least some post high school education were more likely to report a doctor's or nurse practitioner's office. In 2018, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there is a noted <u>decrease</u> in the percent of respondents with some post high school education reporting a doctor's or nurse practitioner's office.
- 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 in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2006, marital status was not a significant variable. In 2018, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting a doctor's or nurse practitioner's office.

- From 2015 to 2018, there was no statistical change 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 65 and older were more likely to report a doctor's or nurse practitioner's office. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old reporting a doctor's or nurse practitioner's office.
- In 2015, respondents with some post high school education were more likely to report a doctor's or nurse practitioner's office. 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, marital status was not a significant variable. In 2018, married respondents were more likely to report a doctor's or nurse practitioner's office, with a noted increase since 2015.

Table 8. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for

Fach Survey Year[®]

Each Survey Year					
	2006	2009	2012	2015	2018
TOTAL ^a	83%	83%	79%	72%	77%
Gender ^{1,2,3,5}					
Male	74	77	71	71	71
Female ^{a,b}	91	88	86	74	84
Age ^{1,2,3,4}					
18 to 34 ^b	76	70	68	59	71
35 to 44	82	83	77	72	74
45 to 54 ^a	88	85	82	74	76
55 to 64	86	90	82	82	85
65 and Older	91	96	90	86	84
Education ^{1,2,3,4,5}					
High School or Less	78	79	77	73	75
Some Post High School ^a	86	87	76	77	71
College Graduate ^b	86	82	85	68	84
Household Income ³					
Bottom 40 Percent Bracket ^a	85	82	70	72	73
Middle 20 Percent Bracket	79	84	77	77	79
Top 40 Percent Bracket ^a	85	82	83	71	77
Marital Status ^{2,3,5}					
Married ^b	83	87	83	75	82
Not Married ^a	83	76	74	69	72

[®]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.

Urgent Care Center as Primary Health Care Services

2018 Findings

- Twelve percent of respondents reported they go to an urgent care center when they are sick.
- Nineteen percent of respondents 35 to 44 years old and 18% of those 18 to 34 years old reported urgent care center compared to 4% of respondents 65 and older.

- 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.
- In 2006, male respondents were more likely to report urgent care center. 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 urgent care center.

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

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

- In 2006, age was not a significant variable. In 2018, respondents 18 to 44 years old were more likely to report urgent care center. From 2006 to 2018, there was a noted increase in the percent of respondents 18 to 54 years old reporting urgent care center.
- In 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across education reporting urgent care center.
- In 2006, 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. From 2006 to 2018, there was a noted increase in the percent of respondents across household income reporting urgent care center.
- In 2006, married respondents were more likely to report urgent care center. 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.

- From 2015 to 2018, there was a statistical <u>decrease</u> in the percent of respondents reporting their primary place when they are sick was an urgent care center.
- In 2015, male respondents were more likely to report urgent care center. In 2018, gender was not a significant variable.
- In 2015, respondents 18 to 34 years old were more likely to report urgent care center. In 2018, respondents 18 to 44 years old were more likely to report urgent care center. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old reporting urgent care center.
- In 2015, respondents with a college education were more likely to report urgent care center. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting 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 9. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year[®]

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	4%	7%	6%	17%	12%
Gender ^{1,2,3,4}					
Male ^a	7	10	8	20	14
Female ^a	2	5	3	14	11
Age ^{2,3,4,5}					
18 to 34 ^{a,b}	6	16	10	29	18
35 to 44 ^a	5	8	8	17	19
45 to 54 ^a	3	4	3	19	11
55 to 64	3	<1	3	7	5
65 and Older	2	0	2	2	4
Education ^{2,3,4}					
High School or Less ^a	5	6	3	10	12
Some Post High School ^a	5	5	6	15	13
College Graduate ^{a,b}	3	11	9	24	11
Household Income ^{1,2,4}					
Bottom 40 Percent Bracket ^a	2	8	8	12	8
Middle 20 Percent Bracket ^a	3	4	6	18	13
Top 40 Percent Bracket ^a	7	11	6	22	16
Marital Status ¹					
Married ^a	5	7	6	18	12
Not Married ^a	3	8	6	15	12

[®]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.

Advance Care Plan

2018 Findings

- Forty 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-seven percent of respondents 65 and older reported they had an advance care plan compared to 29% of those 18 to 34 years old or 16% of respondents 35 to 44 years old.
- Forty-eight percent of respondents with a high school education or less reported an advance care plan compared to 42% of those with a college education or 31% of respondents with some post high school education.

2006 to 2018 Year Comparisons

• From 2006 to 2018, there was no statistical change in the overall percent of respondents having an advance care plan.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> 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

- In 2006 and 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of female 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, and a noted <u>decrease</u> in the percent of respondents 35 to 44 years old reporting an advance care plan.
- In 2006, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report having an advance care plan.
- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report an advance plan. In 2018, household income was not a significant variable.
- 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 an advance care plan.

- From 2015 to 2018, there was no statistical change 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.
- In 2015 and 2018, respondents with a high school education or less were more likely to report having an advance care plan.
- In 2015, married respondents were more likely to report they had an advance care plan. In 2018, marital status was not a significant variable.

Table 10. Advance Care Plan by Demographic Variables for Each Survey Year[®]

Table 10. Advance Care Plan by De	2006	2009	2012	2015	2018
TOTAL	36%	38%	37%	38%	40%
Gender					
Male	36	37	37	35	36
Female ^a	35	39	37	40	43
Age ^{1,2,3,4,5}					
18 to 34 ^a	13	23	17	20	29
35 to 44 ^a	32	28	30	19	16
45 to 54	34	30	29	36	35
55 to 64	44	46	45	51	46
65 and Older	76	79	77	75	77
Education ^{4,5}					
High School or Less	38	40	32	45	48
Some Post High School	33	38	41	32	31
College Graduate	36	37	38	36	42
Household Income ^{1,2}					
Bottom 40 Percent Bracket	38	47	35	33	42
Middle 20 Percent Bracket	28	31	34	36	40
Top 40 Percent Bracket	33	31	30	40	34
Marital Status ^{3,4}					
Married ^a	35	36	41	44	43
Not Married	37	40	33	31	37

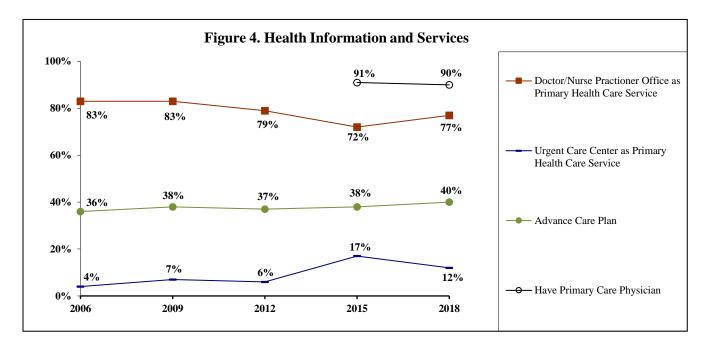
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018; 4 <u>demographic</u> difference at p≤0.05 from 2006 to 2018; 6 <u>year</u> difference at p≤0.05 from 2015 to 2018

Health Information and Services Overall

Year Comparisons

From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick. From 2006 to 2018, the overall percent statistically decreased for respondents who reported 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 no statistical change. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2015 to 2018, there was a statistical decrease. From 2006 to 2018, there was no statistical change 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 11)

KEY FINDINGS: In 2018, 72% of respondents reported a visit to the dentist in the past year. Respondents who were female, with at least some post high school education, in the top 60 percent household income bracket or married respondents were more likely to report a dental checkup in the past

> 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 12 months 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-two percent of respondents reported a dental visit in the past year. An additional 17% had a visit in the past one to two years.
- Female respondents were more likely to report a dental checkup in the past year compared to male respondents (80% and 63%, respectively).
- Eighty-one percent of respondents with a college education and 79% of those with some post high school education reported a dental checkup in the past year compared to 47% of respondents with a high school education or less.
- Eighty-two percent of respondents in the top 40 percent household income bracket and 79% of those in the middle 20 percent income bracket reported a dental checkup in the past year compared to 43% 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 (84% and 58%, 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, gender was not a significant variable. In 2018, female respondents were more likely to report a dental checkup in the past year, with a noted increase since 2006.
- In 2006, respondents with a college education were more likely to report a dental checkup in the past year. In 2018, respondents with at least some post high school education were more likely to report a dental checkup in the past year. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less reporting a dental checkup in the past year.
- In 2006, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2018, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket.
- In 2006 and 2018, married respondents were more likely to report a dental checkup in the past year. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting 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, female 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 <u>decrease</u> in the percent of male respondents reporting a dental checkup in the past year.
- In 2015, respondents 45 to 54 years old were more likely to report a dental checkup in the past year. In 2018, age was not a significant variable.
- In 2015, respondents with a college education were more likely to report a dental checkup in the past year. In 2018, respondents with at least some post high school education were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted <u>decrease</u> 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 a dental checkup in the past year.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2018, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting a dental checkup in the past year.
- In 2015 and 2018, married respondents were more likely to report a dental checkup in the past year. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting a dental checkup.

Table 11. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year[®]

able 11. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year						
	2006	2009	2012	2015	2018	
TOTAL	68%	68%	66%	70%	72%	
Gender ^{2,5}						
Male ^b	68	63	67	72	63	
Female ^{a,b}	68	72	65	69	80	
$Age^{2,3,4}$						
18 to 34	66	60	52	73	65	
35 to 44	73	73	71	61	68	
45 to 54	69	75	77	79	76	
55 to 64	72	72	73	71	78	
65 and Older	63	66	64	64	74	
Education ^{1,2,3,4,5}						
High School or Less ^{a,b}	60	59	55	63	47	
Some Post High School ^b	70	70	64	67	79	
College Graduate	75	74	83	79	81	
Household Income ^{1,2,3,4,5}						
Bottom 40 Percent Bracket ^{a,b}	55	49	57	56	43	
Middle 20 Percent Bracket	73	74	68	75	79	
Top 40 Percent Bracket	78	79	74	79	82	
Marital Status ^{1,2,3,4,5}						
Married ^{a,b}	73	77	75	77	84	
Not Married	60	55	56	64	58	

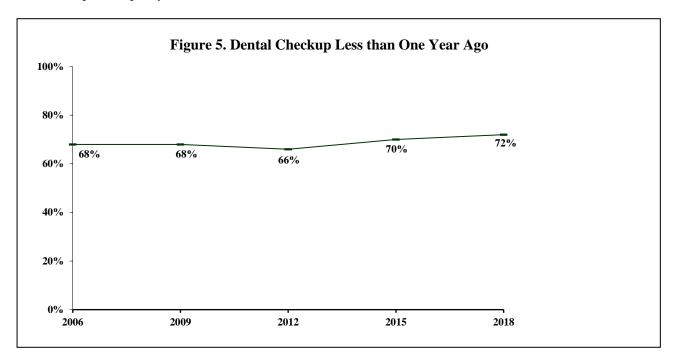
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

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 2018; ⁵demographic difference at p≤0.05 in 2018 ayear difference at p≤0.05 from 2006 to 2018; ⁵year 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 in the past year, as well as from 2015 to 2018.



Flu Vaccination (Figure 6; Table 12)

KEY FINDINGS: In 2018, 45% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or married were more likely to report a flu vaccination.

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 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 65 and older who reported a flu vaccination in the past year, as well as from 2015 to 2018.

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

• Forty-five percent of respondents had a flu vaccination in the past year.

- Respondents 65 and older were more likely to report receiving a flu vaccination (76%) compared to those 35 to 44 years old (44%) or respondents 18 to 34 years old (17%).
- Fifty-one percent of married respondents reported a flu vaccination compared to 38% of unmarried respondents.

- 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, female respondents were more likely to report a flu vaccination. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of male respondents 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 35 to 54 years old 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 2006, respondents in the bottom 40 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 top 60 percent household income bracket reporting a flu vaccination.
- In 2006, marital status was not a significant variable. In 2018, married respondents were more likely to report receiving a flu vaccination, with a noted increase since 2006.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported a flu vaccination in the past year.
- In 2015, female respondents were more likely to report a flu vaccination. In 2018, gender was not a significant variable.
- In 2015 and 2018, respondents 65 and older were more likely to report a flu vaccination. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting a flu vaccination.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report receiving a flu vaccination. In 2018, household income was not a significant variable.
- In 2015 and 2018, married respondents were more likely to report a flu vaccination.

Table 12. Flu Vaccination in Past Year by Demographic Variables for Each Survey Year[®]

	2006	2009	2012	2015	2018
TOTAL ^a	33%	43%	38%	44%	45%
Gender ^{1,2,3,4}					
Male ^a	29	36	34	39	46
Female	38	49	42	49	43
Age ^{1,2,3,4,5}					
18 to 34 ^b	18	39	32	33	17
35 to 44 ^a	23	28	31	37	44
45 to 54 ^{a,b}	28	35	32	36	51
55 to 64	43	50	43	57	54
65 and Older	71	72	59	68	76
Education					
High School or Less	35	42	35	48	39
Some Post High School	34	42	38	40	43
College Graduate ^a	30	44	42	45	49
Household Income ^{1,2,4}					
Bottom 40 Percent Bracket	39	52	37	34	44
Middle 20 Percent Bracket ^a	27	31	44	41	41
Top 40 Percent Bracket ^a	28	41	38	53	45
Marital Status ^{3,4,5}					
Married ^a	33	42	43	51	51
Not Married	34	44	33	38	38

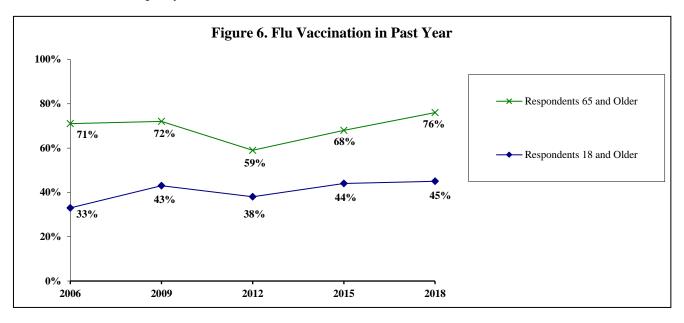
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018; 4 <u>demographic</u> difference at p≤0.05 from 2006 to 2018; 6 <u>year</u> difference at p≤0.05 from 2015 to 2018

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



Prevalence of Select Health Conditions (Figures 7 & 8; Tables 13 - 18)

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.

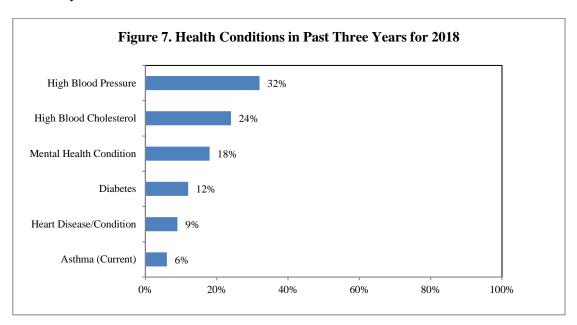
KEY FINDINGS: In 2018, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (32%). Respondents who were male, 65 and older, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report high blood pressure. Twenty-four percent reported high blood cholesterol; respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight, inactive or nonsmokers were more likely to report high blood cholesterol. Eighteen percent reported a mental health condition; respondents with a high school education or less or unmarried respondents were more likely to report this. Twelve percent or respondents reported diabetes; respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report this. Nine percent of respondents reported they were treated for, or told they had a heart disease/condition in the past three years; respondents 65 and older, with a high school education or less, overweight or inactive were more likely to report this. Six percent of respondents reported current asthma; respondents who were female or in the bottom 40 percent household income bracket were more likely to report this.

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

2018 Findings

• Respondents were more likely to report high blood pressure (32%) or high blood cholesterol (22%) in the past three years out of six health conditions listed.



High Blood Pressure

2018 Findings

- Thirty-two percent of respondents reported high blood pressure in the past three years.
- Male respondents were more likely to report high blood pressure in the past three years compared to female respondents (38% and 26%, respectively).
- Respondents 65 and older were more likely to report high blood pressure (66%) compared to those 35 to 44 years old (12%) or respondents 18 to 34 years old (11%).
- Fifty-three percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 24% of those in the middle 20 percent income bracket or 23% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report high blood pressure (39%) compared to respondents who were not overweight (13%).

- Seventy percent of inactive respondents reported high blood pressure compared to 27% of respondents who did at least some physical activity.
- Thirty-four percent of nonsmokers reported high blood pressure compared to 21% of smokers.

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported high blood pressure.
- In 2006, gender was not a significant variable. In 2018, male respondents were more likely to report high blood pressure, with a noted increase since 2006.
- In 2006 and 2018, respondents 65 and older were more likely to report high blood pressure.
- In 2006, respondents with a high school education or less were more likely to report high blood pressure. In 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 high blood pressure.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. From 2006 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting high blood pressure.
- In 2006, unmarried respondents were more likely to report high blood pressure. In 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of married respondents reporting high blood pressure.
- In 2006 and 2018, overweight respondents were more likely to report high blood pressure.
- In 2006 and 2018, inactive respondents were more likely to report high blood pressure. From 2006 to 2018, there was a noted increase in the percent of inactive respondents reporting high blood pressure.
- In 2006, smoking status was not a significant variable. In 2018, nonsmoking respondents were more likely to report high blood pressure, with a noted increase since 2006.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report high blood pressure, with a noted increase since 2015.
- In 2015 and 2018, respondents 65 and older were more likely to report high blood pressure. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting high blood pressure.
- In 2015, respondents with some post high school education or less were more likely to report high blood pressure. In 2018, education was not a significant variable.
- In 2015, respondents in the bottom 60 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, 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 and 2018, nonsmokers were more likely to report high blood pressure.

Table 13. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year[®]

Table 13. High Blood Pressure in Pa	2006	2009	2012	2015	2018
TOTAL ^a	26%	29%	30%	28%	32%
Gender ⁵					
Male ^{a,b}	25	29	31	27	38
Female	27	28	28	29	26
Age ^{1,2,3,4,5}					
18 to 34 ^b	8	6	11	5	11
35 to 44	14	17	18	13	12
45 to 54	26	35	25	22	33
55 to 64	45	44	40	50	51
65 and Older	60	66	67	68	66
Education ^{1,2,3,4}					
High School or Less	34	38	38	33	31
Some Post High School ^a	24	32	27	30	37
College Graduate ^a	19	17	23	22	28
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	35	47	42	32	53
Middle 20 Percent Bracket	25	24	27	34	24
Top 40 Percent Bracket	18	18	18	22	23
Marital Status ^{1,2,3}					
Married ^a	22	24	24	27	30
Not Married	32	36	37	29	34
Overweight Status ^{1,2,3,4,5}					
Not Overweight	16	16	19	15	13
Overweight ^a	32	34	34	33	39
Physical Activity ^{1,2,3,4,5}					
Inactive ^a	41	43	48	59	70
Insufficient	26	31	28	33	27
Recommended	23	22	28	20	27
Smoking Status ^{4,5}					
Nonsmoker ^a	27	29	31	31	34
Smoker	25	26	26	16	21

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

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

High Blood Cholesterol

2018 Findings

- Twenty-four percent of respondents reported high blood cholesterol in the past three years.
- Respondents 65 and older were more likely to report high blood cholesterol (56%) compared to those 35 to 44 years old (12%) or respondents 18 to 34 years old (7%).
- Respondents with a high school education or less were more likely to report high blood cholesterol (56%) compared to those with some post high school education (25%) or respondents with a college education (16%).
- Respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol (36%) compared to those in the middle 20 percent income bracket (27%) or respondents in the top 40 percent household income bracket (16%).
- Overweight respondents were more likely to report high blood cholesterol compared to respondents who were not overweight (28% and 14%, respectively).
- Inactive respondents were more likely to report high blood cholesterol (40%) compared to those who did an insufficient amount of physical activity (24%) or respondents who met the recommended amount of physical activity (21%).
- Nonsmokers were more likely to report high blood cholesterol compared to smokers (26% and 14%, 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, respondents 55 and older 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 <u>decrease</u> in the percent of respondents 45 to 54 years old reporting high blood cholesterol.
- In 2006 and 2018, respondents with a high school education or less were more likely to report high blood cholesterol.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol.
- In 2006 and 2018, overweight respondents were more likely to report high blood cholesterol.
- In 2006 and 2018, inactive respondents were more likely to report high blood cholesterol.
- In 2006, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report high blood cholesterol.

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 and 2018, respondents 65 and older were more likely to report high blood cholesterol.
- In 2015, respondents with some post high school education or less were more likely to report high blood pressure. In 2018, respondents with a high school education or less were more likely to report high blood pressure.
- 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 high blood cholesterol. From 2015 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting 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 and 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[®]

Table 14. High Blood Cholesterol in	2006	2009	2012	2015	2018
TOTAL	24%	20%	25%	23%	24%
Gender ³					
Male	25	20	29	24	25
Female	23	21	21	22	23
Age ^{1,2,3,4,5}					
18 to 34	8	2	7	3	7
35 to 44	17	12	20	14	12
45 to 54 ^a	29	29	26	24	16
55 to 64	42	36	39	39	42
65 and Older	43	45	45	47	56
Education ^{1,2,3,4,5}					
High School or Less	29	24	32	28	33
Some Post High School	22	23	21	26	25
College Graduate	20	15	22	15	16
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket ^b	29	30	32	23	36
Middle 20 Percent Bracket	26	16	21	29	27
Top 40 Percent Bracket	19	15	19	20	16
Marital Status ³					
Married	23	21	21	22	25
Not Married	25	21	29	24	23
Overweight Status ^{1,2,3,4,5}					
Not Overweight	15	14	15	15	14
Overweight	29	24	29	26	28
Physical Activity ^{1,2,4,5}					
Inactive	37	29	28	39	40
Insufficient	24	22	26	25	24
Recommended	20	17	23	19	21
Smoking Status ^{4,5}					
Nonsmoker	24	21	25	25	26
Smoker	23	19	25	17	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 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

- Eighteen percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Respondents with a high school education or less were more likely to report a mental health condition (32%) compared to those with some post high school education (18%) or respondents with a college education (8%).
- Unmarried respondents were more likely to report a mental health condition compared to married respondents (26% and 10%, respectively).

2009 to 2018 Year Comparisons

- From 2009 to 2018, there was a statistical increase 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 respondents across gender reporting a mental health condition.
- In 2009 and 2018, age was not a significant variable. From 2009 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 mental health condition.
- In 2009, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report a mental health condition. From 2009 to 2018, there was a noted increase in the percent of respondents with some post high school education or less reporting a mental health condition.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2018, household income was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting a mental health condition.
- In 2009 and 2018, unmarried respondents were more likely to report a mental health condition. From 2009 to 2018, there was a noted increase in the percent of unmarried respondents reporting a mental health condition.
- In 2009 and 2018, overweight status was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of respondents across overweight status 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. From 2009 to 2018, there was a noted increase in the percent of respondents who did at least some physical activity reporting a mental health condition.
- In 2009, smokers were more likely to report a mental health condition. In 2018, smoking status was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of nonsmokers 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, respondents 18 to 34 years old were more likely to report a mental health condition. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 55 to 64 years old reporting a mental health condition.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less 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 with a college education reporting a mental health condition.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2018, household income was not a significant variable.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report a mental health condition, with a noted increase since 2015.
- In 2015, smokers were more likely to report a mental health condition. In 2018, smoking status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of smokers reporting a mental health condition.

Table 15. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year[®]

Table 15. Mental Health Condition	2009	2012	2015	2018
TOTAL ^a	10%	15%	17%	18%
Gender ^{1,2}				
Male ^a	8	11	16	16
Female ^a	12	18	18	19
$Age^{2,3}$				
18 to 34 ^a	7	20	25	23
35 to 44 ^b	11	8	22	10
45 to 54	14	16	11	18
55 to 64 ^{a,b}	11	21	11	25
65 and Older	10	7	12	11
Education ^{2,4}				
High School or Less ^{a,b}	13	19	19	32
Some Post High School ^a	11	14	19	18
College Graduate ^b	7	11	14	8
Household Income ^{1,2,3}				
Bottom 40 Percent Bracket ^a	15	26	24	24
Middle 20 Percent Bracket	12	13	12	17
Top 40 Percent Bracket ^a	6	7	16	15
Marital Status ^{1,2,4}				
Married	7	11	15	10
Not Married ^{a,b}	14	19	19	26
Overweight Status				
Not Overweight ^a	9	15	20	17
Overweight ^a	11	14	16	18
Physical Activity ^{1,2}				
Inactive	22	25	21	26
Insufficient ^a	8	14	19	16
Recommended ^a	9	14	15	17
Smoking Status ^{1,2,3}				
Nonsmoker ^a	7	10	13	17
Smoker ^b	19	31	33	19

[®]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 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

- Twelve percent of respondents reported diabetes in the past three years.
- Respondents 65 and older were more likely to report diabetes in the past three years (24%) compared to those 18 to 34 years old (5%) or respondents 35 to 44 years old (4%).
- Twenty-four percent of respondents with a high school education or less reported diabetes compared to 9% of those with some post high school education or 6% of respondents with a college education.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 10% of those in the middle 20 percent income bracket or 5% of respondents in the top 40 percent household income bracket.
- Fourteen percent of overweight respondents reported diabetes compared to 6% of respondents who were not overweight.
- Twenty-six percent of inactive respondents reported diabetes compared to 11% of those who did an insufficient amount of physical activity or 8% of respondents who met the recommended amount of physical activity.
- Nonsmokers were more likely to report diabetes compared to smokers (13% and 3%, respectively).

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported diabetes.
- 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 diabetes.
- In 2006 and 2018, respondents 65 and older were more likely to report diabetes. From 2006 to 2018, respondents 18 to 34 years old reporting diabetes.
- In 2006, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report diabetes, with a noted increase since 2006.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2006 to 2018, there was a noted increase in the percent of respondents in the bottom 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 married respondents reporting diabetes.
- In 2006 and 2018, overweight respondents were more likely to report diabetes.
- In 2006 and 2018, inactive respondents were more likely to report diabetes.
- In 2006, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report diabetes, with a noted increase since 2006.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported diabetes.
- 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 diabetes.
- In 2015 and 2018, respondents 65 and older were more likely to report diabetes. From 2015 to 2018, there was a noted increase in the percent of respondents 35 to 44 years old reporting diabetes.
- In 2015 and 2018, respondents with a high school education or less were more likely to report diabetes. From 2015 to 2018, there was a noted increase in the percent of respondents with a high school education or less reporting diabetes.
- 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, with a noted increase since 2015.
- In 2015, married respondents were more likely to report diabetes. In 2018, marital status was not a significant variable.
- In 2015 and 2018, overweight respondents were more likely to report diabetes.
- In 2015 and 2018, inactive respondents were more likely to report diabetes.
- In 2015 and 2018, nonsmokers were more likely to report diabetes.

Table 16. Diabetes in Past Three Years by Demographic Variables for Each Survey Year[©]

	2006	2009	2012	2015	2018
TOTAL ^a	8%	9%	10%	10%	12%
Gender					
Male ^{a,b}	9	10	10	8	15
Female	7	8	10	11	9
Age ^{1,2,3,4,5}					
18 to 34 ^a	0	0	2	3	5
35 to 44 ^b	2	3	1	0	4
45 to 54	9	16	11	9	11
55 to 64	15	18	20	18	18
65 and Older	21	18	22	23	24
Education ^{2,3,4,5}					
High School or Less ^{a,b}	10	12	14	15	24
Some Post High School	7	10	8	10	9
College Graduate	6	5	8	5	6
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	12	14	15	13	22
Middle 20 Percent Bracket	7	7	12	11	10
Top 40 Percent Bracket	5	5	5	6	5
Marital Status ⁴					
Married ^a	7	9	9	7	11
Not Married	9	8	11	12	12
Overweight Status ^{1,2,3,4,5}					
Not Overweight	3	2	3	3	6
Overweight	10	12	12	12	14
Physical Activity ^{1,2,3,4,5}					
Inactive	20	21	20	26	26
Insufficient	7	9	11	12	11
Recommended	5	6	8	6	8
Smoking Status ^{3,4,5}					
Nonsmoker ^a	8	9	11	11	13
Smoker	5	8	5	6	3

[®]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

Heart Disease/Condition

2018 Findings

- Nine percent of respondents reported heart disease or condition in the past three years.
- Thirty percent of respondents 65 and older reported heart disease/condition in the past three years compared to 8% of those 45 to 54 years old or 0% of respondents 18 to 44 years old.
- Twenty percent of respondents with a high school education or less reported heart disease/condition compared to 7% of those with some post high school education or 4% of respondents with a college education.
- Nineteen percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition compared to 7% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report heart disease/condition compared to respondents who were not overweight (11% and 4%, respectively).
- Inactive respondents were more likely to report heart disease/condition (21%) compared to those who met the recommended amount of physical activity (8%) or respondents who did an insufficient amount of physical activity (7%).

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.
- 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, with a noted increase since 2006.
- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2018, household income was not a significant variable.
- In 2006, unmarried respondents were more likely to report heart disease/condition. In 2018, marital status was not a significant variable.
- In 2006, overweight status was not a significant variable. In 2018, overweight respondents were more likely to report heart disease/condition.
- In 2006 and 2018, inactive respondents were more likely to report heart disease/condition.
- In 2006, nonsmokers were more likely to report heard disease/condition in the past three years. In 2018, smoking status was not a significant variable.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.
- In 2015 and 2018, respondents 65 and older were more likely to report heart disease/condition.
- In 2015 and 2018, respondents with a high school education or less were more likely to report heart disease/condition. From 2015 to 2018, there as a noted increase in the percent of respondents with a high school education or less reporting heart disease/condition.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2018, household income was not a significant variable.
- In 2015 and 2018, overweight respondents were more likely to report heart disease/condition.
- In 2015 and 2018, inactive respondents were more likely to report heart disease/condition.
- In 2015, nonsmokers were more likely to report heart disease/condition. In 2018, smoking status was not a significant variable.

Table 17. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year[®]

	2006	2009	2012	2015	2018
TOTAL	9%	8%	10%	8%	9%
Gender ¹					
Male	12	9	10	7	10
Female	6	7	10	10	9
Age ^{1,2,3,4,5}					
18 to 34	2	<1	5	0	0
35 to 44	3	4	2	3	0
45 to 54	8	5	11	4	8
55 to 64	14	11	9	13	15
65 and Older	26	27	25	29	30
Education ^{2,3,4,5}					
High School or Less ^{a,b}	10	12	15	12	20
Some Post High School	10	8	9	8	7
College Graduate	6	5	5	6	4
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	13	15	18	13	19
Middle 20 Percent Bracket	7	7	4	9	7
Top 40 Percent Bracket	5	4	4	5	3
Marital Status ^{1,2,3}					
Married	7	6	8	9	7
Not Married	12	12	13	8	12
Overweight Status ^{4,5}					
Not Overweight	7	6	8	4	4
Overweight	10	9	11	10	11
Physical Activity ^{1,2,4,5}					
Inactive	22	15	13	24	21
Insufficient	8	8	8	7	7
Recommended	6	7	11	7	8
Smoking Status ^{1,4}					
Nonsmoker	10	8	9	10	10
Smoker	5	6	13	4	7

[®]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

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

- Six percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (10%) compared to male respondents (2%).
- Fourteen percent of respondents in the bottom 40 percent house income bracket and reported current asthma compared to 3% of those in the top 40 percent income bracket or 1% of respondents in the middle 20 percent household income bracket.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical decrease in the overall percent of respondents reporting current asthma.
- In 2006 and 2018, female respondents were more likely to report current asthma. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of male respondents reporting current asthma.
- In 2006, respondents with a high school education or less or with a college education were more likely to report current asthma. In 2018, education was not a significant variable. From 2006 to 2018, there was a noted decrease in the percent of respondents with a college education reporting current asthma.
- In 2006 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report current asthma. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting current asthma.
- In 2006 and 2018, marital status was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting current asthma.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2015 and 2018, female respondents were more likely to report current asthma. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of male respondents reporting current asthma.
- In 2015, respondents 35 to 44 years old or 55 and older were more likely to report current asthma. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 55 to 64 years old reporting current asthma.
- In 2015 and 2018, education was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education reporting current asthma.
- 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 asthma.

Table 18. Current Asthma by Demographic Variables for Each Survey Year[®]

Table 18. Current Asthma by Demo	Demographic Variables for Each Survey Year 2015							
	2006	2009	2012	2015	2018			
TOTAL ^a	9%	10%	12%	8%	6%			
Gender ^{1,3,4,5}								
Male ^{a,b}	7	9	9	6	2			
Female	11	10	16	11	10			
$Age^{2,4}$								
18 to 34	9	15	16	5	4			
35 to 44	13	6	11	11	9			
45 to 54	9	8	11	7	5			
55 to 64 ^b	9	8	11	12	3			
65 and Older	7	8	11	10	10			
Education ¹								
High School or Less	10	11	10	9	10			
Some Post High School ^b	6	8	15	10	3			
College Graduate ^a	12	10	13	7	6			
Household Income ^{1,2,5}								
Bottom 40 Percent Bracket	13	16	10	11	14			
Middle 20 Percent Bracket	4	5	17	8	1			
Top 40 Percent Bracket ^a	10	7	10	6	3			
Marital Status ²								
Married ^a	10	5	13	8	5			
Not Married	8	16	11	8	8			

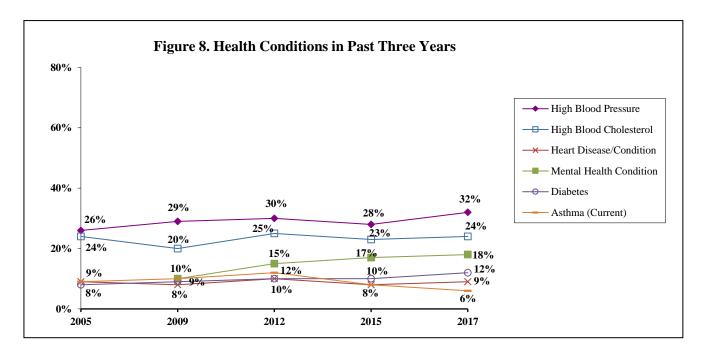
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

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 2018; ⁵demographic difference at p≤0.05 from 2016 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Health Conditions Overall

Year Comparisons

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



Physical Activity (Figures 9 & 10; Tables 19 - 21)

KEY FINDINGS: In 2018, 32% of respondents did moderate physical activity five times a week for 30 minutes. Thirty percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 45% met the recommended amount of physical activity; respondents who were 18 to 34 years old, with a college education, in the middle 20 percent household income bracket, unmarried or not overweight were more likely to report this.

From 2006 to 2018, there was a statistical <u>decrease</u> 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 a statistical <u>decrease</u>. 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-two percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Fifty-five percent did some moderate activity, while 13% did not do any moderate physical activity.
- Thirty-nine percent of respondents with some post high school education met the recommended amount of moderate physical activity compared to 33% of those with a college education or 24% of respondents with a high school education or less.
- Married respondents were more likely to meet the recommended amount of moderate physical activity compared to unmarried respondents (38% and 27%, respectively).
- Respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity (42%) compared to overweight respondents (28%).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2006, education was not a significant variable. In 2018, respondents with 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 <u>decrease</u> in the percent of respondents with a high school education or less meeting the recommended amount of physical activity.
- 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 in the top 40 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2006, married respondents were more likely to meet the recommended amount of moderate physical activity. In 2018, unmarried respondents were more likely to meet the recommended amount of moderate physical activity. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of married respondents meeting the recommended amount of moderate physical activity.
- In 2006 and 2018, respondents who were not overweight were more likely to meet the recommended amount of
 moderate physical activity. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of overweight
 respondents meeting the recommended amount of physical activity.

- 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 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents across gender meeting the recommended amount of moderate physical activity.

- In 2015, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old or 45 to 54 years old meeting the recommended amount of physical activity.
- In 2015, education was not a significant variable. In 2018, respondents with 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 <u>decrease</u> in the percent of respondents with a high school education or less or with a college education meeting the recommended amount of physical activity.
- 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 top 40 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents meeting the recommended amount of moderate physical activity.
- In 2015 and 2018, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of overweight respondents meeting the recommended amount of moderate physical activity.

Table 19. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year^{©,©}

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	39%	34%	41%	44%	32%
Gender					
Male ^b	40	35	43	45	36
Female ^b	37	34	40	43	30
$Age^{2,3,4}$					
18 to 34 ^b	43	38	52	59	36
35 to 44	40	39	45	27	31
45 to 54 ^b	38	28	36	50	26
55 to 64	33	29	35	36	31
65 and Older	32	29	31	34	31
Education ^{3,5}					
High School or Less ^{a,b}	38	34	35	39	24
Some Post High School	37	33	48	44	39
College Graduate ^b	41	35	38	48	33
Household Income ³					
Bottom 40 Percent Bracket	34	39	42	41	31
Middle 20 Percent Bracket	37	31	27	39	39
Top 40 Percent Bracket ^{a,b}	43	34	51	48	29
Marital Status ^{1,5}					
Married ^{a,b}	43	32	43	43	27
Not Married	31	37	39	45	38
Overweight Status ^{1,4,5}					
Not Overweight	45	38	44	51	42
Overweight ^{a,b}	35	33	40	41	28

[®]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.

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 percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Twenty-seven percent did some vigorous physical activity while 43% did not do any vigorous physical activity.

[©]Recommended moderate physical activity is 5 times/30+ minutes in a week.

¹<u>demographic</u> difference at p≤0.05 in 2006; ²<u>demographic</u> difference at p≤0.05 in 2009; ³<u>demographic</u> difference at p≤0.05 in 2012; ⁴<u>demographic</u> 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

- Respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity (49%) compared to those 65 and older (19%) or respondents 55 to 64 years old (13%).
- Forty-one percent of respondents with a college education met the recommended amount of vigorous physical activity compared to 26% of those with some post high school education or 19% of respondents with a high school education or less.
- Forty percent of respondents in the middle 20 percent household income bracket met the recommended amount of vigorous physical activity compared to 34% of those in the top 40 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.
- Unmarried respondents were more likely to meet the recommended amount of vigorous physical activity (37%) compared to married respondents (24%).
- Respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity (43%) compared to overweight respondents (25%)

- 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, male respondents were more likely to meet the recommended amount of vigorous physical activity. In 2018, gender was not a significant variable.
- In 2006 and 2018, respondents 18 to 34 years old 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 respondents 18 to 34 years old 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 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2006.
- In 2006, 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 2006.
- In 2006 and 2018, respondents who were not overweight 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 respondents meeting the recommended amount of vigorous physical activity.

- From 2015 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 2015, male respondents were more likely to meet the recommended amount of vigorous physical activity. In 2018, gender was not a significant variable.

- In 2015 and 2018, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 55 to 64 years old meeting the recommended amount of vigorous physical activity.
- In 2015 and 2018, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less meeting the recommended amount of vigorous physical activity.
- In 2015, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or the top 40 percent household income bracket meeting the recommended amount of vigorous physical activity.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to meet the recommended amount of vigorous physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents meeting the recommended amount of vigorous physical activity.
- In 2015 and 2018, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity.

Table 20. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year^{©,©}

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	25%	21%	23%	36%	30%
Gender ^{1,2,4}					
Male ^b	29	25	25	41	32
Female	22	16	22	32	29
Age ^{1,2,3,4,5}					
18 to 34 ^a	38	32	34	57	49
35 to 44	30	19	30	36	35
45 to 54	17	17	22	34	24
55 to 64 ^b	16	16	12	28	13
65 and Older	12	10	9	13	19
Education ^{1,3,4,5}					
High School or Less ^b	16	18	14	31	19
Some Post High School	25	22	24	29	26
College Graduate	36	22	34	47	41
Household Income ^{1,3,4,5}					
Bottom 40 Percent Bracket ^b	13	19	16	27	15
Middle 20 Percent Bracket ^a	25	21	17	37	40
Top 40 Percent Bracket ^b	35	23	38	45	34
Marital Status ^{2,5}					
Married ^b	27	18	25	38	24
Not Married ^a	22	24	21	34	37
Overweight Status ^{1,2,3,4,5}					
Not Overweight ^a	32	24	33	49	43
Overweight	22	19	20	31	25

[®]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.

[©]Recommended vigorous physical activity is 3 times/20+ minutes in a week.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> 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

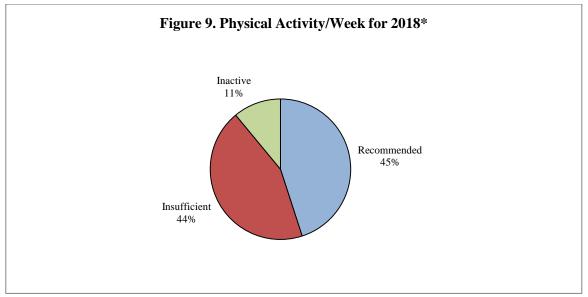
Combined Recommended Amount of Physical Activity in Typical Week

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-five percent of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times/week for 30 minutes <u>or</u> vigorous activity 3 times/week for 20 minutes). Forty-four 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-seven percent of respondents 18 to 34 years old met the recommended amount of physical activity compared to 35% of those 55 to 64 years old or 31% of respondents 45 to 54 years old.
- Fifty-four percent of respondents with a college education met the recommended amount of physical activity compared to 45% of those with some post high school education or 32% of respondents with a high school education or less.
- Sixty-seven percent of respondents in the middle 20 percent household income bracket met the recommended amount of physical activity compared to 41% of those in the top 40 percent income bracket or 34% of respondents in the bottom 40 percent household income bracket.
- Unmarried respondents were more likely to meet the recommended amount of physical activity compared to married respondents (52% and 39%, respectively).

• Respondents who were not overweight were more likely to meet the recommended amount of physical activity (57%) compared to overweight respondents (40%).

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, male respondents were more likely to meet the recommended amount of physical activity. In 2018, gender was not a significant variable.
- In 2006 and 2018, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents 45 to 54 years old meeting the recommended amount of physical activity.
- In 2006 and 2018, respondents with a college education were more likely to meet the recommended amount of physical activity. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less meeting the recommended amount of physical activity.
- In 2006, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2018, respondents in the middle 20 percent household income bracket 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 in the top 40 percent household income bracket meeting the recommended amount of physical activity.
- In 2006, married respondents were more likely to meet the recommended amount of physical activity. In 2018, unmarried respondents 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 married respondents meeting the recommended amount of physical activity.
- In 2006 and 2018, respondents who were not overweight were more likely to meet the recommended amount of physical activity.

- From 2015 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2015 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents across gender meeting the recommended amount of physical activity.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old or 45 to 54 years old meeting the recommended amount of physical activity.
- In 2015 and 2018, respondents with a college education were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less or with a college education meeting the recommended amount of physical activity.

- In 2015, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2018, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of physical activity, 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 or in the top 40 percent household income bracket meeting the recommended amount of physical activity.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents meeting the recommended amount of physical activity.
- In 2015 and 2018, respondents who were not overweight were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents across overweight status meeting the recommended amount of physical activity.

Table 21. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year^{©,©}

	2006	2009	2012	2015	2018
TOTAL ^b	49%	45%	49%	58%	45%
Gender ^{1,2}					
Male ^b	53	48	52	60	48
Female ^b	45	41	46	55	42
Age ^{1,2,3,4,5}					
18 to 34 ^b	57	53	61	78	57
35 to 44	53	49	52	49	50
45 to 54 ^{a,b}	46	38	47	60	31
55 to 64	41	39	40	47	35
65 and Older	38	35	36	39	40
Education ^{1,3,4,5}					
High School or Less ^{a,b}	44	43	43	54	32
Some Post High School	48	42	53	52	45
College Graduate ^b	55	49	51	66	54
Household Income ^{1,3,4,5}					
Bottom 40 Percent Bracket ^b	40	46	50	51	34
Middle 20 Percent Bracket ^a	49	42	33	54	67
Top 40 Percent Bracket ^{a,b}	56	47	59	64	41
Marital Status ^{1,5}					
Married ^{a,b}	54	42	51	58	39
Not Married ^a	41	48	47	57	52
Overweight Status ^{1,2,3,4,5}					
Not Overweight ^b	56	49	54	68	57
Overweight ^b	45	42	47	53	40

[®]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.

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.

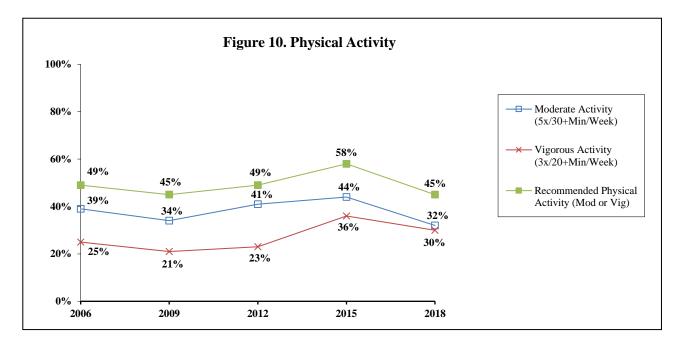
 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

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 a statistical <u>decrease</u> 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 a statistical <u>decrease</u>. 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 22 & 23)

KEY FINDINGS: In 2018, 71% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old, married or inactive were more likely to be overweight or obese.

From 2006 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2015 to 2018, there was no statistical change.

At Least Overweight

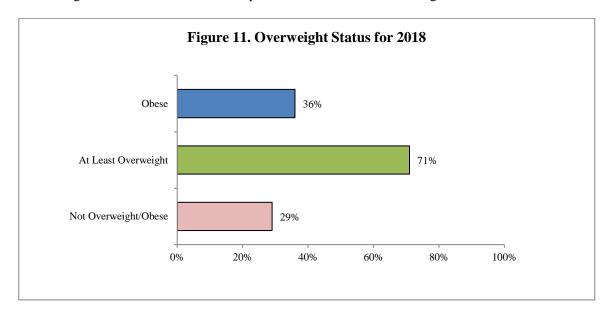
Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter².

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, 71% of respondents were at least overweight.



- Eighty-six percent of respondents 45 to 54 years old were at least overweight compared to 46% of respondents 18 to 34 years old.
- Married respondents were more likely to be at least overweight compared to unmarried respondents (76% and 66%, respectively).
- Eighty percent of inactive respondents were more likely to be at least overweight compared to 77% of those who did an insufficient amount of physical activity or 64% of respondents who met the recommended amount of physical activity.

- From 200 to 2018, there was a statistical increase in the overall percent of respondents being overweight.
- In 2006, male respondents were more likely to be classified as overweight. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of female respondents being overweight.
- In 2006, respondents 35 to 64 years old were more likely to be overweight. In 2018, respondents 45 to 54 years old were more likely to be overweight, with a noted increase since 2006. From 2006 to 2018, there was a noted increase in the percent of respondents 65 and older being overweight.
- 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 high school education or less or with a college education being overweight.
- In 2006 and 2018, household income was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket being overweight.

- In 2006 and 2018, married respondents were more likely to be overweight. From 2006 to 2018, there was a noted increase in the percent of married respondents being overweight.
- In 2006 and 2018, inactive respondents were more likely to be overweight. From 2006 to 2018, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity being overweight.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents being overweight.
- In 2015, respondents 35 to 44 years old or 55 to 64 years old were more likely to be overweight. In 2018, respondents 45 to 54 years old were more likely to be overweight, with a noted increase since 2015.
- In 2015, respondents with a high school education or less were more likely to be overweight. 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 being overweight.
- In 2015 and 2018, married respondents were more likely to be overweight.
- In 2015 and 2018, inactive respondents were more likely to be overweight.

Table 22. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year^{©,©}

	2006	2009	2012	2015	2018
TOTAL ^a	63%	65%	69%	69%	71%
Gender ^{1,2,3}					
Male	72	75	79	72	72
Female ^a	54	55	60	67	71
$Age^{1,2,3,4,5}$					
18 to 34	48	53	58	54	46
35 to 44	71	67	66	79	79
45 to 54 ^{a,b}	71	75	79	70	86
55 to 64	71	79	78	80	81
65 and Older ^a	65	65	71	76	79
Education ^{2,4}					
High School or Less ^a	61	68	65	74	76
Some Post High School	63	71	73	71	64
College Graduate ^{a,b}	65	57	68	64	75
Household Income					
Bottom 40 Percent Bracket	66	64	65	67	66
Middle 20 Percent Bracket ^a	58	68	72	76	74
Top 40 Percent Bracket	64	69	72	72	70
Marital Status ^{1,3,4,5}					
Married ^a	66	66	75	75	76
Not Married	58	64	63	64	66
Physical Activity ^{1,4,5}					
Inactive	70	71	73	88	80
Insufficient ^a	67	67	73	74	77
Recommended	57	62	67	64	64

[®]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.

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 obese) (2016 Behavioral Risk Factor Surveillance).

2018 Findings

- Thirty-six percent of respondents were classified as obese (BMI 30.0 or higher).
- Sixty-one percent of respondents 45 to 54 years old were obese compared to 29% of those 35 to 44 years old or 14% of respondents 18 to 34 years old.

 $[\]frac{^{1}demographic}{2012}, \frac{^{4}demographic}{2012}, \frac{^{4}demographi$

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

- Married respondents were more likely to be obese compared to unmarried respondents (41% and 31%, respectively).
- Fifty-one percent of inactive respondents were obese compared to 45% of those who did an insufficient amount of physical activity or 24% of respondents who met the recommended amount of physical activity.

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents being obese.
- In 2006, male respondents were more likely to be obese. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents across gender being obese.
- In 2006, respondents 55 to 64 years old were more likely to be obese. In 2018, respondents 45 to 54 years old were more likely to be obese, with a noted increase since 2006. From 2006 to 2018, there was a noted increase in the percent of respondents 65 and older 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 a college education being obese.
- In 2006 and 2018, household income was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket being obese.
- In 2006 and 2018, married respondents were more likely to be obese. From 2006 to 2018, there was a noted increase in the percent of married respondents being obese.
- In 2006 and 2018, inactive respondents were more likely to be obese. From 2006 to 2018, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity being obese.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents being obese.
- In 2015, female respondents were more likely to be obese. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of male respondents being obese.
- In 2015, respondents 55 to 64 years old were more likely to be obese. In 2018, respondents 45 to 54 years old were more likely to be obese, with a noted increase since 2015. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old being obese.
- In 2015, respondents with a high school education or less were more likely to be obese. 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 being obese.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to be obese.
- In 2015 and 2018, inactive respondents were more likely to be obese.

	2006	2009	2012	2015	2018
TOTAL ^a	27%	27%	30%	35%	36%
Gender ^{1,4}					
Male ^{a,b}	31	28	27	31	39
Female ^a	22	27	32	39	33
Age ^{1,2,3,4,5}					
18 to 34 ^b	18	22	21	32	14
35 to 44	31	28	31	29	29
45 to 54 ^{a,b}	31	32	36	37	61
55 to 64	34	36	31	46	47
65 and Older ^a	27	25	36	34	43
Education ⁴					
High School or Less	29	29	28	43	39
Some Post High School	28	29	33	39	36
College Graduate ^{a,b}	24	25	29	25	34
Household Income					
Bottom 40 Percent Bracket	27	27	31	34	29
Middle 20 Percent Bracket	27	27	32	41	30
Top 40 Percent Bracket ^a	29	28	29	35	38
Marital Status ^{1,2,5}					
Married ^a	29	24	32	38	41
Not Married	23	32	27	32	31
Physical Activity ^{1,2,3,4,5}					
Inactive	43	42	47	53	51
Insufficient ^a	29	30	32	40	45
Recommended	21	22	26	29	24

[®]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.

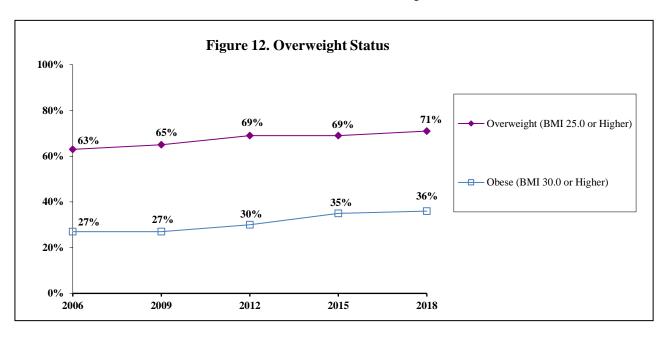
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

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

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 while from 2015 to 2018, there was no statistical change.



Nutrition (Figure 13; Tables 24 - 26)

KEY FINDINGS: In 2018, 59% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents with a college education, in the top 40 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents with at least some post high school education, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight 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, not overweight or who met the recommended amount of physical activity were more likely to report this.

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

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

- Fifty-nine percent of respondents reported at least two servings of fruit on an average day.
- Sixty-five percent of respondents with a college education reported at least two servings of fruit compared to 61% of those with some post high school education or 45% of respondents with a high school education or less.
- Sixty-seven percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 51% of those in the bottom 40 percent income bracket or 50% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report at least two servings of fruit a day compared to unmarried respondents (63% and 53%, respectively).
- Sixty-five percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 56% of those who did an insufficient amount of physical activity or 40% of inactive respondents.

- From 2006 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 2006, female respondents were more likely to report at least two servings of fruit per day. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of female respondents reporting at least two servings of fruit per day.
- In 2006, respondents 65 and older were more likely to report at least two servings of fruit per day. In 2018, age was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents 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 <u>decrease</u> in the percent of respondents with a high school education or less reporting at least two servings of fruit per day.
- In 2006, household income bracket was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit per day. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 60 percent household income bracket reporting at least two servings of fruit per day.
- In 2006, marital status was not a significant variable. In 2018, married respondents were more likely to report two or more servings of fruit per day. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting at least two servings of fruit per day.
- In 2006, respondents who did at least some physical activity were more likely to report two or more servings of fruit per day. In 2018, respondents who did the recommended amount of physical activity were more likely to report two or more servings of fruit per day.

- 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, female respondents were more likely to report at least two servings of fruit per day. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of female respondents reporting at least two servings of fruit per day.
- In 2015 and 2018, age was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 55 to 64 years old reporting at least two servings of fruit per day.
- In 2015 and 2018, respondents with a college education were more likely to report at least two servings of fruit per day. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting at least two servings of fruit per day.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit.
- In 2015 and 2018, married respondents were more likely to report at least two servings of fruit per day. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting 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 24. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year^{©,©}

Table 24. Two or More Servings of I	2006	2009	2012	2015	2018
TOTAL	64%	62%	63%	63%	59%
Gender ^{1,2,3,4}					
Male	52	51	56	56	56
Female ^{a,b}	75	73	69	70	61
$Age^{1,3}$					
18 to 34	67	68	76	66	68
35 to 44	61	62	63	57	53
45 to 54	54	59	52	67	58
55 to 64 ^b	60	59	55	65	48
65 and Older ^a	72	60	60	59	56
Education ^{1,2,3,4,5}					
High School or Less ^a	60	59	55	53	45
Some Post High School	60	56	62	57	61
College Graduate ^b	70	72	73	78	65
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket ^a	67	59	54	58	51
Middle 20 Percent Bracket	58	58	68	57	50
Top 40 Percent Bracket	63	68	67	71	67
Marital Status ^{3,4,5}					
Married ^b	62	62	69	72	63
Not Married ^a	66	62	56	55	53
Overweight Status ³					
Not Overweight	65	63	69	65	65
Overweight	62	62	60	62	56
Physical Activity ^{1,2,3,4,5}					
Inactive	53	38	44	55	40
Insufficient	64	60	60	58	56
Recommended	66	71	68	68	65

[®]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 2018; ⁵demographic difference at p≤0.05 in 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

- Twenty-nine percent of respondents reported three or more servings of vegetables on an average day.
- Thirty-two percent of respondents with at least some post high school education reported at least three servings of vegetables a day compared to 19% of respondents with a high school education or less.
- Unmarried respondents were more likely to report at least three servings of vegetables compared to married respondents (34% and 24%, respectively).
- Respondents who were not overweight were more likely to report at least three servings of vegetables compared to overweight respondents (45% and 22%, respectively)
- Forty-two percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 19% of those who did an insufficient amount of physical activity or 12% of inactive respondents.

- From 2006 to 2018, there a statistical increase 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. From 2006 to 2018, there was a noted increase in the percent of male respondents reporting at least three servings of vegetables per day.
- 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 at least three servings of vegetables per day.
- In 2006, respondents with a college education were more likely to report at least three servings of vegetables. In 2018, respondents with at least some post high school education were more likely to report at least three servings of vegetables.
- In 2006, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables. 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 middle 20 percent household income bracket reporting at least three servings of vegetables per day.
- In 2006, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report at least three servings of vegetables per day, with a noted increase since 2006.
- In 2006, overweight status was not a significant variable. In 2018, respondents who were not overweight were more likely to report at least three servings of vegetables per day, with a noted increase since 2006.
- 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 increase in the percent of respondents who met the recommended amount of physical activity reporting at least three servings of vegetables.

- 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. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of female respondents reporting at least three servings of vegetables per day.
- In 2015, respondents 18 to 34 years old or 45 to 54 years old were more likely to report at least three vegetable servings per day. In 2018, age was not a significant variable.
- In 2015 and 2018, respondents with at least some post high school education were more likely to report at least three servings of vegetables.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report at least three servings of vegetables. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting at least three servings of vegetables per day.
- In 2015 and 2018, respondents who were not overweight were more likely to report at least three servings of vegetables. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of overweight respondents reporting at least three servings of vegetables.
- 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 25. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year^{①,②}

Each Survey Year ear	2006	2009	2012	2015	2018`
TOTAL ^a	23%	24%	29%	32%	29%
Gender ^{1,2,4}					
Male ^a	17	18	27	23	26
Female ^b	29	30	30	40	31
$Age^{2,3,4}$					
18 to 34	27	26	35	41	34
35 to 44	24	30	34	26	24
45 to 54 ^a	21	21	24	41	33
55 to 64	21	26	27	26	18
65 and Older	20	16	18	18	22
Education ^{1,2,3,4,5}					
High School or Less	17	19	20	19	19
Some Post High School	24	22	28	37	32
College Graduate	29	30	40	38	32
Household Income ^{1,2,3}					
Bottom 40 Percent Bracket	22	19	18	30	21
Middle 20 Percent Bracket ^a	16	27	30	34	33
Top 40 Percent Bracket	28	27	38	35	30
Marital Status ^{3,5}					
Married ^b	23	25	31	33	24
Not Married ^a	24	23	25	31	34
Overweight Status ^{2,4,5}					
Not Overweight ^a	23	29	30	40	45
Overweight ^b	22	22	28	29	22
Physical Activity ^{1,2,3,4,5}					
Inactive	10	12	11	15	12
Insufficient	18	19	23	20	19
Recommendeda	30	32	38	42	42

[®]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 2018; 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 are at least five fruit or vegetables per day (2009 Behavioral Risk Factor Surveillance).

2018 Findings

- Thirty-eight 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 (44%) compared to male respondents (32%).
- Forty-six percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 40% of those with some post high school education or 24% of respondents with a high school education or less.
- Forty-four percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 39% of those in the middle 20 percent income bracket or 22% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to report at least five servings of fruit/vegetables a day compared to overweight respondents (55% and 31%, respectively).
- Respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables a day (47%) compared to those who did an insufficient amount of physical activity (31%) or inactive respondents (26%).

2006 to 2018 Year Comparisons

- From 2006 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 2006 and 2018, female respondents were more likely to report at least five fruit/vegetable servings per day.
- In 2006 and 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.
- 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 at least five fruit/vegetable servings per day. From 2006 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting at least five fruit/vegetable servings a day.
- In 2006, overweight status was not a significant variable. In 2018, respondents who were not overweight were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2006.
- 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 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 35 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.
- In 2015 and 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings 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. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting at least five servings of fruit/vegetables per day.
- In 2015, married respondents were more likely to report at least five fruit/vegetable servings per day. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents and a noted increase in the percent of unmarried respondents reporting at least five servings of fruit/vegetables per day.
- In 2015 and 2018, respondents who were not overweight were more likely to report at least five fruit/vegetable servings per day.
- 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 26. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year^{©,©}

Each Survey Year ^{\cup,\otimes}					
	2006	2009	2012	2015	2018
TOTAL	34%	37%	39%	39%	38%
Gender ^{1,2,3,4,5}					
Male	25	26	34	31	32
Female	41	46	44	47	44
Age ^{2,3,4}					
18 to 34	35	47	54	41	40
35 to 44	31	37	36	43	38
45 to 54	34	34	32	45	44
55 to 64	34	33	37	37	28
65 and Older	35	25	31	28	32
Education ^{1,2,3,4,5}					
High School or Less	25	29	34	22	24
Some Post High School	35	33	37	43	40
College Graduate	41	46	49	51	46
Household Income ^{2,4,5}					
Bottom 40 Percent Bracket ^{a,b}	35	30	35	33	22
Middle 20 Percent Bracket	27	35	37	41	39
Top 40 Percent Bracket	36	43	43	47	44
Marital Status ^{3,4}					
Married ^b	33	37	44	50	39
Not Married ^b	35	35	35	29	37
Overweight Status ^{3,4,5}					
Not Overweight ^a	37	40	48	45	55
Overweight	31	35	36	37	31
Physical Activity ^{1,2,3,4,5}					
Inactive	23	13	16	21	26
Insufficient	28	32	31	30	31
Recommended	41	47	50	48	47

Recommended 41 47 50 48 47

© 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.

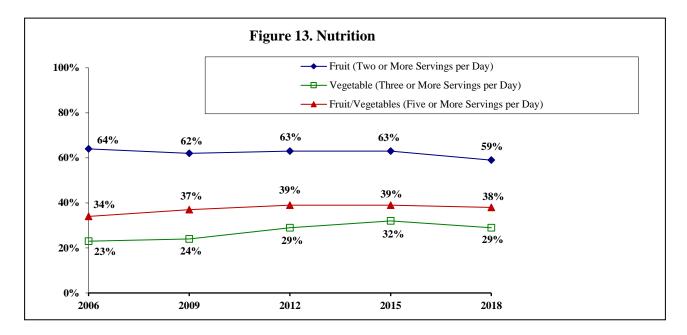
¹demographic difference at p≤0.05 in 2006; ²demographic difference at p≤0.05 in 2009; ³demographic difference at p≤0.05 in 2012; ⁴demographic difference at p≤0.05 in 2015; ⁵demographic difference at p≤0.05 in 2018

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

Nutrition Overall

Year Comparisons

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



Women's Health (Figure 14)

KEY FINDINGS: In 2018, 72% of female respondents 50 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan.

From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents 50 and older who reported having a mammogram within the past two years 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 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).

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

2018 Findings

- Seventy-two percent of female respondents 50 and older had a mammogram within the past two years.
- No demographic comparisons were conducted as a result of the low percent of women who were asked this
 question.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical <u>decrease</u> 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-six percent of the 43 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

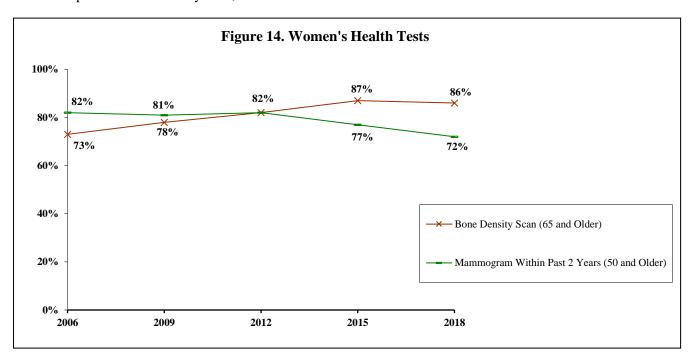
- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the low percent of women who were asked this question in both study years.

- 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 a statistical <u>decrease</u> in the overall percent of respondents 40 and older who reported having a mammogram within the past two years 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 65 and older who reported a bone density scan, as well as from 2015 to 2018.



Colorectal Cancer Screening (Figure 15; Tables 27 - 30)

KEY FINDINGS: In 2018, 17% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years. Sixty-six percent of respondents reported a colonoscopy within the past ten years. This results in 72% of respondents meeting the current colorectal cancer screening recommendations.

From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2018, there was a statistical increase. 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 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.

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

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

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- There were no statistically significant differences between and within demographic variables and responses of reporting a blood stool test within the past year.

2015 to 2018 Year Comparisons

- From 2015 to 2018, there was a statistical increase 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 increase in the percent of female respondents reporting a blood stool test within the past year.

Table 27. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)[©]

(Respondents 30 and Older)				
	2006	2012	2015	2018
TOTAL ^b	22%	10%	10%	17%
Gender				
Male	23	10	13	15
Female ^b	21	10	8	18
Education				
Some Post High School or Less	22	9	11	15
College Graduate	23	11	8	18
Household Income				
Bottom 60 Percent Bracket	18	10	11	18
Top 40 Percent Bracket	26	9	12	15
Marital Status				
Married	24	9	10	16
Not Married	20	10	11	18

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

¹<u>demographic</u> difference at p≤0.05 in 2006; ²<u>demographic</u> difference at p≤0.05 in 2012

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

- Five percent of respondents 50 and older reported their last sigmoidoscopy was within the past five years. Seventy-seven percent reported never.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported 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.
- There were no statistically significant differences between demographic variables and responses of a sigmoidoscopy in 2009.

- 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.
- There were no statistically significant differences between demographic variables and responses of a sigmoidoscopy in 2015.

³"Screening for Colorectal Cancer." <u>U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services</u>, 2006. Agency for Healthcare Research and Quality, 2006. Pages 32 - 35.

Table 28. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)[©]

,	2009	2012	2015	2018 [©]
TOTAL	9%	6%	7%	5%
Gender				
Male	11	6	8	
Female	8	7	7	
Education				
Some Post High School or Less	10	6	7	
College Graduate	5	6	8	
Household Income				
Bottom 60 Percent Bracket	11	8	8	
Top 40 Percent Bracket	7	5	6	
Marital Status				
Married	9	8	6	
Not Married	9	5	8	

[®]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.

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

- Sixty-six percent of respondents 50 and older had a colonoscopy within the past ten years. Thirty percent reported never.
- Married respondents were more likely to report a colonoscopy within the past ten years compared to unmarried respondents (73% and 57%, 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.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

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

⁴"Screening for Colorectal Cancer." <u>U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2006</u>. Agency for Healthcare Research and Quality, 2006. Pages 32 - 35.

- In 2009 and 2018, household income was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a colonoscopy within the past ten years.
- 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, married respondents were more likely to report a colonoscopy within the past ten years.

Table 29. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)[©]

und Older)	2009	2012	2015	2018
TOTAL	63%	66%	67%	66%
Gender				
Male	63	65	68	61
Female	62	66	65	69
Education ²				
Some Post High School or Less	62	63	65	64
College Graduate	67	76	72	69
Household Income				
Bottom 60 Percent Bracket	63	66	64	60
Top 40 Percent Bracket ^a	56	61	72	73
Marital Status ^{3,4}				
Married	67	69	72	73
Not Married	59	62	60	57

[®]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.

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-two 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).

 $^{^{1}}$ demographic difference at p≤0.05 in 2009; 2 demographic difference at p≤0.05 in 2012

 $^{^{3}}$ demographic difference at p≤0.05 in 2015; 4 demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2009 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

• There were no statistically significant differences between demographic variables and responses of a colorectal cancer screen in the recommended time frame.

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 female respondents reporting a colorectal cancer screen in the recommended time frame.
- In 2009 and 2018, household income was not a significant variable. From 2009 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a colorectal cancer screen in the recommended time frame.

- 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, married respondents were more likely to report a colorectal cancer screening in the recommended time frame. In 2018, marital status was not a significant variable.

Table 30. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)^{©,©}

•	2009	2012	2015	2018
TOTAL	64%	67%	69%	72%
Gender				
Male	66	67	71	70
Female ^a	63	68	68	74
Education ²				
Some Post High School or Less	64	65	68	70
College Graduate	66	76	74	78
Household Income				
Bottom 60 Percent Bracket	65	68	68	68
Top 40 Percent Bracket ^a	59	62	73	79
Marital Status ³				
Married	68	71	74	78
Not Married	60	64	63	66

[®]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.

[©]In 2009, blood stool test was not asked.

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

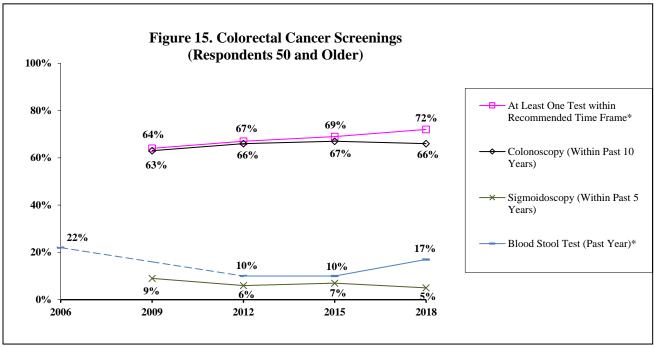
 $^{^{3}}$ demographic difference at p≤0.05 in 2015; 4 demographic difference at p≤0.05 in 2018

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

Colorectal Cancer Screenings Overall

Year Comparisons

• From 2006 to 2018, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2018, there was a statistical increase. 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 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 31)

KEY FINDINGS: In 2018, 18% of respondents were current tobacco cigarette smokers; respondents who were 35 to 44 years old 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

- Eighteen percent of respondents were current tobacco cigarette smokers (14% every day and 4% some days).
- Twenty-eight percent of respondents 35 to 44 years old were current smokers compared to 14% of those 18 to 34 years old or 10% of respondents 65 and older.

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, male respondents were more likely to be a current smoker. In 2018, gender was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent male respondents who were current smokers.
- In 2006, respondents 45 to 54 years old were more likely to be a current smoker. In 2018, respondents 35 to 44 years old were more likely to be a current smoker. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old who were current smokers.
- In 2006, respondents with a high school education or less were more likely to be a current smoker. In 2018, education was not a significant variable.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2015, respondents 18 to 34 years old were more likely to be a current smoker. In 2018, respondents 35 to 44 years old were more likely to be a current smoker. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old who were current smokers.
- In 2015, respondents with some post high school education were more likely to be a current smoker. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education who were current smokers.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. In 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 40 percent household income bracket who were current smokers.
- In 2015, unmarried respondents were more likely to be a current smoker. In 2018, marital status was not a significant variable.

Table 31. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year[®]

Table 31. Current Tobacco Cigarette	2006	2009	2012	2015	2018
TOTAL	22%	21%	23%	22%	18%
Gender ^{1,3}					
Male ^a	27	22	28	24	19
Female	18	21	18	19	17
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	25	26	30	29	14
35 to 44	22	21	22	23	28
45 to 54	33	26	26	24	21
55 to 64	20	21	25	15	23
65 and Older	10	10	8	10	10
Education ^{1,2,3,4}					
High School or Less	30	29	32	19	24
Some Post High School ^b	22	24	24	34	17
College Graduate	15	13	10	13	16
Household Income ^{2,3,4}					
Bottom 40 Percent Bracket ^b	26	28	36	29	18
Middle 20 Percent Bracket	25	21	18	18	24
Top 40 Percent Bracket	21	17	13	16	18
Marital Status ^{2,3,4}					
Married	21	14	18	17	17
Not Married	24	30	29	26	20

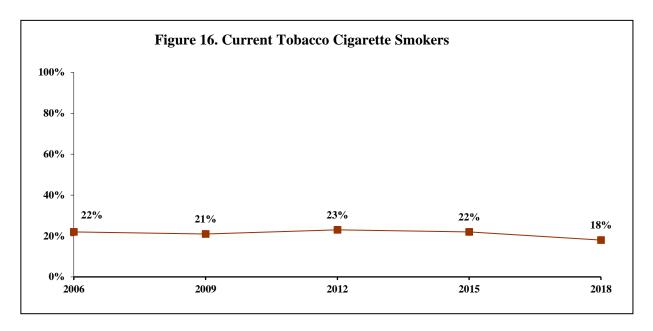
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

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

Tobacco Cigarette Use Overall

Year Comparisons

• From 2006 to 2018, there was not 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 32)

KEY FINDINGS: In 2018, 81% of respondents reported smoking is not allowed anywhere inside the home.

Respondents who were in the top 60 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 a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2018, there was no statistical change.

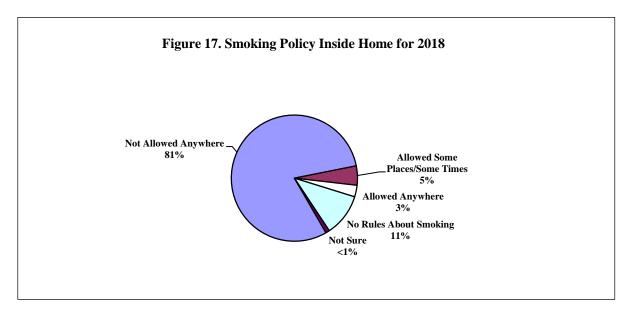
Smoking Policy Inside Home

In 2005, 75% of Wisconsin respondents reported smoking is prohibited in their home (2006 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).

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

2018 Findings

• Eighty-one percent of respondents reported smoking is not allowed anywhere inside the home while 5% reported smoking is allowed in some places or at some times. Three percent reported smoking is allowed anywhere inside the home. Eleven percent of respondents reported there are no rules about smoking inside the home.



- Ninety-two percent of respondents in the top 40 percent household income bracket and 90% of those in the
 middle 20 percent income bracket or reported smoking is not allowed in the home compared to 57% 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 (86% and 76%, respectively)
- Eighty-five percent of nonsmokers reported smoking is not allowed in the home compared to 66% of smokers.
- Respondents in households with children were more likely to report smoking is not allowed in the home (92%) compared to respondents in households without children (76%).

- From 2009 to 2018, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2009, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2018, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home, with a noted increase since 2009.
- In 2009 and 2018, married respondents were more likely to report smoking is not allowed in the home. From 2009 to 2018, there was a noted increase in the percent of unmarried respondents reporting smoking is not allowed in the home.
- In 2009 and 2018, nonsmokers were more likely to report smoking is not allowed in the home. From 2009 to 2018, there was a noted increase in the percent of smokers reporting 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 increase in the percent of respondents with or without children reporting smoking is not allowed in the home.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2018, respondents in the top 60 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 bottom 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.
- In 2015 and 2018, nonsmokers were more likely to report smoking is not allowed in the home. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of nonsmokers 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.

Table 32. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year[®]

	2009	2012	2015	2018
TOTAL ^a	74%	77%	83%	81%
Household Income ^{1,2,3,4}				
Bottom 40 Percent Bracket ^b	63	66	71	57
Middle 20 Percent Bracket ^a	69	81	83	90
Top 40 Percent Bracket ^a	84	88	91	92
Marital Status ^{1,2,3,4}				
Married	81	84	87	86
Not Married ^a	64	68	79	76
Smoking Status ^{1,2,3,4}				
Nonsmoker ^b	82	85	90	85
Smoker ^a	44	48	59	66
Children in Household ^{1,2,3,4}				
Yes ^a	81	82	88	92
$\mathrm{No^{a}}$	68	73	80	76

[®]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 2009; ²demographic difference at p≤0.05 in 2012

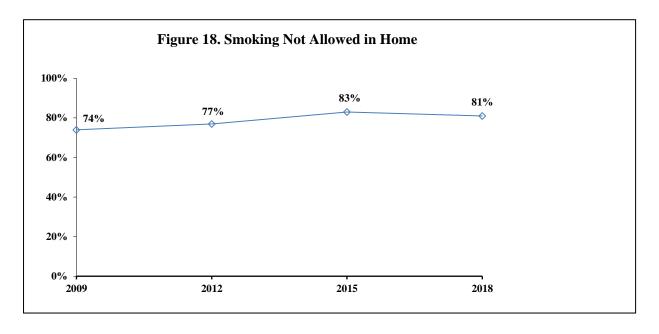
 $^{^{3}}$ demographic difference at p≤0.05 in 2015; 4 demographic difference at p≤0.05 in 2018

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



Other Tobacco Products (Figure 19; Tables 33 & 34)

KEY FINDINGS: In 2018, 7% of respondents used electronic cigarettes in the past month; respondents 18 to 34 years old, with a college education or in the top 40 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

- Seven percent of respondents used electronic cigarettes in the past month.
- Sixteen percent of respondents 18 to 34 years old used electronic cigarettes in the past month compared to 1% of respondents 45 to 54 years old or 65 and older.
- Ten percent of respondents with a college education used electronic cigarettes in the past month compared to 8% of those with some post high school education or 1% of respondents with a high school education or less.

• Eleven percent of respondents in the top 40 percent household income bracket used electronic cigarettes in the past month compared to 4% of those in the bottom 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.

- 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, respondents 35 to 44 years old were more likely to use electronic cigarettes in the past month. In 2018, respondents 18 to 34 years old were more likely to use electronic cigarettes in the past month, with a noted increase since 2015.
- In 2015, respondents with some post high school education were more likely to report they used electronic cigarettes in the past month. In 2018, respondents with a college education were more likely to use electronic cigarettes in the past month, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education reporting they used electronic cigarettes in the past month.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to use electronic cigarettes, 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 married respondents reporting they used electronic cigarettes in the past month.

Table 33. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year[®]

st Month by I	Jemograpine
2015	2018
5%	7%
6	8
5	5
7	16
9	9
5	1
3	2
2	1
5	8
12	1
<1	10
7	4
4	0
4	11
4	9
6	4
	2015 5% 6 5 7 9 5 3 2 5 12 <1

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

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.

- 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.
- In 2015, respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket were more likely to use cigars, cigarillos or little cigars in the past month.

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

^a<u>year</u> difference at p≤0.05 from 2015 to 2018

Table 34. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year[®]

Table 54. Cigars, Cigarinos of Little	2015	2018 [©]
TOTAL	4%	3%
Gender ¹		
Male	7	
Female	<1	
Age^1		
18 to 34	8	
35 to 44	1	
45 to 54	3	
55 to 64	1	
65 and Older	2	
Education		
High School or Less	4	
Some Post High School	2	
College Graduate	5	
Household Income ¹		
Bottom 40 Percent Bracket	2	
Middle 20 Percent Bracket	3	
Top 40 Percent Bracket	6	
Marital Status		
Married	4	
Not Married	3	

[®]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.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

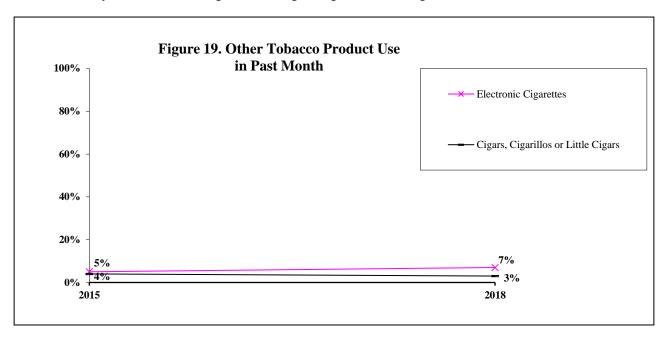
¹<u>demographic</u> difference at p≤0.05 in 2015; ²<u>demographic</u> difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

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, 31% of respondents were binge drinkers in the past month. Respondents who were 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month.

> From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2018, there was a statistical decrease. Please note: binge drinking definition was 5+ drinks in 2006 and 2009 while it was 4+ drinks for females and 5+ drinks for males since 2012.

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, the Community Health Survey 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-one 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 (44%) compared to those 55 to 64 years old (26%) or respondents 65 and older (6%).
- Respondents with some post high school education were more likely to have binged in the past month (40%) compared to those with a college education (29%) or respondents with a high school education or less (20%).
- Respondents in the top 40 percent household income bracket were more likely to have binged in the past month (43%) compared to those in the middle 20 percent income bracket (26%) or respondents in the bottom 40 percent household income bracket (16%)

2006 to 2018 Year Comparisons

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. 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 female respondents 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 34 years old or 45 to 64 years old reporting binge drinking.
- In 2006, education was not a significant variable. In 2018, respondents with some post high school education were more likely to have binged. From 2006 to 2018, there was a noted increase in the percent of respondents with a college education or less reporting binge drinking.
- In 2006 and 2018, respondents in the top 40 percent household income bracket were more likely to have binged. From 2006 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting binge drinking.
- 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 married respondents reporting binge drinking.

- From 2015 to 2018, there was a statistical <u>decrease</u> 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 <u>decrease</u> in the percent of male 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 decrease in the percent of respondents 18 to 34 years old reporting binge drinking.

- In 2015, respondents with a college education were more likely to have binged. In 2018, respondents with some post high school education were more likely to have binged. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less or 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 <u>decrease</u> in the percent of respondents in the bottom 60 percent household income bracket reporting binge drinking.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting binge drinking.

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

	2006	2009	2012	2015	2018
TOTAL ^{a,b}	21%	21%	35%	39%	31%
Gender ^{1,2,3,4}					
Male ^b	31	31	44	47	28
Female ^a	13	11	28	32	34
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	33	27	50	60	44
35 to 44	25	24	42	45	34
45 to 54 ^a	21	23	41	40	36
55 to 64 ^a	10	16	27	26	26
65 and Older	3	7	7	11	6
Education ^{2,4,5}					
High School or Less ^b	21	21	33	34	20
Some Post High School ^a	25	25	39	38	40
College Graduate ^{a,b}	18	17	34	45	29
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^b	14	14	36	29	16
Middle 20 Percent Bracket ^b	26	25	28	41	26
Top 40 Percent Bracket ^a	30	29	42	50	43
Marital Status ¹					
Married ^a	19	21	35	38	34
Not Married ^b	25	21	36	41	27

[®]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.

[®]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.

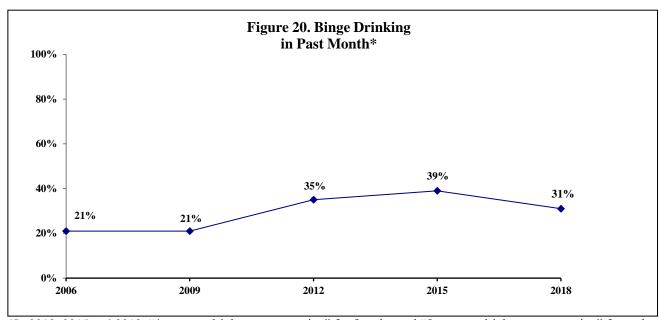
 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

Alcohol Use 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 while from 2015 to 2018, there was a statistical <u>decrease</u>. Please note: binge drinking definition was 5+ drinks in 2006 while it was 4+ drinks for females and 5+ drinks for males in 2015 and 2018.



*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; Table 36)

KEY FINDINGS:

In 2018, 2% of respondents each reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol or a problem with cocaine/heroin/other street drugs in the past year. Three percent of respondents reported someone in their household experienced a problem in a connection with marijuana. One percent of respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs/over the counter drugs. Less than one percent of respondents reported someone in their household experienced a problem in connection with gambling.

From 2006 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol 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 marijuana or with cocaine/heroin/other street drugs while from 2015 to 2018, there was a statistical increase. From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs or with gambling, 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 were conducted across years as a result of the low percent of respondents who
 reported a household problem with drinking alcohol in both study years.

- From 2015 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year.
- In 2015, respondents in the bottom 40 percent household income bracket, who were unmarried or with children in the household 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[©]

	2006 [©]	2009 [©]	2012	2015	2018 [©]
TOTAL ^b	2%	2%	4%	5%	2%
Household Income ^{3,4}					
Bottom 40 Percent Bracket			2	8	
Middle 20 Percent Bracket			3	<1	
Top 40 Percent Bracket			8	3	
Marital Status ^{3,4}					
Married			2	2	
Not Married			6	7	
Children in Household ⁴					
Yes			5	9	
No			3	3	

[®]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.

[®]Data 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 2018; ⁵demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

Other Household Problems in Past Year

2018 Findings

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

2012 to 2018 Year Comparisons

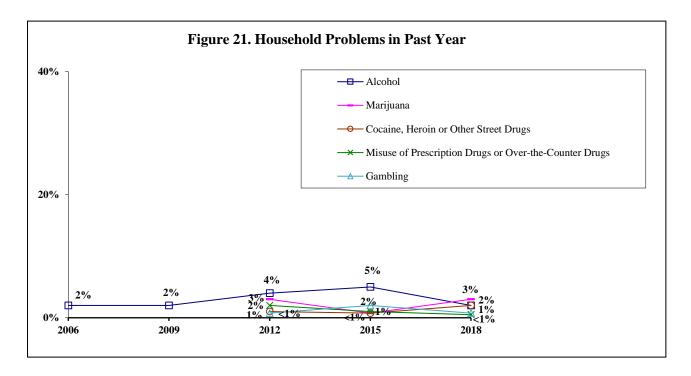
- From 2012 to 2018, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem in connection with each of the other household problems in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with each of the other household problems in both study years.

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



Mental Health Status (Figures 22 & 23; Tables 37 & 38)

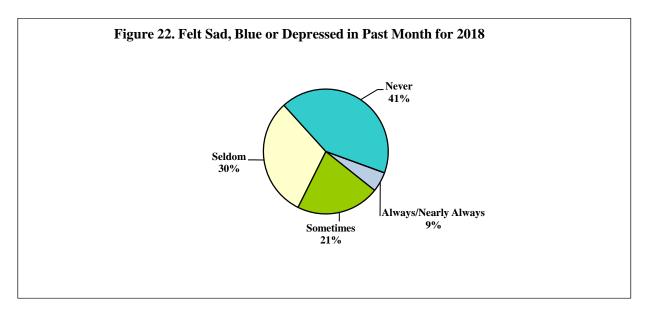
KEY FINDINGS: In 2018, 9% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents with a high school education or less, in the bottom 40 percent household income bracket or who were unmarried were more likely to report this. Six percent of respondents felt so overwhelmed they considered suicide in the past year; respondents with a high school education or less, who were unmarried or with children in the household were more likely to report this.

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, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2015 to 2018.

Felt Sad, Blue or Depressed

2018 Findings

• Nine percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 9,380 residents. Twenty-one percent reported sometimes and the remaining 71% reported seldom or never.



- Twenty-four percent of respondents with a high school education reported they always or nearly always felt sad, blue or depressed compared to 3% of respondents with at least some post high school education.
- Twenty-one percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed compared to 9% of those in the middle 20 percent income bracket or 1% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed compared to married respondents (14% and 4%, respectively).

- 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 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 they always or nearly always felt sad, blue or depressed.
- In 2006, 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 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 they always or nearly always felt sad, blue or depressed, with a noted increase since 2006. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting they always or nearly always felt sad, blue or depressed.

- In 2006 and 2018, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed. From 2006 to 2018, there was a noted increase in the percent of unmarried respondents reporting they always or nearly always felt sad, blue or depressed.
- In 2006 and 2018, presence of children was not a significant variable. From 2006 to 2018, there was a noted increase in the percent of respondents without children in the household reporting they always or nearly always felt sad, blue or depressed.

- 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, respondents 18 to 34 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old reporting they always or nearly always felt sad, blue or depressed.
- In 2015, respondents with some post high school education were more likely to report they always or nearly always felt sad, blue or depressed. 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. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education reporting they always or nearly always felt sad, blue or depressed.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed. From 2015 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting they always or nearly always felt sad, blue or depressed.
- In 2015 and 2018, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 37. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year[©]

Survey Year	2006	2009	2012	2015	2018
TOTAL	6%	4%	5%	7%	9%
Gender					
Male ^a	5	4	3	6	10
Female	7	4	6	8	8
$Age^{2,3,4}$					
18 to 34	3	2	<1	11	6
35 to 44	7	3	5	4	7
45 to 54 ^b	9	10	6	5	14
55 to 64	7	3	10	8	13
65 and Older	5	4	6	5	6
Education ^{3,4,5}					
High School or Less ^{a,b}	8	5	8	7	24
Some Post High School ^b	5	5 2	4	12	3 3
College Graduate	5	2	3	3	3
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	8	6	8	13	21
Middle 20 Percent Bracket	4	7	3 3	6	9
Top 40 Percent Bracket ^a	5	2	3	2	1
Marital Status ^{1,3,4,5}					
Married	4	3	3	4	4
Not Married ^a	8	5	6	10	14
Children in Household ³					
Yes	6	3	2	6	5
No^a	6	5	6	8	10

[®]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.

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.

- Six percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 7,370 residents who may have considered suicide in the past year.
- Thirteen percent of respondents with a high school education or less reported they considered suicide compared to 6% of those with a college education or less than one percent of respondents with some post high school education.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

- Nine percent of unmarried respondents reported they considered suicide compared to 3% of married respondents.
- Eleven percent of respondents with children in the household reported they considered suicide compared to 4% of respondents without children in the household.

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.
- No demographic comparisons were conducted across years as a result of the low percent of respondents who considered suicide in 2006.

- From 2015 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 were conducted across years as a result of the low percent of respondents who considered suicide in 2015.

Table 38. Considered Suicide in Past Year by Demographic Variables for Each Survey Year[®]

	2006◎	2009◎	2012 [©]	2015 [©]	2018
TOTAL ^{a,b}	3%	2%	3%	3%	6%
Gender					
Male					7
Female					6
Age					
18 to 34					9
35 to 44					10
45 to 54					5
55 to 64					2 3
65 and Older					3
Education ⁵					
High School or Less					13
Some Post High School					<1
College Graduate					6
Household Income					
Bottom 40 Percent Bracket					3
Middle 20 Percent Bracket					9
Top 40 Percent Bracket					5
Marital Status ⁵					
Married					3
Not Married					9
Children in Household ⁵					
Yes					11
No					4

[®]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.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

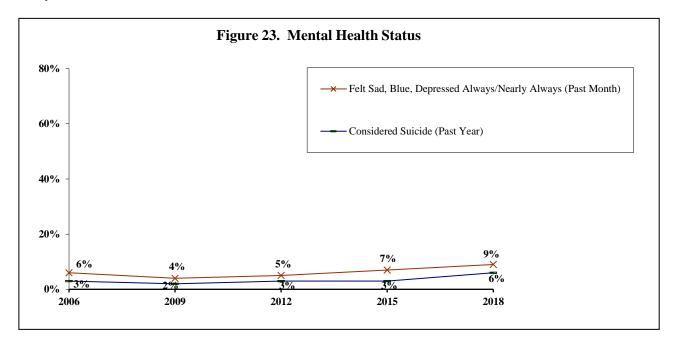
 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

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

Mental Health 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, as well as from 2015 to 2018. From 2006 to 2018, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2015 to 2018.



Personal Safety Issues (Figure 24; Tables 39 - 41)

KEY FINDINGS: In 2018, 3% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 6% reported at least one of these two situations.

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

Afraid for Personal Safety

- Three percent of respondents reported someone made them afraid for their personal safety in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were afraid for their personal safety.

Of the 10 respondents, a stranger was listed as the person most often reported who made them afraid for their personal safety (5 respondents).

2006 to 2018 Year Comparisons

- From 2006 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2006, respondents 45 to 54 years old or in the bottom 40 percent household income bracket or the top 40 percent household income bracket were more likely to report 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, respondents 35 to 54 years old were more likely to report they were afraid for their personal safety.

Table 39. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year[®]

Tubic 37. Tillula for Tersonal barety	2006	2009	2012	2015	2018 [©]
TOTAL ^a	5%	7%	5%	5%	3%
Gender ²					
Male	5	5	4	4	
Female	5	8	7	5	
$Age^{1,2,3,4}$					
18 to 34	3	11	9	2	
35 to 44	6	6	2	8	
45 to 54	8	6	7	8	
55 to 64	6	6	3	5	
65 and Older	2	2	2	2	
Education ²					
High School or Less	4	10	6	4	
Some Post High School	6	7	7	6	
College Graduate	5	4	3	4	
Household Income ¹					
Bottom 40 Percent Bracket	7	7	5	5	
Middle 20 Percent Bracket	1	6	9	5	
Top 40 Percent Bracket	6	6	4	5	
Marital Status ²					
Married	4	4	5	4	
Not Married	6	10	6	6	

[®]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.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

 $^{^{1}}$ <u>demographic</u> difference at p≤0.05 in 2006; 2 <u>demographic</u> difference at p≤0.05 in 2009; 3 <u>demographic</u> difference at p≤0.05 in 2012; 4 <u>demographic</u> difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2006 to 2018; ^b<u>year</u> 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.
- Eight percent of respondents 18 to 34 years old reported they were pushed, kicked, slapped or hit in the past year compared to 1% of those 45 to 54 years old or 0% of respondents 65 and older.
 - Of the 14 respondents, a parent was the person most often reported who pushed, kicked, slapped or hit them (5 respondents) followed by an acquaintance (4 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 pushed, kicked, slapped or hit.
- No demographic comparisons were conducted across years as a result of the low percent of respondents who were pushed, kicked, slapped or hit in 2006.

- From 2015 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- In 2015, male respondents were more likely to report they were pushed, kicked, slapped or hit in the past year. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of male respondents reporting they were pushed, kicked, slapped or hit in the past year.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to report they were pushed, kicked, slapped or hit in the past year.
- In 2015, respondents with some post high school education were more likely to report they were pushed, kicked, slapped or hit in the past year. In 2018, education was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education reporting they were pushed, kicked, slapped or hit in the past year.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report they were pushed, kicked, slapped or hit in the past year. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting they were pushed, kicked slapped or hit in the past year.
- In 2015, unmarried respondents were more likely to report they were pushed, kicked, slapped or hit in the past year. In 2018, marital status was not a significant variable.

Table 40. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each

Survey Year[®]

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

[®]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.

Combined Personal Safety Issues

2018 Findings

- A total of 6% of all respondents reported at least one of the two personal safety issues.
- There were no statistically significant differences between demographic variables and responses of reporting at least one of the personal safety issues.

- From 2006 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 2006 and 2018, education was not a significant variable. From 2006 to 2018, there was a noted <u>decrease</u> in the percent of respondents with some post high school education reporting at least one of the personal safety issues.

[®]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹<u>demographic</u> difference at p≤0.05 in 2006; ²<u>demographic</u> difference at p≤0.05 in 2009; ³<u>demographic</u> difference at p≤0.05 in 2012; ⁴<u>demographic</u> 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

• In 2006, unmarried respondents were more likely to report at least one of the personal safety issues. In 2018, marital status was not a significant variable.

- From 2015 to 2018, there was a statistical <u>decrease</u> in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2015, male respondents were more likely to report at least one of the personal safety issues. In 2018, gender was not a significant variable. From 2018, there was a noted <u>decrease</u> in the percent of male respondents reporting at least one of the personal safety issues.
- In 2015, respondents with some post high school education were more likely to report at least one of the personal safety issues. In 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 reporting at least one of the personal safety issues.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting at least one of the personal safety issues.
- In 2015, unmarried respondents were more likely to report at least one of the personal safety issues. In 2018, marital status was not a significant variable.

Table 41. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year[®]

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

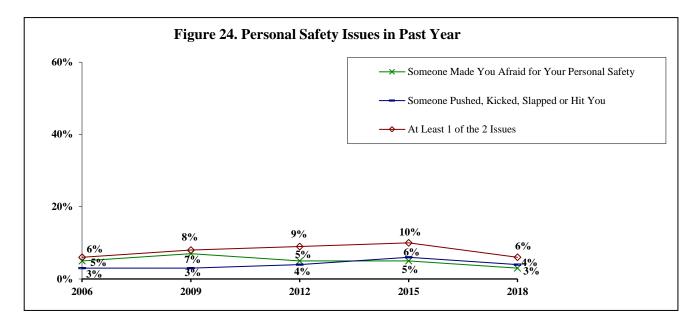
[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

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

Personal Safety Issues Overall

Year Comparisons

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



Children in Household (Figures 25 & 26; Tables 42 – 48)

KEY FINDINGS: In 2018, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-six percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 92% reporting their child visited their personal doctor or nurse for preventive care during the past year. Five percent reported there was a time in the past year their child did not receive the medical care needed while 3% of respondents reported their child did not receive the dental care needed and 0% reported their child was not able to visit a specialist they needed to see. Thirteen percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Thirty-nine percent of respondents reported their child has two or fewer hours of screen time on an average school/week day. Sixty-three percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Fifty-nine percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Four 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. Thirteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying, 6% reported cyber bullying and 0% 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/nurse or visited their personal doctor/nurse for

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

Children in Household

2018 Findings

- Thirty-two percent of respondents reported they have a child under the age of 18 living in their household. Eighty-eight percent of these respondents reported they make the health care decisions for their child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.
- Sixty-one percent of the children selected were 12 or younger. Forty-six percent were boys. Of these households, 33% were in the bottom 60 percent household income bracket and 77% were married.

Child's Personal Doctor

2018 Findings

Of the 111 respondents who make health care decisions for their child...

- Ninety-six 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.

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, married respondents were more likely to report their child had a personal doctor or nurse. In 2018, marital status was not a significant variable.

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.
- In 2015, respondents were more likely to report their child who was 12 or younger had a personal doctor or nurse. In 2018, child's age was not a significant variable.

Table 42. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year[®]

· · · · · · · · · · · · · · · · · · ·	0 1		
2012	2015	2018	

	0.4.07	0.50	0.501
TOTAL	91%	97%	96%
Gender			
Boy	93	97	98
Girl	90	97	95
Age^2			
12 Years Old or Younger	93	100	99
13 to 17 Years Old	88	88	93
Household Income			
Bottom 60 Percent Bracket	86	98	97
Top 40 Percent Bracket	93	96	96
Marital Status ¹			
Married	94	97	96
Not Married	82	99	

[®]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.

Preventive Care with Child's Personal Doctor

2018 Findings

Of the 107 respondents with a child who had a personal doctor...

- Of children who had a personal doctor, 92% reported their child visited their personal doctor/nurse for preventive care during the past year.
- Ninety-nine percent of respondents with a child 12 years old or younger reported their child visited their personal doctor/nurse for preventive care during the past year compared to 80% of respondents speaking on behalf of their 13 to 17 year old child.

2012 to 2018 Comparisons

- From 2012 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 2012, age was not a significant variable. In 2018, respondents with a child 12 years old or younger were more likely to report their child saw their personal doctor in the past year for preventive care.

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 daughter saw their personal doctor for preventive care. In 2018, child's gender was not a significant variable.

⁻⁻Not enough data within demographic category for statistical reliability.

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

³demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2012 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

- In 2015, age was not a significant variable. In 2018, respondents with a child 12 years old or younger were more likely to report their child saw their personal doctor for preventive care, with a noted increase since 2015.
- In 2015, respondents in the bottom 60 percent household income bracket were more likely to report their child saw their personal doctor for preventive care. In 2018, household income was not a significant variable.
- In 2015, unmarried respondents were more likely to report their child saw their personal doctor for preventive care.

Table 43. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year[®]

Edeli Bui vey Teal			
	2012	2015	2018
TOTAL	93%	91%	92%
Gender ²			
Boy	91	88	92
Girl	95	96	91
Age^3			
12 Years Old or Younger ^b	94	91	99
13 to 17 Years Old	91	91	80
Household Income ²			
Bottom 60 Percent Bracket	93	96	92
Top 40 Percent Bracket	91	89	93
Marital Status ²			
Married	93	89	91
Not Married	94	99	

[®]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.

Unmet Care

2018 Findings

Of the 111 respondents with a child...

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

⁻⁻Not enough data within demographic category for statistical reliability.

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

³demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2012 to 2018; ^b<u>year</u> difference at p≤0.05 from 2015 to 2018

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, unmet dental need or 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.

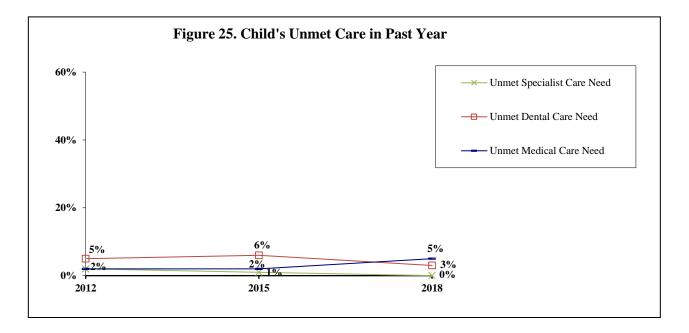
2015 to 2018 Comparisons

- 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, unmet dental need or was unable to see a specialist when needed.
- No demographic comparisons were conducted between years as a result of the low 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, unmet dental need or was unable to see a specialist when needed as well as from 2015 to 2018.



Child's Asthma

2018 Findings

Of the 111 respondents with a child...

- Thirteen percent of respondents reported their child currently had asthma.
- Twenty percent of respondents speaking on behalf of their son reported their child currently had asthma compared to 5% of respondents speaking on behalf of their daughter.
- Eighteen percent of respondents with a child 12 or younger reported their child currently had asthma compared to 2% of respondents speaking on behalf of their 13 to 17 year old child.
- Thirty-two percent of respondents in the bottom 60 percent household income bracket reported their child currently had asthma compared to 1% of respondents in the top 40 percent household income bracket.

2012 to 2018 Comparisons

- From 2012 to 2018, there was no statistical change in the overall percent of respondents who reported their child currently had asthma.
- In 2012, child's gender was not a significant variable. In 2018, respondents speaking on behalf of their son were more likely to report their child had asthma, with a noted increase since 2012.
- In 2012, child's age was not a significant variable. In 2018, respondents speaking on behalf of their child who was 12 or younger were more likely to report their child had asthma, with a noted increase since 2012.
- In 2012, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report their child had asthma, with a noted increase since 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.
- In 2015, child's gender was not a significant variable. In 2018, respondents speaking on behalf of their son were more likely to report their child had asthma.
- In 2015, child's age was not a significant variable. In 2018, respondents speaking on behalf of their child who was 12 or younger were more likely to report their child had asthma.
- 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 their child had asthma, with a noted increase since 2015.
- In 2012, marital status was not a significant variable. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting their child had asthma.

Table 44. Child Has Asthma by Demographic Variables for Each Survey Year[®]

Tuble 11. China Hab Histinia by	Demograpine	v arrabics for	Lacii Bai vey 1	·u
	2012	2015	2018	
TOTAL	7%	11%	13%	
Gender ³				
$\mathrm{Boy^a}$	6	13	20	
Girl	7	7	5	
Age^3				
12 Years Old or Younger ^a	6	12	18	
13 to 17 Years Old	8	7	2	
Household Income ³				
Bottom 60 Percent Bracket	-a,b 7	11	32	
Top 40 Percent Bracket ^b	6	12	1	
Marital Status				
Married ^b	8	9	2	
Not Married	3	16		

[®]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.

Child's Safety in Community

2018 Findings

Of the 111 respondents with a child...

- Zero percent of respondents reported their child was seldom/never safe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the 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 0%, 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 0%, 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.

⁻⁻Not enough data within demographic category for statistical reliability.

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's Sleeping Arrangement

2018 Findings

Of the 15 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 111 respondents with a child...

- Eighty-five percent of respondents reported their child watched TV for two or fewer hours on an average school/week day while 92% of respondents reported two or fewer hours in which they play video/computer games or use a device for something that is not school work. In total, 39% of respondents reported their child has two or fewer hours of screen time on an average school/week day.
- Forty-seven percent of respondents reported their child who was 12 years old or younger had two or fewer hours of screen time on an average school/week day compared to 26% of respondents speaking on behalf of their 13 to 17 year old child.
- Forty-six percent of respondents in the top 40 percent household income bracket reported their child had two or fewer hours of screen time on an average school/week day compared to 25% of respondents in the bottom 60 household income bracket.

Table 45. Child's Total Screen Time (Two or Fewer Hours) by Demographic Variables for 2018[®]

Tuble 15. Cliffa 5 Total Beleen 1	THE (TWO OF T
	2018
TOTAL	39%
Gender	
Boy	37
Girl	40
Age^1	
12 Years Old or Younger	47
13 to 17 Years Old	26
Household Income ¹	
Bottom 60 Percent Bracket	25
Top 40 Percent Bracket	46
Marital Status	
Married	39
Not Married	

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

Child's Soda Consumption

2018 Findings

Of the 111 respondents with a child...

- Sixty-three percent of respondents reported their child did not drink soda or pop in the past week, excluding diet soda. Twenty-seven percent of respondents reported their child drank soda one or more times in the past week, but less than once a day. Nine percent reported at least one soda per day.
- Eighty-one percent of respondents with a child 12 years old or younger reported their child did not drink soda or pop in the past week compared to 35% of respondents speaking on behalf of their 13 to 17 year old child.
- Seventy-eight percent of respondents in the bottom 60 percent household income bracket reported their child did not drink soda or pop in the past week compared to 55% of respondents in the top 40 percent household income bracket.

⁻⁻Not enough data within demographic category for statistical reliability.

¹demographic difference at p≤0.05 in 2018

Table 46. Child's Soda Consumption (Zero in Past Week) by Demographic Variables for 2018[®]

tuble 10: enna s boat consumption	i (Zero ili i ast
	2018
TOTAL	63%
Gender	
Boy	65
Girl	62
Age ¹	
12 Years Old or Younger	81
13 to 17 Years Old	35
Household Income ¹	
Bottom 60 Percent Bracket	78
Top 40 Percent Bracket	55
Marital Status	
Married	53
Not Married	

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

Child's Physical Activity

2018 Findings

Of the 88 respondents with a child 5 to 17 years old...

- Fifty-nine 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 in the bottom 60 percent household income bracket reported their child was physically active five times a week for at least 60 minutes compared to 46% of respondents in the top 40 percent household income bracket.
 - Of the 33 respondents who reported their child was not physically active five times a week/60 minutes each day, 33% reported lack of time prevented their child from exercising followed by 21% who reported their child does not like to be physically active. Twenty percent reported the weather prevented their child from being more physically active.

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 each day.
- In 2012, respondents speaking on behalf of their 5 to 12 year old child were more likely to report their child was physically active five times a week. In 2018, child's age was not a significant variable.

⁻⁻Not enough data within demographic category for statistical reliability.

¹demographic difference at p≤0.05 in 2018

- In 2012, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report their child was physically active five times a week for 60 minutes. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting their child was physically active five times a week for at least 60 minutes.
- In 2012, marital status was not a significant variable. From 2012 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting their child was physically active five times a week for at least 60 minutes.

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, respondents speaking on behalf of their son were more likely to report their child was physically active five times a week for 60 minutes. In 2018, child's gender was not a significant variable.
- 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 their child was physically active five times a week for at least 60 minutes. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting their child was physically active five times a week for at least 60 minutes.
- In 2015, marital status was not a significant variable. From 2015 to 2018, there was a noted <u>decrease</u> in the percent of married respondents reporting their child was physically active five times a week for at least 60 minutes.

Table 47. 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)[©]

	2012	2015	2018
TOTAL	69%	68%	59%
Gender ²			
Boy	73	72	58
Girl	67	58	61
Age ¹			
5 to 12 Years Old	81	70	69
13 to 17 Years Old	52	65	49
Household Income ³			
Bottom 60 Percent Bracket	70	64	78
Top 40 Percent Bracket ^{a,b}	67	71	46
Marital Status			
Married ^{a,b}	69	67	48
Not Married	71	71	

[®]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.

⁻⁻Not enough data within demographic category for statistical reliability.

¹demographic difference at p \le 0.05 in 2012; ²demographic difference at p \le 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's Emotional Well-Being

2018 Findings

Of the 88 respondents with a child 5 to 17 years old...

- Four 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 (3% and 4%, 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 (3% and 4%, 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 88 respondents with a child 5 to 17 years old...

- Thirteen percent of respondents reported their 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 11% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Six percent 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. Zero percent of respondents reported their child was physically bullied, for example, being hit or kicked.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting their child experienced bullying in the past year.

- 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.
- In 2012, respondents speaking on behalf of their 5 to 12 year old child were more likely to report their child was bullied in the past year.

- 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 or in the type of bullying.
- In 2015, there were no statistically significant demographic differences of respondents reporting their child was bullied in the past year.

Table 48. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)[©]

	2012	2015	2018 [©]
TOTAL	23%	19%	13%
Gender			
Boy	19	13	
Girl	25	20	
Age^1			
5 to 12 Years Old	33	21	
13 to 17 Years Old	12	16	
Household Income			
Bottom 60 Percent Bracket	16	16	
Top 40 Percent Bracket	29	21	
Marital Status			
Married	23	22	
Not Married	23	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.

[®]Data 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

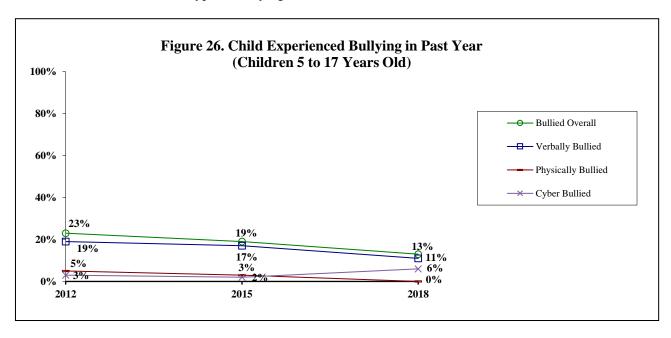
³demographic difference at p≤0.05 in 2018

^a<u>year</u> difference at p≤0.05 from 2012 to 2018; ^b<u>year</u> 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 or in the type of bullying, as well as from 2015 to 2018.



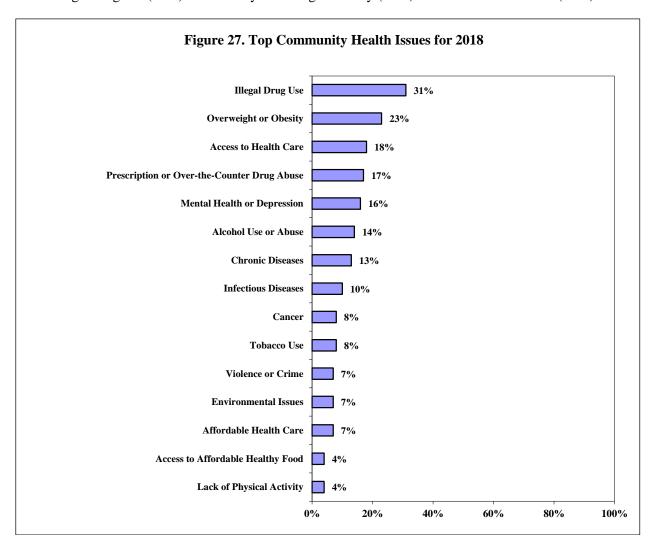
Community Health Issues (Figure 27; Tables 49 - 63)

KEY FINDINGS: In 2018, respondents were asked to list the top three community health issues. The most often cited was illegal drug use (31%). Respondents who were female or in the top 40 percent household income bracket were more likely to report illegal drug use as a top community health issue. Twenty-three percent of respondents reported overweight/obesity as a top health issue; respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report this. Eighteen percent reported access to health care as a top community health issue; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seventeen percent of respondents reported prescription or over-the counter drug abuse; respondents in the top 40 percent household income bracket or married respondents were more likely to report this. Sixteen percent of respondents reported mental health or depression as a top community health issue; respondents who were female, 18 to 34 years old, with a college education or unmarried were more likely to report this. Fourteen percent of respondents reported alcohol use or abuse as a top health issue; respondents in the bottom 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported chronic diseases; respondents in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported infectious diseases as a top community health issue. Respondents who were female, with a college education or in the middle 20 percent household income bracket were more likely to report infectious diseases. Eight percent of respondents reported cancer as a top community health issue. Respondents who were 35 to 44 years old, 55 to 64 years old or unmarried were more likely to report cancer. Eight percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents

reported violence or crime; respondents 65 and older were more likely to report this. Seven percent of respondents reported environmental issues as a top community health issue; respondents 35 to 44 years old were more likely to report this. Seven percent of respondents reported affordable health care; respondents who were female, 45 to 64 years old, with some post high school education or married respondents were more likely to report this. Four percent of respondents reported access to affordable healthy food as a top community health issue. Respondents with some post high school education or in the middle 20 percent household income bracket were more likely to report access to affordable healthy food as a top health issue. Four percent of respondents reported lack of physical activity as a top community health issue. Respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report lack of physical activity.

2018 Findings

• Respondents were asked to list the three largest community health issues. Respondents were more likely to select illegal drug use (31%) followed by overweight/obesity (23%) or access to health care (18%).



Illegal Drug Use as a Top Community Health Issue

- Thirty-one percent of respondents reported illegal drug use as one of the top three community health issues.
- Female respondents were more likely to report illegal drug use as one of the top community health issues (35%) compared to male respondents (26%).
- Thirty-nine percent of respondents in the top 40 percent household income bracket reported illegal drug use as one of the top community health issues compared to 29% of those in the middle 20 percent income bracket or 18% of respondents in the bottom 40 percent household income bracket.

Table 49. Illegal Drug Use as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 49. Hiegal Drug Ose as a To	Communit
	2018
TOTAL	31%
Gender ¹	
Male	26
Female	35
Ago	
Age 18 to 34	34
	34 26
35 to 44	
45 to 54	34
55 to 64	27
65 and Older	29
Education	
High School or Less	25
Some Post High School	35
College Graduate	31
Household Income ¹	
Bottom 40 Percent Bracket	18
Middle 20 Percent Bracket	29
Top 40 Percent Bracket	39
Marital Status	
Married	33
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≤0.05 in 2018

Overweight or Obesity as a Top Community Health Issue

- Twenty-three percent of respondents reported overweight or obesity as one of the top three community health issues.
- Respondents 35 to 44 years old were more likely to report overweight or obesity as one of the top community health issues (45%) compared to those 55 to 64 years old (12%) or respondents 65 and older (7%).
- Thirty-two percent of respondents in the top 40 percent household income bracket reported overweight or obesity as a top community health issue compared to 18% of those in the bottom 40 percent income bracket or 13% of respondents in the middle 20 percent household income bracket.

Table 50. Overweight or Obesity as a Top Community Health Issue by Demographic Variables for 2018[®]

	2018
TOTAL	23%
Gender	
Male	25
Female	21
Age^1	
18 to 34	22
35 to 44	45
45 to 54	29
55 to 64	12
65 and Older	7
Education	
High School or Less	16
Some Post High School	23
College Graduate	27
Collège Graduate	21
Household Income ¹	
Bottom 40 Percent Bracket	18
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	32
Marital Status	
Marital Status	20
Married	20
Not Married	26

[®]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≤0.05 in 2018

Access to Health Care as a Top Community Health Issue

- Eighteen percent of respondents reported access to health care (physical, dental or mental) as one of the top three community health issues.
- Respondents with a college education were more likely to report access to health care as a top health issue (24%) compared to those with a high school education or less (15%) or respondents with some post high school education (14%).
- Respondents in the middle 20 percent household income bracket were more likely to report access to health care as a top community health issue (30%) compared to those in the top 40 percent income bracket (21%) or respondents in the bottom 40 percent household income bracket (8%).

Table 51. Access to Health Care as a Top Community Health Issue by Demographic Variables for 2018[®]

	2018
TOTAL	18%
Gender	
Male	18
Female	19
Age	
18 to 34	13
35 to 44	15
45 to 54	26
55 to 64	23
65 and Older	20
Education ¹	
High School or Less	15
Some Post High School	14
College Graduate	24
Household Income ¹	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	30
Top 40 Percent Bracket	21
Marital Status	
Married	20
	20 17
Not Married	1 /

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

¹demographic difference at p≤0.05 in 2018

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

- Seventeen percent of respondents reported prescription or over-the-counter drug abuse as one of the top three community health issues.
- Respondents in the top 40 percent household income bracket were more likely to report prescription or over-the counter drug abuse as one of the top community health issues (21%) compared to those in the middle 20 percent income bracket (14%) or respondents in the bottom 40 percent household income bracket (9%).
- Married respondents were more likely to report prescription or over-the counter drug abuse as one of the top health issues (21%) compared to unmarried respondents (12%).

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

variables for 2018	
	2018
TOTAL	17%
Gender	
Male	18
Female	15
Age	
18 to 34	12
35 to 44	18
45 to 54	20
55 to 64	20
65 and Older	15
Education	
High School or Less	14
Some Post High School	19
College Graduate	17
222362 2333333	
Household Income ¹	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	21
•	
Marital Status ¹	
Married	21
Not Married	12

[©]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≤0.05 in 2018

Mental Health or Depression as a Top Community Health Issue

- Sixteen percent of respondents reported mental health or depression as one of their top three community health issues.
- Female respondents were more likely to report mental health or depression as one of the top community health issues compared to male respondents (22% and 10%, respectively).
- Respondents 18 to 34 years old were more likely to report mental health or depression as one of the top health issues (30%) compared to those 65 and older (6%) or respondents 45 to 54 years old (3%).
- Respondents with a college education were more likely to report mental health or depression as one of the top community health issues (22%) compared to those with some post high school education (15%) or respondents with a high school education or less (10%).

Table 53. Mental Health or Depression as a Top Community Health Issue by Demographic Variables for 2018[®]

	2018
TOTAL	16%
1	
Gender ¹	
Male	10
Female	22
Age ¹	
18 to 34	30
35 to 44	19
45 to 54	3
55 to 64	17
65 and Older	6
Education ¹	
High School or Less	10
Some Post High School	15
College Graduate	22
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	18
Marital Status ¹	
Married	11
Not Married	22
TYOU IVIAITICA	44

[®]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≤0.05 in 2018

Alcohol Use or Abuse as a Top Community Health Issue

2018 Findings

- Fourteen percent of respondents reported alcohol use or abuse as one of their top three community health issues.
- Respondents in the bottom 40 percent household income bracket (21%) were more likely to report alcohol use or abuse as one of the top community health issues compared to those in the top 40 percent income bracket (15%) or respondents in the middle 20 percent household income bracket (4%).

Table 54. Alcohol Use or Abuse as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 34. Alcohol Osc of Abuse as	2018
TOTAL	14%
Gender	
Male	15
Female	13
Age	
18 to 34	18
35 to 44	13
45 to 54	16
55 to 64	8
65 and Older	10
Education	
High School or Less	17
Some Post High School	10
College Graduate	16
Household Income ¹	
Bottom 40 Percent Bracket	21
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	15
Marital Status	
Married	13
Not Married	15

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

Chronic Diseases as a Top Community Health Issue

- Thirteen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three community health issues.
- Eighteen percent of respondents in the top 40 percent household income bracket reported chronic diseases as one of the top health issues compared to 10% of those in the bottom 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.

¹demographic difference at p≤0.05 in 2018

Table 55. Chronic Diseases as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 33. Chibilic Diseases as a 1	op Communi
	2018
TOTAL	13%
Gender	4.0
Male	13
Female	12
Age	
18 to 34	10
35 to 44	18
45 to 54	6
55 to 64	18
65 and Older	14
Education	
High School or Less	8
Some Post High School	13
College Graduate	16
Household Income ¹	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	18
Marital Status	
	10
Married	12
Not Married	14

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

Infectious Diseases as a Top Community Health Issue

- Ten percent of respondents reported infectious diseases, such as whooping cough, tuberculosis, or sexually transmitted diseases, as one of the top three community health issues.
- Female respondents were more likely to report infectious diseases as a top community health issue compared to male respondents (15% and 5%, respectively).
- Sixteen percent of respondents with a college education reported infectious diseases as a top health issue compared to 7% of those with some post high school education or 6% of respondents with a high school education or less.
- Twenty-three percent of respondents in the middle 20 percent household income bracket reported infectious diseases as a top community health issue compared to 9% of those in the top 40 percent income bracket or 8% of respondents in the bottom 40 percent household income bracket.

¹demographic difference at p≤0.05 in 2018

Table 56. Infectious Diseases as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 36. Infectious Diseases as a	Top Commu
	2018
TOTAL	10%
Gender ¹	
Male	5
Female	15
A	
Age	1.4
18 to 34	14
35 to 44	10
45 to 54	14
55 to 64	3
65 and Older	6
Education ¹	
High School or Less	6
Some Post High School	7
College Graduate	16
Household Income ¹	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	23
Top 40 Percent Bracket	9
1 op 10 1 eroom Bruener	
Marital Status	
Married	9
Not Married	12
①D	h 1 2

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

Cancer as a Top Community Health Issue

- Eight percent of respondents reported cancer as one of their top three community health issues.
- Fifteen percent of respondents 35 to 44 years old and 13% of those 55 to 64 years old reported cancer as a top community health issue compared to 0% or respondents 18 to 34 years old.
- Married respondents were more likely to report cancer as a top health issue compared to unmarried respondents (11% and 5%, respectively).

¹demographic difference at p≤0.05 in 2018

Table 57. Cancer as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 57. Cancer as a Top Commu	nity Health Is
	2018
TOTAL	8%
Gender	
Male	8
Female	7
Age^1	
18 to 34	0
35 to 44	15
45 to 54	8
55 to 64	13
65 and Older	10
Education	
High School or Less	4
Some Post High School	11
College Graduate	8
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	10
Marital Status ¹	
Married	11
Not Married	5
Dercentages occasionally may differ l	

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

Tobacco Use as a Top Community Health Issue

- Eight percent of respondents reported tobacco use as one of the top three community health issues.
- Male respondents were more likely to report tobacco use as a top community health issue compared to female respondents (11% and 5%, respectively).
- Thirteen percent of respondents 18 to 34 years old reported tobacco use as a top health issue compared to 4% of those 65 and older or 2% of respondents 55 to 64 years old.
- Eleven percent of respondents in the bottom 40 percent household income bracket and 10% of those in the top 40 percent income bracket reported tobacco use as a top community health issue compared to 0% of respondents in the middle 20 percent household income bracket.

¹demographic difference at p≤0.05 in 2018

Table 58. Tobacco Use Top Community Health Issue by Demographic Variables for 2018[®]

Table 38. Tobacco Use Top Collini	umity neam
	2018
TOTAL	8%
Gender ¹	
Male	11
Female	5
Age ¹	
18 to 34	13
35 to 44	10
45 to 54	6
55 to 64	2
65 and Older	4
Education	
High School or Less	12
Some Post High School	9
College Graduate	4
Household Income ¹	
Bottom 40 Percent Bracket	11
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	10
Marital Status	
Married	6
Not Married	10
①D	1 0

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

Violence or Crime as a Top Community Health Issue

- Seven percent of respondents reported violence or crime as one of the top three community health issues.
- Seventeen percent of respondents 65 and older reported violence or crime as one of the top community health issues compared to 4% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

¹demographic difference at p≤0.05 in 2018

Table 59. Violence or Crime as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 39. Violence of Clinic as a	Top Commun
	2018
TOTAL	7%
Gender	
Male	6
Female	8
Age ¹	
18 to 34	0
35 to 44	4
45 to 54	8
55 to 64	8
65 and older	17
Education	
High School or Less	8
Some Post High School	7
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	6
Marital Status	
Married	8
Not Married	5
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[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

Environmental Issues as a Top Community Health Issue

- Seven percent of respondents reported environmental issues (air, water, wind turbine, animal waste) as one of their top three health issues.
- Twelve percent of respondents 35 to 44 years old reported environmental issues as a top health issue compared to 7% of those 65 and older or 0% of respondents 18 to 34 years old.

¹demographic difference at p≤0.05 in 2018

Table 60. Environmental Issues as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 60. Environmental Issues as	a Top Comm
	2018
TOTAL	7%
Gender	
Male	8
Female	5
Age^1	
18 to 34	0
35 to 44	12
45 to 54	9
55 to 64	8
65 and Older	7
Education	
High School or Less	10
Some Post High School	4
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	11
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	5
Marital Status	
Married	6
Not Married	7
①D	

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

Affordable Health Care as a Top Community Health Issue

2018 Findings

- Seven percent of respondents reported affordable health care as one of the top three community health issues.
- Tem percent of female respondents reported affordable health care as one of the top community health issues compared to 3% of male respondents.
- Eleven percent of respondents 45 to 54 years old and 10% of those 55 to 64 years old reported affordable health care as one of the top health issues compared to 0% of respondents 18 to 34 years old.
- Eleven percent of respondents with some post high school education reported affordable health care as one of the top health issues compared to 4% of respondents with a high school education or less or with a college education.
- Married respondents were more likely to report affordable health care as one of the top community health issues compared to unmarried respondents (10% and 3%, respectively).

¹demographic difference at p≤0.05 in 2018

Table 61. Affordable Health Care as a Top Community Health Issue by Demographic Variables for 2018[®]

Table 01. Alfoldable Health Cale as	s a Top Con
	2018
TOTAL	7%
Gender ¹	
Male	3
Female	10
Tomare	10
Age ¹	
18 to 34	0
35 to 44	7
45 to 54	11
55 to 64	10
65 and older	7
Education ¹	
High School or Less	4
Some Post High School	11
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	8
Marital Status ¹	
Married	10
Not Married	3
[®] Percentages occasionally may differ b	v 1 or 2 perce

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

Access to Affordable Healthy Food as a Top Community Health Issue

2018 Findings

- Four percent of respondents reported access to affordable healthy food as one of the top three community health issues.
- Seven percent of respondents with some post high school education reported access to affordable healthy food as a top community health issue compared to 4% of those with a college education or 0% of respondents with a high school education or less.
- Eleven percent of respondents in the middle 20 percent household income bracket reported access to affordable healthy food as a top health issue compared to 3% of those in the bottom 40 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

¹demographic difference at p≤0.05 in 2018

Table 62. Access to Affordable Healthy Food as a Top Community Health Issue by Demographic Variables for 2018[®]

2016	
	2018
TOTAL	4%
Gender	
Male	4
Female	4
Age	_
18 to 34	7
35 to 44	3
45 to 54	3 3 3 3
55 to 64	3
65 and older	3
Education ¹	
High School or Less	0
Some Post High School	7
College Graduate	4
Household Income ¹	
Bottom 40 Percent Bracket	3
	11
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	2
Marital Status	
Married	2
Not Married	6
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[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

Lack of Physical Activity as a Top Community Health Issue

2018 Findings

- Four percent of respondents reported lack of physical activity as one of the top three health issues.
- Male respondents were more likely to report lack of physical activity as one of the top health issues compared to female respondents (7% and 1%, respectively).
- Eleven percent of respondents with a high school education or less reported lack of physical activity compared to 3% of those with a college education or less than one percent of respondents with some post high school education.
- Thirteen percent of respondents in the bottom 40 percent household income bracket reported lack of physical activity as one of the top health issues compared to 3% of those in the middle 20 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.
- Eight percent of unmarried respondents reported lack of physical activity as one of the top health issues compared to less than one percent of married respondents.

¹demographic difference at p≤0.05 in 2018

 $\underline{\text{Table 63. Lack of Physical Activity as a Top Co}} \\ \text{mmunity Health Issue by Demographic Variables for } 2018^{\odot}$

Table 03. Lack of Fifysical Activity	
	2018
TOTAL	4%
Gender ¹	
Male	7
Female	1
Age	
18 to 34	6
35 to 44	4
45 to 54	
55 to 64	5 2 3
65 and older	3
Education ¹	
High School or Less	11
Some Post High School	<1
College Graduate	3
Household Income ¹	
Bottom 40 Percent Bracket	13
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	<1
Top 40 Teleent Blacket	\1
Marital Status ¹	
Married	<1
Not Married	8
①D	1 1

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

¹demographic difference at p≤0.05 in 2018

APPENDIX A: QUESTIONNAIRE FREQUENCIES	

Cudahy/Oak Creek/St. Francis/South Milwaukee 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.]

cat	egories for report analysis.]			
1. Currently, what is your primary type of health care coverage? Is it through [INTERVIEWER Respondent answer "Obamacare, the exchange, Affordable Care Act (ACA)", code as private in				
	Private insurance			
2.	Did everyone in your household have health insurance during all, part or none of the past 12 months?			
	All 96% Part 3 None <1			
3.	In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs? Yes			
4.	In the past 12 months, did you or anyone in your household not get the medical care needed?			
	Yes			
5.	Why did someone in your household not receive the medical care needed? [30 Respondents; More than 1 response accepted]			
	Cannot afford to pay40%Poor medical care32Insurance did not cover it27Co-payments too high8Uninsured5Unable to get appointment3			
6.	In the past 12 months, did you or anyone in your household not get the dental care needed?			
	Yes			

7.	Why did someone in your household not receive the dental care needed? [35 Respondents; More than 1 response accepted]
	Cannot afford to pay52%
	Insurance did not cover it
	Uninsured
	Unable to get appointment
	Co-payments too high
	Not enough time
	Other (1% or less)
8.	In the past 12 months, did you or anyone in your household not get the mental health care needed?
	Yes
	No98 \rightarrow GO TO Q10
	Not sure \longrightarrow GO TO Q10
9.	Why did someone not receive the mental health care you thought you needed? [6 Respondents: Multiple responses accepted]
	Cannot afford to pay4 respondents
	Insurance did not cover it2 respondents
	All other responses3 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 office77%
	Public health clinic or community health center 2
	Hospital outpatient department<1
	Hospital emergency room
	Urgent care center
	Some other kind of place or<1
	No usual place
	Not sure<1
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?
	Yes90%
	No10
	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?
	Yes40%
	No
	Not sure
	······································

72%		
17		
6		
6		
0		
0		
E AGE]		
29%		
45%		
octor, nurse o	r other health	care provider that
Yes	No	Not Sure
32%	68%	0%
24	76	<1
9	91	0
18	82	<1
12	89	0
		0
0	<i>7</i> i	
ink? One serv	ving is ½ cup	of canned or cool
41%		
41%		
29		
29 30		
29		
29 30 0	g is ½ cup of	cooked or raw
29 30 0 t? One servin	g is ½ cup of	cooked or raw
29 0 1? One servin	g is ½ cup of	cooked or raw
29 30 0 t? One servin	g is ½ cup of	cooked or raw
	17	17600 E AGE]29%1720151845%55<1 octor, nurse or other health Yes No 32% 68% 24 76 9 91 18 82

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.

causes some increase in breatl you do moderate activities for	ning or heart rate. In a <u>usual week</u> , not incat least 30 minutes at a time?	cluding at work, on how many days do
Zana dan	. 12	0/
	s	
	ys32	
•	<1	
Trot sure		
		thing else that causes large increases in en do you do vigorous physical activities
Zero day	s43 [.]	%
•	ys27	
	ys30	
•	<1	
110t Bule	\frac{1}{2}	
FEMALES ONLY		
Now I have some questions about	women's health.	
26. A mammogram is an x-ray of last mammogram? [96 Respon	each breast to look for breast cancer. How idents 40 and Older]	w long has it been since you had your
Within the past yea	r (anytime less than 12 months ago)	51%
	ears (1 year, but less than 2 years ago)	
	ears (2 years, but less than 3 years ago)	
	ears (3 years, but less than 5 years ago)	
)	
•		
Not sure		1
•	ermine if you are at risk for fractures or a sity scan? [43 Respondents 65 and Older	
Yes		86%
No		12
Not sure		2
MALE & FEMALE RESPOND	ENTS 50 AND OLDER	
	may use a special kit at home to determing the had a blood stool test? [174 Respondent	
Within the past yea	r (anytime less than 12 months ago)	17%
	ears (1 year, but less than 2 years ago)	
	ears (2 years, but less than 5 years ago)	
_ ·	2	
•		

24. Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that

other health pro	by is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or blems. How long has it been since you had your last sigmoidoscopy? atts 50 and Older]
With With With 10 yo Neve	in the past year (anytime less than 12 months ago)
30. A colonoscopy	is similar to a sigmoidoscopy, but uses a longer tube, and you are usually given medication
	e in your arm to make you sleepy and told to have someone else drive you home after the test. been since you had your last colonoscopy? [175 Respondents 50 and Older]
With With With 10 yo Neve	in the past year (anytime less than 12 months ago)
ALL RESPONDE	NTS
31. During the past	30 days, about how often would you say you felt sad, blue, or depressed?
	Never41%
	Seldom30
	Sometimes
	Nearly always 5 Always 3
	Not sure 0
32. In the past year	have you ever felt so overwhelmed that you considered suicide?
	Yes
	No94
	Not sure 0
	you about alcohol. An alcoholic drink is one can or bottle of beer, one glass of wine, one can or r, one cocktail or one shot of liquor.
•	types of alcoholic beverages, how many times during the past month did you have five or more casion? (MALES) (4 or more drinks FEMALES)
	0 times69%
	1 time 6
	2 or more times

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	2%	98%	0%
35.	Marijuana	3	97	0
36.	Cocaine, heroin or other street drugs	2	98	0
37.	Misuse of prescription drugs or over-the-			
	counter drugs	1	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%	98%	0%
40.	Electronic cigarettes, also known as e-cigarettes	7	94	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	14%
Some days	4
Not at all	82
Not sure	0

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

Smoking is not allowed anywhere inside your home	81%
Smoking is allowed in some places or at some times	5
Smoking is allowed anywhere inside your home or	3
There are no rules about smoking inside your home	11
Not sure	<1

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

43. Gender [DERIVED, NOT ASKED]

Male	49%
Female	52

- 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	29%
Overweight	35
Obese	

46. Are you Hispanic or Latino?

Yes	3%
No9	97
Not sure	0

47.	Willell of the follow	ing would you say is your race?	
		White	91%
		Black, African American	
		Asian	
		Native Hawaiian or other Pacific Islander	
		American Indian or Alaska Native	-
		Or another race (please specify)	
		Multiple races	
		Not sure	
		Not sure	U
48.	What is your curren	t marital status?	
		Single and never married	32%
		A member of an unmarried couple	
		Married	
		Separated	
		Divorced	
		Widowed	
		Not sure	
		Tiot sure	U
49.	What is the highest	grade level of education you have completed?	
		8th grade or less	<1%
		Some high school	
		High school graduate or GED	
		Some college	
		Technical school graduate	
		College graduate	
		Advanced or professional degree	
		Not sure	
		100 9410	Ü
50.	What county do you	live in? [FILTER]	
		Milwaukee	100%
51.	What city, town or v	village do you legally reside in? [FILTER]	
		Cudahy	23%
		Oak Creek.	
		South Milwaukee	
		St. Francis	
52.	What is the zip code	e of your primary residence?	
	•	• •	
		53154	
		53172	-
		53110	
		53235	15

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	1
\$10,000 to \$20,000	6
\$20,001 to \$30,000	10
\$30,001 to \$40,000	6
\$40,001 to \$50,000	
\$50,001 to \$60,000	
\$60,001 to \$75,000	13
\$75,001 to \$90,000	9
\$90,001 to \$105,000	
\$105,001 to \$120,000	7
\$120,001 to \$135,000	3
Over \$135,000	10
Not sure	4
No answer	6

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

One	28%
Two	58
Three or more	13
Not sure	0

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

None	→GO TO Q81
One	→CONTINUE WITH Q59
Two or more17	→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]? [126 Respondents]

Yes	88%	→ CONTINUE WITH Q60
No		
Not sure	0	→GO TO O81

60. What is the age of the child? [111 Respondents]

12 or younger	61%
13 to 17 years old	39
Not sure	

61.	61. Is this child a boy or girl? [111 Respondents]	
	Boy46%	
	Girl54	
	Not sure 0	
62.	62. Was there a time during the last 12 months that you felt your child did not get the med needed? [111 Respondents]	lical care [HE/SHE]
	Yes 5% \rightarrow CONTINUE	WITH O63
	No	
	Not sure	
63.	63. Why did your child not receive the medical care needed? [6 Respondents; Multiple Re	esponses Accepted]
	Inconvenient hours	nts
	Other	nt
64.	64. A personal doctor or nurse is a health professional who knows your child well and is fealth history. This can be a general doctor, a pediatrician, a specialist, a nurse practite assistant. Do you have one or more persons you think of as your child's personal doctor [111 Respondents]	ioner or a physician
	Yes96% \rightarrow CONTI	NUE WITH Q65
	No 3 \rightarrow GO TO	-
	Not sure $<1 \rightarrow GO TO$	Q66
65.	65. Preventive care visits include things like a well-child check, a routine physical exam, other health screening tests. During the past 12 months, did [HE/SHE] visit their person preventive care? [107 Respondents]	
	Yes92%	
	No	
	Not sure 0	
66.	66. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors specialize in one area of health care. Was there a time during the past 12 months your specialist but did not? [111 Respondents]	
	Yes $0\% \rightarrow CONTINUE V$	WITH O67
	No100 \rightarrow GO TO Q68	
	Not sure	
67.	67. Why did your child not see a specialist needed? [0 Respondents; Multiple Responses 2	Accepted]
	No responses	
68.	68. Was there a time during the last 12 months that you felt your child did not get the denneeded? [111 Respondents]	tal care [HE/SHE]
	Yes	WITH Q69
	No97 \rightarrow GO TO Q70	
	Not sure	

69. Why did your chil	d not receive the dental health care needed? [3 Respon	dents; Multiple Responses Accepted]
	Cannot afford to pay	2 respondents
	Health plan problem/Insurance did not cover it	
	No dental insurance	
70. Does your child ha	ave asthma? [111 Respondents]	
	Yes	
	No	
	Not sure 0	
	ool day, how many hours does your child watch TV? kday"] [111 Respondents]	[If Respondent says child not a
	Does not watch TV on average school day 28%	
	Less than 1 hour per day21	
	1 hour per day	
	2 hours per day	
	3 hours per day	
	4 hours per day	
	5 or more hours per day	
	Not sure	
	Not sure	
tablet, a smartphor	is not school work? Count time spent on things such a ne, texting, YouTube, Instagram, Facebook, or other so "Weekday"] [111 Respondents] Does not play video games, etc. in average school day	ocial media. [If Respondent says child
	5 or more hours per day<1	
	Not sure 0	
	days, how many times did your child drink a can, bottlerite? Do not include diet soda or diet pop. [110 Respo	
	Did not drink soda or pop in the past 7 days63% 1 to 3 times during past 7 days25 4 to 6 times during the past 7 days	

	of Children 2 years old or younger]	
	Crib or bassinette100%	
	Pack n' Play 0	
	Couch or chair 0	
	Swing 0	
	Car 0	
	Car seat	
	Floor0	
	In bed with you or another person	
	Not sure 0	
75	75. How often do you feel your child is safe in your community or neighborhood? [112 Respon	idents]
	Always52%	
	Nearly always42	
	Sometimes 5	
	Seldom 0	
	Never 0	
	Not sure<1	
76	76. During the past 6 months, how often was your child unhappy, sad or depressed? [88 Responto 17 years old]	ndents of Children 5
	Always	
	Nearly always 5	
	Sometimes19	
	Seldom34	
	Never38	
	Not sure 5	
77	77. During the past 12 months, has your child experienced any bullying? [89 Respondents of Children 5 to 17 years old]	
	Yes	TH O78
	No	111 Q / 0
	Not sure	
	1,000,000,000	
78	78. What type of bullying did your child experience? [88 Respondents of Children 5 to 17 years	s old]
	Verbally abused for example spreading mean rumors or kept out of a group Cyber or electronically bullied for example, teased, taunted, humiliated or	11%
	threatened by email, cell phone, Facebook postings, texts or other electronic	
	methods	
	Thysically bulled for example, being fit of kicked	U
79	79. During the past seven days, on how many days was your child physically active for a total of minutes that caused an increase in their heart rate and made them breathe hard some of the [88 Respondents of Children 5 to 17 years old]	
	Zero or one day11%	
	Two through four days26	
	Five or more days59	
	Not sure	

74. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [15 Respondents

80.	. [0 to 4 DAYS OF PHYSICAL ACTIVITY] more days? [33 Respondents: Multiple respondents:		ically active for at least 60 minutes o
	Lack of time	33%	
		be physically active2120	
		r activities14	
		nes or on computer 6	
		es 6	
	Work	<1	
The	ne next series of questions deal with personal s	safety issues.	
81.	. During the past year has anyone made you a	fraid for your personal safety	?
	Yes		→CONTINUE WITH Q82
	No	97	→GO TO Q83
	Not sure	<1	→GO TO Q83
82.	Spouse	ner or sister, friend, acquaintar	nce, a stranger, a child, or someone
83.	. During the past year has anyone pushed, kic	ked, slapped, hit or otherwise	hurt you?
	Yes		→CONTINUE WITH Q84
	No	96	→GO TO Q85
	Not sure	0	→GO TO Q85
84.	. What relationship is this person or people to spouse, boyfriend or girlfriend, parent, broth else? [14 Respondents; More than 1 response	ner or sister, friend, acquaintar	
		5 respondents	
		4 respondents	
	•	1 respondent	
		1 respondent	
	Someone eise	3 respondents	

on

85. Finally, what are the three largest health concerns in your community?

Illegal drug use	31%
Overweight or obesity	
Access to health care (physical, dental or mental care)	18
Prescription or over-the-counter drug abuse	17
Mental health or depression	16
Alcohol use or abuse	14
Chronic diseases like diabetes or heart disease	13
Infectious diseases such as whooping cough, tuberculosis, or	
sexually transmitted diseases	10
Cancer	8
Tobacco use	8
Violence or crime	7
Environmental issues (air, water, wind turbines, animal waste)	7
Affordable health care	7
Access to affordable healthy food	4
Lack of physical activity	4
Aging/aging population	2
Driving problems/aggressive driving/drunk driving	<1
Lead poisoning	<1
Infant mortality	0
Teen pregnancy	0

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2018 Community Health Survey

The 2018 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 ±5%. The margin of error for smaller subgroups is larger.

2015 Community Health Survey

The 2015 Community Health Survey was conducted from March 16 through July 1, 2015. One thousand one-hundred respondents were scientifically selected from the Cudahy, Oak Creek, St. Francis and South Milwaukee Community Health Surveys landline and cell-only samples so that the survey would be representative of all adults 18 and older in the newly defined area. 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 1,100, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2012 Community Health Survey

The 2012 Community Health Survey was conducted June 20 through October 16, 2012. One thousand one-hundred respondents were scientifically selected from the Cudahy, Oak Creek, St. Francis and South Milwaukee Community Health Surveys landline and cell-only samples so that the survey would be representative of all adults 18 and older in the newly defined area. 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 1,100, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2009 Community Health Survey

The 2009 Community Health Survey was conducted October 1, 2009 through January 28, 2010. Nine-hundred and eighty-nine respondents were scientifically selected from the Cudahy, Oak Creek, St. Francis and South Milwaukee Community Health Surveys landline and cell-only samples so that the survey would be representative of all adults 18 and older in the newly defined area. Respondents in the cell-only sample were offered a \$20 reimbursement to cover the cost of incoming minutes. 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 989, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2006 Community Health Survey

The 2006 Community Health Survey were conducted from March 14 through July 22, 2006. Nine-hundred and eighty-nine respondents were scientifically selected from the Cudahy, Oak Creek, St. Francis and South Milwaukee Community Health Surveys landline sample so that the survey would be representative of all adults 18 and older in the newly defined area. 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 989, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.