

Winnebago County Public Health Community Health Improvement Plan (CHIP) 2016-2020



PublicHealth
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**Winnebago County
Health Department**

112 Otter Avenue | PO Box 2808 | Oshkosh, WI 54903-2808
211 N Commercial Street | Neenah, WI 54956
(920) 232-3000 | health@co.winnebago.wi.us
www.winnebagopublichealth.org



Winnebago County
The Wave of the Future

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Executive Summary

Dear Winnebago County Residents,

May 2017

One of the essential services the Winnebago Public Health Department provides is the development of “policies and plans that support individual and community health efforts.” One of the ways we achieve this goal is by developing a Community Health Improvement Plan (CHIP). The CHIP is the Health Department’s opportunity to collaborate with the community to gather information and data, and to hear from community members and partners about health issues affecting our communities. This process allows for the identification of emerging and prevalent community health priorities, community assets, and resources to develop strategies to best address the public health needs of the communities we serve. What you are reading now is the culmination of that process, a plan that presents evidence, and outlines the voice of the community and how the community can work together to be a healthier place for all of our residents. We hope this document proves to be valuable to our community partners, funders, and each individual resident.

Developing a CHIP is a collaborative process. Although the Health Department is a key partner in ensuring the health of the community, it does not work in a vacuum. There is a complex network of organizations in existence that provide a myriad of healthcare and prevention services; businesses that provide insurance to their employees, local agencies who provide social services, businesses focused on making our community and residents healthier, and schools, families, and individuals who make up our community. No one person, organization or entity on its own, can make Winnebago County a healthier place to live, work and play. However, together WE can make a difference. The CHIP serves as a valuable tool for developing those partnerships and for understanding the various roles and responsibilities necessary to achieve this goal.

Improving community health also means focusing on specific populations that face health disparities. Strengthening the health of populations most in need is important. We know health is impacted by many factors, not just illness. Social disadvantages such as poverty, homelessness, and other societal issues impact health, both physical and mental health. In order to achieve health equity, we must make sure all of our residents have access to proper health services. Equalizing health opportunities will ultimately improve the community health for ALL residents.

Winnebago County Health Department is proud to share this planning process and the health priorities chosen by the residents of Winnebago County. We have many assets, the greatest being the people who call this area home.

The community health priorities for the next five years identified by our community are:

- Social and Place Connectedness
- Opportunities that Improve Health
- Healthy Foods and Beverages
- Mental Health
- Alcohol and Other Substance Use

For each of these health priorities, we have worked with community partners to identify strategies that will allow us to achieve our goals, have positive impacts, and improve health. The finalization of the CHIP is, however, the starting point for the work to make our communities healthier. There are many opportunities to get involved in this work; either personally, as a part of an organization, or as a part of a larger system. We invite you to join us in making Winnebago County a healthier place for you, your family, your neighbors, and all of our residents!

Sincerely,


Doug Gieryn, Health Officer



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About Us and Our Community

Winnebago County

In Winnebago County, we take great pride in our communities, our people and our natural resources. Winnebago county is surrounded by beautiful lakes including Buttes des Morts, Little Lake Butte des Morts, Poygan, Rush, Winneconne and the largest fresh water lake in Wisconsin, Lake Winnebago.

We are the home to several significant industries, and a leader in paper production. Our community is home to many outstanding academic centers including the University of Wisconsin-Oshkosh, the UW-Fox Valley, and the Fox Valley Technical College. We are also home to three major health care systems that provide high quality care to our residents: Ascension Wisconsin, Aurora Health Care and ThedaCare.

Winnebago county is made up of urban, suburban, and rural areas. According to 2015 U.S. Census data, 169,546 residents reside in Winnebago County. Other county demographic data is shown on page 5. It is important to note that while the demographics presented reflect information about the entire county, this CHIP report encompasses the work of the Winnebago County Health Department only; with the city of Menasha Health Department conducting their own CHIP.



Cities:

Menasha, Neenah, Omro, Oshkosh, parts of Appleton

Towns:

Algoma, Black Wolf, Clayton, Menasha, Neenah, Nekimi, Nepeuskun, Omro, Oshkosh, Poygan, Rushford, Utica, Vinland, Winchester, Winneconne, Wolf River

Villages:

Fox Crossing, Winneconne

Unincorporated communities:

Butte des Morts, Eureka, Larsen, Pickett, Metz (partial), Mikesville, Waukau, Winnebago

Winnebago County Health Department

The Health Department is comprised of six divisions:

Communicable Disease Prevention and Control; Community Health and Prevention; Environmental Health; Healthy Lifespan; Women Infants and Children (WIC), and Administration and Planning. The Winnebago Health Department took the lead in guiding the development of the Community Health Improvement Plan (CHIP), identifying priorities and preparing the CHIP document for the entire community to use as a planning resource.

Vision: The Winnebago County Health Department is a leader in creating a culture that optimizes health and wellness in our community.

Mission: Winnebago County Health Department leads change by providing services and building partnerships that strengthen the community.

Vales: Ethical practice of public health; Accountability; Collaboration and partnership; Building and sustaining a response public health workforce.

Strategic priorities: Continuous learning and growth; Fiscal and performance management; Communication and community awareness; Community leadership and health equity.

Demographic Profile of Winnebago County

Characteristics	Winnebago 2015	Winnebago 2010	% Change
Total Population *	169,546	166,994	1.5%
Median age (years) *	37.7	37.4	0.79%
Age *			
Persons under 5 years	5.6%	5.9%	-5.4%
Persons under 18 years	20.7%	21.6%	-4.34%
Persons 65 years and over	15.2%	13.4%	11.8%
Gender*			
Female	49.6%	49.7%	0.20%
Male	50.4%	50.3%	0.19%
Race and Ethnicity *			
White (non Hispanic)	92.7%	92.5%	0.21%
Black or African American	2.1%	1.8%	14.3%
American Indian, Alaskan Native	0.7%	0.6%	14.3%
Asian	2.8%	2.3%	17.8%
Two or more races	1.6%	1.5%	6.3%
Hispanic or Latino	4.1%	3.5%	14.6%
Speak language other than English at home +	5.3%	5.8%	-9.4%
Median household income *	52,018	50,974	2.00%
Percent below poverty in last 12 months +	12.0%	10.5%	12.5%
High School graduate or higher + (% of persons age 25 or older)	92.0%	86.7%	5.7%

* Source: U.S. Census Quickfacts. <https://www.census.gov/quickfacts/table/PST045216/55139,00>

+ https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

Overview of a Community Health Improvement Plan

A Guide for the Community, Developed by the Community

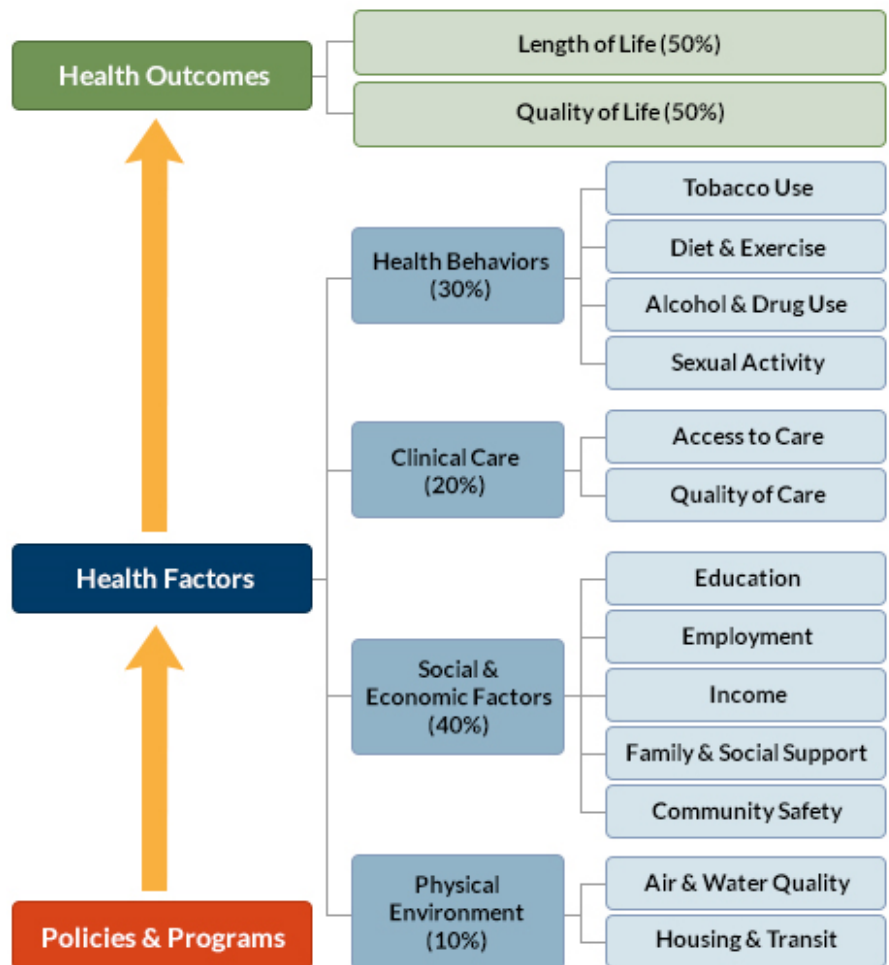
The community health improvement plan, or CHIP, is a 5 year community level plan that identifies priority areas for improving the community's health. It is developed through a process of gathering input from community partners and residents about issues impacting the community's health. While the health department guides the development of the document, the plan is intended to be used by stakeholders throughout the community to guide programs, policies, and initiatives that impact health.

Health Equity and Upstream Strategies

The process and results are guided by principles of health equity: identifying underserved groups, engaging with people most affected by an issue, and developing priorities and strategies that are appropriate and effective for those most affected. Emphasis is placed on identifying priorities and strategies that will have the largest and longest-lasting impact.

While it is often health outcomes that capture our attention and motivate efforts for change, it is important to focus efforts on all factors that influence or drive those outcomes. That is where the greatest opportunity lies for real change

The figure to the right demonstrates how environmental, social, and economic factors have a significant impact on health and must be considered when developing effective, sustainable health improvement strategies.



Components of a CHIP

The community health improvement planning process includes the components below.





















- Information from community health assessments
- Broad participation of community partners
- Issues and themes identified by stakeholders in the community
- Identification of community assets and resources
- A process to set the health priorities

We will describe each of these components as it relates to our process.

(Image source: County Health Rankings 2016: Wisconsin—http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2016_WI.pdf)

Our Process:

Community Health Assessment

Mortality	
Morbidity	
Chronic Disease Prevention and Management	
Oral Health	
Communicable Disease	
Mental Health	
Injury and Violence	
Alcohol and Other Substance Use	
Physical Activity & Nutrition	
Tobacco	
Sexual Health	
Access to Care	
Education	
Employment	
Adequate Income	
Community Safety	
Health Literacy	
Social Support	
Built Environment	
Natural Environment	

One major step in the community health improvement planning process is conducting a community health assessment (CHA). The CHA is a description of the health status of our community, made up of a compilation of many different data sets that cover a range of indicators from demographic information to education and income data to health conditions, health behaviors, injuries and hospitalizations. The table to the right represents a summary of key findings from the CHA, highlighting how Winnebago County is doing in comparison to the state of Wisconsin for key areas related to health.

Winnebago County's 2016 CHA can be found here: <https://www.co.winnebago.wi.us/health/units/administration/community-health-data>

Stoplight Color Code



A green circle indicates that data calculated for Winnebago County was >5% better than state data (as last reported).



A yellow triangle indicates that data calculated for Winnebago County was within 5% of the state data (as last reported).



A red square indicates that data calculated for Winnebago County was >5% worse than state data (as last reported).

Our Process:

Key Informant Interviews

To complement the data in the Community Health Assessment (CHA), we gathered qualitative data from community partners in two primary ways: key informant interviews and community conversations.

Key Informant Interview Planning

The Fox Valley Community Health Improvement Coalition (FVCHIC), worked collaboratively in planning the key informant interviews. The FVCHIC is comprised of a core group of representatives from four local health systems and five public health departments in the tri county region (Calumet, Outagamie and Winnebago). The FVCHIC, with the help of local partners identified key stakeholders in the region, developed interview questions and conducted key informant interviews. The data was collected in 2015.

Interview Process

Winnebago County Health Department staff along with other FVCHIC members identified and interviewed 134 individuals throughout the Fox Valley who have expert local knowledge about the population and/or are content experts on a particular health issue. These individuals or “key informants” represented various sectors of the community (education, health care, public health, faith based organizations, law enforcement, businesses, government and non-profit organizations). Key informants provided information on broad range of health issues and represent the broad interest of the community, including medically underserved, low income, and minority populations.

Each key informant was asked to select and rank up to five of the major health issues in the Fox Valley. The health issues presented to them were from the 13 Healthiest Wisconsin 2020 focus areas. These were: mental health; alcohol and other substance use; physical activity; nutrition; growth and development; chronic disease; access to health services; injury and violence; environmental and occupational health; oral health; tobacco; reproductive and sexual health; and communicable disease. Based on the rankings, they were asked to (a) identify existing strategies to address the issue; (b) list barriers/challenges to address the issue; (c) list additional strategies needed to address the issue; and (d) identify key groups or individuals in the community to partner with to improve community health.

Some key informants did not complete the ranking process so their information is not included in the findings below.

Key Findings

The table below provides a list of the top five health issues identified by the key informants; including information on how many times the issue was ranked in the top five and how many times it was ranked as the number one health issue in the region.

	Frequency	
	Top 5	Number 1
1. Mental Health	64	40
2. Alcohol and Other Substance Use	52	29
3. Physical Activity	32	21
4. Nutrition	34	15
5. Healthy Growth and Development	22	6

Our Process: Community Conversations

In spring 2016, WCHD organized a series of community meetings, or community conversations, aimed at gathering information about community perceptions related to health. We were guided by the MAPP process (Mobilizing for Action through Planning and Partnership), focusing specifically on aspects of the Community Themes and Strengths Assessment, along with the Forces of Change Assessment.

Eleven conversations with approximately 90 community residents were held in the afternoons and evenings at various locations throughout the County. Some meetings were health topic-specific which were based on findings from the key informant interviews and state health priorities; other meetings brought together individuals from a particular sector of the population for discussions.

- **Topic specific** (each held twice): physical activity; healthy food systems; mental health; alcohol and other substance use
- **Population specific:** elected officials; older adults; residents with limited incomes

Process for Table Discussions

Depending on group size, people were divided into smaller groups and the facilitators asked the following questions:

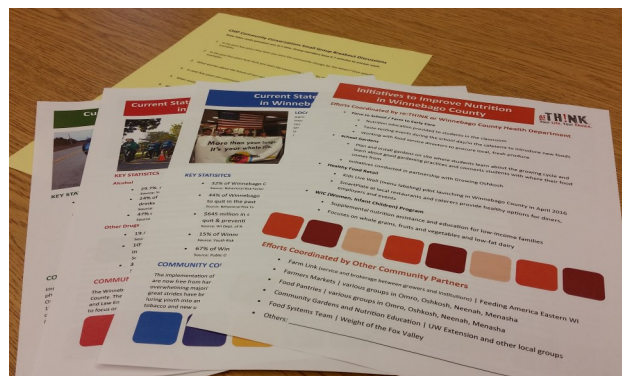
- In the past few years how have you seen the community change for the better? Give specific examples.
- In the past few years how have you seen the community change for the worse? Give specific examples.
- What worries you about the future of our community?
- In next few years our community will be better when...
- What actions, policy, or funding priorities would you support to build a healthier community?
- What would excite you enough to become involved (or more involved) in improving our community?

Notes were taken either by health department staff, re:THiNK coalition members, or University of Wisconsin Oshkosh students. Information was compiled and analyzed for common themes and to provide guidance for the next section of the CHIP process.

At the end of the table discussion, participants were given an evaluation form. This allowed participants to provide feedback on the conversation and contribute any additional insight about the health of the community they may have not felt comfortable sharing with the group.

For the community conversations tailored to low income residents, WCHD staff attended a pre-established community event and either interviewed neighborhood residents or asked the residents to fill out a short questionnaire.

The MAPP Model



Data sheets on each of the four topic areas with current community data from the CHA were provided to participants at the start of each meeting . (see Appendix C for examples)

Our Process:

Community Conversations, continued

Process for Dots Exercise

After the conversations, we asked participants to assess five specific problem statements related to each of the four topic areas. Participants were given a different colored dot for each problem statement and asked to place these on a graph, with 'seriousness of the problem' on the X-axis and 'feasibility to make a change in Winnebago County' on the Y-axis.

For example, during the Substance Use community conversations, the problem statements included:

- Teen marijuana use is too high
- Opiate use (prescription drugs/heroin) is too high
- Underage drinking is too high
- Use of e-cigarettes among youth is increasing
- Excessive (binge) drinking is too common

See appendix D for all topics and problem statements used for the dots exercise.

Data was combined across the conversations and themes were identified to give a rich understanding of how our community members perceive health in our community related to each of the established topic areas and other topics that emerged during the discussion.

Following is a summary of key findings from the table discussions, the community event with residents with limited incomes and dots exercise. For more detailed results from the table discussions and community event, see appendix E.

Key Findings from the Table Discussions

The positive changes in the community, participants discussed included: school gardens; more farmers markets; more demand for healthy food options; community support for recreational activities; promotion of physical activity in the schools, work places and throughout the community; multi-use trails; increased awareness and less stigma for those with mental health issues and addiction problems; and formation of community partnerships to address various community issues.

The conversation suggested there is room for continued improvement. One frequently discussed issue was poverty and its impact on health, as well as access to opportunities to improve health. Mental health and social isolation were highlighted as an increasing concern for both adults and youth, with discussion of schools seeing a rise in youth mental health problems.

Another issue brought up on many occasions was the increase in heroin and opiate use. The alcohol culture in Winnebago County and throughout the state of WI was often cited as a problem. People expressed concern about drunk drivers, and believe more readily available and affordable treatment should exist. They also indicated more sober living houses are needed in the county.



Approximately 85 community members and partners participated in the table discussions during April – June 2016.

Our Process:

Community Conversations, continued

Key Findings from the Community Event

The community conversation held at the pre-established community event provided unique and valuable insight into the perceptions and needs of residents with limited incomes.

From the 1:1 interviews, the biggest areas of concern that emerged were: nutrition – specifically the accessibility of healthy food; working together and communication; access to health services; and issues affecting youth—specifically youth programming and healthy opportunities for youth.

From the written survey responses, substance use, including addiction and overdose was by far the most frequently indicated concern, followed by access to health services, alcohol misuse, and oral health.

more



“Word Cloud”

Produced from all conversation notes recorded at the community event.

Key Findings from the Dots Exercise

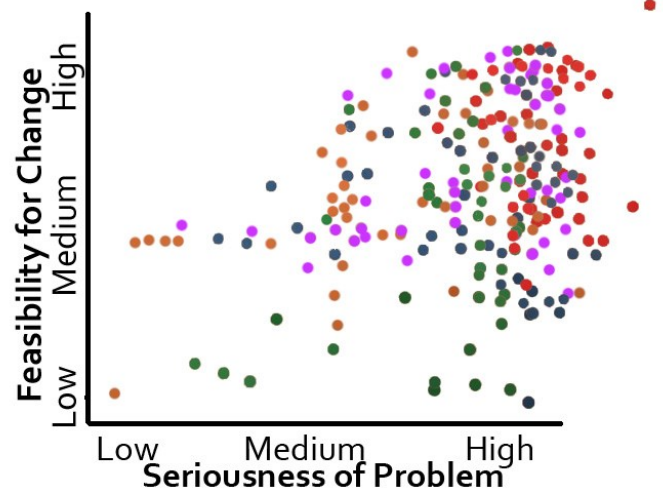
An example of results from the dots exercise and their interpretation is provided in the figure on the right. Combining results across conversations, the following five problems were identified as the **most serious** problems for residents:

- Opiate use is too high.
- Childhood trauma is too high.
- There are too many teen suicides.
- Underage drinking is too high.
- Excessive binge drinking is too common.

The following five problems were identified as the **most** feasible to change:

- Children are not getting enough physical activity in/at school.
- Many people believe that mental health is not as important as physical health.
- Opiate use is too high.
- Access to fresh, affordable fruits and vegetables is limited.
- Childhood trauma is too high.

Alcohol and Other Substance Use



How to interpret the graph above:

In this example, opiate use (red dot) is the most serious problem and has a high feasibility for making a change.

Underage drinking (green dot) is a serious problem but has a lower feasibility for changing the problem, according to community participants.

Our Process:

Determining Priorities

Data Analysis, Themes, and Prioritization

A team of Health Department staff compiled data collected from the Community Health Assessment (CHA), key informant interviews, community conversations, and dots exercise. Existing implementation efforts (local and regional) involving re:TH!NK and other community coalitions was also examined. Staff involved included: Emily Dieringer, Health Educator/Coalition Coordinator; Cindy Draws, Public Health Supervisor; Douglas Gieryn, Health Officer; Stephanie Gyldevand, Health Educator/Coalition Coordinator; Heidi Keating, Public Health Planner; and Carolyn McCarty, Public Health Supervisor.

Additional staff were called upon to provide insight on certain health topics. Additional data analysis related to the community conversations were conducted by Taylor Neis, an Area Health Education Center (AHEC) intern with the Community Health Internship Program.

A series of six meetings were held to identify commonalities between the data sets and establish CHIP priorities. During the first two meetings, staff reviewed collected data and high level themes that emerged from each of the data sets. Themes were categorized and variations and/or notes, were captured on poster-sized paper. Team members used these high-level themes to create “bundles” of emerging priorities that included data from all sources, weighing slightly more heavily on the community conversations and dots exercises. Initial “bundles” included:

- Poverty and issues with lack of money
- Individual behaviors and choices
- Behavior and choices influenced by policies, systems, and the environment (PSE)
- Behavior and/or choices influenced by social conditions
- Access to resources that improve health outcomes
- Attitudes and beliefs
- Multi-faceted connections and components that affect one’s or the community’s health (e.g. mental health and substance use)

Several of the “first round” bundles were related to: the social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities. These bundle topics were taken into great consideration when the team looked at the specific factors from the data for each health issues. An example relates to the issue of nutrition; there is a difference between focusing on “healthy foods and beverages” versus the broader topic of “nutrition.”

Additional team meetings were held to further examine which specific factors for each “bundle” were most applicable to what our community partners and residents identified as causes of poor health outcomes. The health department’s current and future scope of work were also factors in determining the final focus areas, as well as emphasizing upstream preventive approaches and the needs of underserved and vulnerable populations. Specific strategies aligned with what our residents and the data intended, key community implementation partners, and measures of change were also identified.

Priority 1:

Social and Place Connectedness

Goal: Residents are connected and engaged in the places and spaces that matter to them.

Why is this an important issue for our community?

There is a body of literature including studies reviewed in a National Research Council and Institute of Medicine report that suggests that over 50% of premature deaths are attributable to non-medical factors such as where one lives and the opportunities available for health and economic mobility; including education, jobs, income, access to housing and transportation, community safety, and other well-established social determinants of health. The way our neighborhoods, streets, and homes are designed affects whether children can play outside and walk to school for example, or whether families can access basic goods and services, and even whether neighbors can socialize and look out for one another. Strengthening the connections between people and the places they share, referred to as “placemaking” is a collaborative process by which we can shape our public realm in order to maximize shared value. Placemaking gives people ownership of their place and the changes occurring within it. A strong sense of belonging and social connections are associated with physical and mental well-being while social exclusion denies opportunities for full economic and social participation in society.

What can you do to help?

Community members:

- Join or start a neighborhood association, volunteer group, or community coalition
- Know your neighbors well enough to understand if they have any unique needs
- Learn about and engage in the democratic decision-making process at the local/municipal level
- Conduct a walk audit in your neighborhood and share the results with your municipal leaders
 - Walk audit tool: <https://www.dhs.wisconsin.gov/publications/p0/p00399.pdf>

Organizations in the community:

- Follow the Seven Asset-Based Community Development Principles building on assets already found in the community (<http://www.abcdinstitute.org/toolkit/index.html>)
- Adopt or advocate for adoption of a “health in all policies” resolution within your organization or at the municipal level (download *Health in All Policies: A Guide for State and Local Governments* at <http://www.phi.org/resources/?resource=hiapgguide>)
- Create partnerships to support and enhance existing efforts that are improving social connections in a community where spaces and events are available for people to gather, create new friendships, and contribute to the community through volunteering
- Make it a priority to build relationships with customers/clients, people you serve, partners, and others in the community

Priority 1:

Social and Place Connectedness, cont.

Strategy 1.1

Integrate public health into local municipal planning processes and decision-making systems so health outcomes are considered in decision-making processes (“health in planning”).

Key partners: planners (public and private sector); public works departments; zoning departments; parks departments; elected officials; community development organizations; workforce development organizations

Measure of change (examples): number of comprehensive plans and/or zoning ordinances that include “health in planning” references; number of “health in all policies” resolutions passed

Strategy 1.2

Support community development initiatives designed to engage, improve, and strengthen community connectedness, and improve physical, social and service environments in local neighborhoods.

Key partners: community development organizations; social and civil service organizations; local municipalities; parks departments; school districts; senior centers; organizations working on racial literacy; chambers of commerce; minority chambers of commerce

Measure of change (examples): percent of people who report they volunteer; percent of people who report their neighborhood helps fulfill needs; walkscore and livability index scores

Strategy 1.3

Enable community and civic connections at a neighborhood level to improve neighborhoods and relationships with all people in those neighborhoods (specifically older adults, people with disabilities, people with lower incomes, new parents, and youth).

Focus areas/Example activities: conduct an assessment related to social networks/connectedness

Key partners: neighborhood associations; law enforcement agencies; parks departments; faith-based communities; senior centers; community development organizations; volunteer organizations; civil service organizations

Measure of change (examples): social support network size; voter turnout; percent of people who report receiving the social or emotional support they need all or most of the time ; percent of people who feel a strong sense of belonging to their local community

Priority 2:

Access to Opportunities that Improve Health

Goal: Improve and expand access to and availability of already existing services or opportunities.

Why is this an important issue for our community?

There is clearer understanding that the social and physical environments in which people live, work, and play have a significant impact on their health. Healthy People 2020, the federal government's roadmap for improving health by 2020, highlights this understanding by including the creation of "social and physical environments that promote good health for all" as one of four over-arching goals. This publication identifies some of the social determinants of health, such as the availability of resources to meet daily needs (e.g., housing and food), access to economic opportunities, access to health care services, opportunities for recreational activity, transportation options, and socioeconomic activities. These social determinants demonstrate it is not only the availability of resources, but also one's ability to access those resources that impacts health.

What can you do to help?

Community members:

- Connect with and participate in community efforts working to address these issues like hub, LEAVEN, ADVOCAP, re:THINK, etc.
- Volunteer to help people seeking services and resources navigate the system
- Use public transportation or explore other alternative modes of transportation (e.g., walking, biking)
- Learn about ways health is impacted by the social and physical environment in the community
 - Unnatural causes: <http://www.pbs.org/unnaturalcauses/>
- Become familiar with the services and opportunities available for vulnerable populations within your community and share what you know with others

Organizations in the community

- Identify potential gaps related to who is being reached by the services and opportunities you provide
- Work with other community partners, agencies, and service providers to identify creative solutions
- Work to fill identified gaps by tailoring your efforts to meet the needs of vulnerable populations (elderly, youth, limited income families, etc.)
- Refer to and advocate for community efforts which support people working toward self-sufficiency
- Support employees volunteering in community efforts which connect people to services and opportunities
- Support employee wellbeing by providing adequate wages
- Consider the needs of vulnerable populations (e.g., access to transportation, cost, hours of operation) when developing and delivering your services and programs
- Involve people impacted by lack of opportunities in planning and decision-making processes

Priority 2:

...Opportunities that Improve Health, cont.

Strategy 2.1

Support activities which connect agencies serving similar populations in order to increase access to multiple services.

Focus areas/Example activities: increase use of and access to entities such as The Hub or Leaven; educate community partners about the concept of no 'wrong door/warm hand-off'

Key partners: organizations working to address poverty; social service providers; community clinics; schools; organizations supporting individuals achieving self-sufficiency or connecting individuals to resources; faith-based organizations; healthcare providers; libraries; transportation service providers; seniors' centers

Measure of change (examples): Number of participants accessing The Hub or Leaven services; Proportion of residents who are knowledgeable about community resources and support services

Strategy 2.2

Identify barriers to accessing social service programs and gaps within those programs.

Focus areas/Example activities: conduct an assessment to understand who is eligible for services but not using/accessing them and why; and to understand who is not eligible but in need of services

Key partners: social service providers; economic support organizations; workforce development organizations; food pantries; public housing agencies; organizations supporting individuals in achieving self-sufficiency; community members experiencing barriers to social service programs

Measure of change (examples): completion of an assessment that identifies barriers; development of an action plan that seeks to address the identified barriers

Strategy 2.3

Improve access to transportation.

Focus areas/Example activities: increase use of safe, active transportation; improve public and para-transit systems; support policy that allows individuals to maintain a driver's license with non-vehicular violations

Key partners: transportation planners; bicycling and walking clubs; transportation service providers (public and private); transportation advocates; funding agencies; municipalities; transit riders; legislators

Measure of change (examples): percent of people using active transportation to travel to work; number of people accessing public transportation

Strategy 2.4

Support efforts to ensure a range of affordable housing is available for all.

Focus areas/Example activities: home improvement loans and grants; transitional housing; mixed use, mixed income, and affordable rentals

Key partners: organizations working to provide safe, affordable housing; zoning departments; Landlords

Measure of change (examples): proportion of population experiencing homelessness; number of and per cent occupancy in transitional housing units; number of individuals participating in the Housing Choice

Priority 3:

Healthy Foods and Beverages

Goal: Increase access to and consumption of fruits, vegetables, and healthy beverages while decreasing consumption of sugar-sweetened beverages in children and adults.

Why is this an important issue for our community?

Diet is a major modifiable determinant of chronic disease and obesity, yet the majority of Winnebago County residents do not have healthy eating habits. According to the 2015-16 Youth Risk Behavior Survey (YRBS), 63.3% of high school students in Winnebago County ate vegetables (not counting potatoes) less than once a day. Diets among low-income households are particularly concerning. According to the 2015 Winnebago County Community Health Survey (WCBRFS) data, 24% of adults with household income less than \$10,000 ate no vegetables on an average day, compared to an overall county average of 7%. This same population reported drinking the most sugar-sweetened fruit drinks, sweet tea, or sports/energy drinks per day (27% reported that on days when they consumed these beverages, they consumed 5 or more).

What can you do to help?

Community members:

- Participate in healthy living coalitions that address healthy eating
- Support initiatives that address issues related to increasing consumption of fruit and vegetables and decreasing consumption of sugar-sweetened beverages
- Develop and promote personal and family nutrition goals by decreasing consumption of sweetened beverages, choosing water as a beverage and increasing consumption of fruit and vegetables

Organizations in the community:

- Participate in healthy living coalitions that address healthy eating
- Develop and implement healthy eating guidelines in your workplace
- Increase access to healthy food in your workplace environment through healthy vending machine policies or workplace Community Supported Agriculture (CSA) programs
- Encourage schools and licensed day cares to adopt policies that meet or exceed state and national standards related to nutrition

Priority 3:

Healthy Foods and Beverages, cont.

Strategy 3.1

Improve food environment in food retail and social settings focusing on most vulnerable populations.

Focus areas/Example activities: improve nutritional content of foods available for people with food insecurity

Key partners: food banks, pantries, and other hunger-relief programs; food retail establishments; state coalitions and government entities working on food insecurity

Measure of change (example): number/percent of food retail establishments offering healthy options; percentage of residents who live within 1/4 mile (urban) of a retail food establishment offering healthy options

Strategy 3.2

Improve food environment in institutions that serve children.

Focus areas/Example activities: increase servings of vegetables provided in daycares/schools

Key partners: school food authorities; organizations engaged in Farm to School and Farm to Early Care and Education; afterschool programs

Measure of change (examples): percent of youth who consume adequate amounts of fruits and vegetables (YRBS); percent of institutions that regularly offer health menu options

Strategy 3.3

Improve food environment in institutions that serve adults

Focus areas/Example activities: increase servings of vegetables provided in assisted living centers, faith based organizations, colleges and universities, recreational centers, etc.

Key partners: institutional food service departments such as universities, healthcare, long-term care and assisted living facilities; government buildings; workplaces, recreational centers, etc.

Measure of change (examples): percent of adults who consume adequate amounts of fruits and vegetables (Winnebago County Community Health Survey); percent of institutions that regularly offer healthy menu options

Strategy 3.4

Improve residents' ability to recognize and use healthy foods.

Focus areas/Example activities: increase nutrition literacy

Key partners: government, healthcare, and private institutions that provide nutrition education; convenience stores; grocery stores; restaurants; food pantries

Measure of change (examples): percent of people served who are comfortable recognizing and using healthy foods; percent of people served who are choosing or preparing healthy foods

Priority 4:

Mental Health

Goal: Improve mental health systems of care and mental health among residents.

Why is this an important issue for our community?

Mental health conditions are conditions that affect brain chemistry or brain function. According to the National Alliance on Mental Illness (NAMI), one in five adults experiences a mental health condition in a given year. Prominent issues in Winnebago County related to mental health include: high rates of suicide, lack of access to specialized and timely mental health treatments, and high incidence of adverse childhood experiences (ACEs). According to the 2016 Youth Risk Behavior Survey (YRBS), 19.4% of Winnebago County high school students reported seriously considering attempting suicide (WI average: 13.2%); 13.6% of Winnebago County high school students reported attempting suicide one or more times (WI average: 6%). In addition, more than 20% of adult Winnebago County residents have four or more ACEs, compared to 14% statewide (O'Connor, Finkbiner & Watson, 2012). Improving mental health will help us achieve lower rates of substance abuse, less violence, a more productive workforce, and lower rates of disability due to mental illness.

What can you do to help?

Community members:

- Participate in local coalitions engaged in mental health such as the North East Wisconsin Mental Health Connection (NEWMHC) or the National Alliance on Mental Illness (NAMI), etc.
- Learn about signs and symptoms of mental illness and suicide (e.g., Youth Mental Health First Aid, QPR training), and what to do if you see it
- Promote and model healthy coping strategies and resiliency with family members
 - <http://therealhappyhour.org/>
- Learn about mental health stigma and assist in reducing negative effects on those with mental illness,
 - <http://www.nami.org/>
 - <http://www.newmentalhealthconnection.org/>

Organizations in the community:

- Promote and support employees' mental wellness (e.g., EAP, healthy lifestyles)
- Provide information and education on mental health and suicide prevention to reduce stigma
- Adopt policies and procedures that support employees' mental wellness (e.g., support during a mental health crisis or suicide)
- Support community events that promote community awareness and cohesion; use local, national and international events as opportunities to talk about mental health needs and issues

Priority 4:

Mental Health, cont.

Strategy 4.1

Expand mental health services and focus on integration of these into primary care.

Focus areas/Example activities: build/enhance public/private partnerships for case management and provide mental health services (e.g., no wrong door to the right mental health services)

Key partners: mental health community coalitions; health care systems; mental health providers; human services departments; community foundations/funders; professional schools and education organizations

Measure of change (example): number of primary care physicians trained in providing mental health services; number of health care systems using a team-based care approach that includes mental health

Strategy 4.2

Prevent suicide-related behaviors.

Focus areas/Example activities: expand/sustain evidence-based strategies related to suicide prevention

Key partners: community coalitions engaged in mental health; health care systems; school districts; mental health providers; law enforcement; human service organizations; coroners; suicide attempt and loss survivors; businesses/workplaces

Measure of change (examples): number of mental health service providers with suicide prevention policies and practices; number of students thinking about suicide, making a plan, and attempting suicide (YRBS); number of suicide deaths; number of suicide attempts reported at emergency departments

Strategy 4.3

Promote protective factors, healthy relationships.

Focus Area/Example activities: increase awareness among residents about social and place connectedness

Key partners: school districts; youth-serving organizations; organizations working in the area of domestic abuse; primary care providers; media; health care systems

Measure of change (examples): number of people with a high ACEs score; number of students with a supportive adult in their life (YRBS); number of teens experiencing teen dating violence (YRBS)

Strategy 4.4

Improve coping skills and build resilience in individuals that have experienced or are vulnerable to trauma.

Focus areas/Example activities: reduce use of tobacco and other substances among people with poor mental health; reduce self-harm; increase participation in group activities and neighborhood associations

Key partners: school districts; mental health/substance use providers; human services departments; local and statewide coalitions; law enforcement; helplines; landlords; housing agencies

Measure of change (examples): number of people with high ACEs score; percent of individuals who have experienced trauma and are misusing substances; rates of depression

Priority 5:

Alcohol and Other Substance Use

Goal: Reduce substance use and addiction .

Why is this an important issue for our community?

Wisconsin ranks number one in the U.S. in rates of adult binge drinking, and also ranks number one in intensity of drinking; with adults reporting an average of nine drinks per occasion. Our state also ranks number one in driving a motor vehicle under the influence of alcohol. Excessive alcohol consumption in Winnebago County in 2014 contributed to at least 43 alcohol-related deaths (2016 Winnebago County Public Health Profile) and 1,251 alcohol-related hospitalizations (Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016). The estimated annual cost of excessive alcohol use in Winnebago County, including health care, lost productivity, and other costs, is \$214.8 million (Burden of Excessive Alcohol Report, 2013).

Opioid use, including heroin, in Winnebago County has increased since 2010. Each year, from 2002 to 2010, the county averaged 15 drug-related deaths per year. In 2015 there were 24 drug-overdose deaths. Alcohol and Other Substance Use was identified as one of the top five health issue by local leaders during the key informant interviews. Some key informants specifically noted concerns related to opiate addiction, the pervasive drinking culture that exists in our area, and drinking and driving.

What can you do to help?

Community members:

- Safely dispose of prescription medications using local Drug Drop Boxes
- Securely store prescription medications to limit unintended access
- Do not share your prescription medications and do not use medications prescribed to someone else
- Talk and act responsibly about the alcohol and other substance use, especially in the presence of children
- Support community policies that limit the use and sale of alcohol in public spaces (parks, events, etc.)
- Know current substance use issues and resources available in the community to help friends/family that may be using and abusing alcohol and other substances

Organizations in the community:

- Limit access to alcohol at organization-led events
- Provide safe, responsible options for events that do include alcohol (e.g., safe rides, single serving sized beverages, restricting where alcohol is served and consumed), promote the use of public transit and alternative transportation
- Incorporate substance use support into employee services
- Support community efforts to prevent substance use
- Enhance community efforts to increase social and place connectedness

Priority 5:

Alcohol and Other Substance Use, cont.

Strategy 5.1: Reduce access and exposure to alcohol in social settings.

Focus areas/Example activities: decrease focus on alcohol at social events; improve alcohol guidelines at festivals; generate support for policies/ordinances limiting minors in bars and alcohol marketing; reduce the “alcohol specials” that promote heavy drinking; reduce reliance on alcohol for fundraising

Key partners: restaurants and bars; festival organizers; law enforcement; local elected officials; business partners; parents and youth; local coalitions and organizations working on substance use prevention

Measure of change (examples): number of alcohol outlets in Winnebago County; changes in festival/event guidelines around alcohol sales; number of alcohol sales to minors

Strategy 5.2: Reduce access to and misuse of prescription and illicit drugs.

Focus areas/Example activities: promote Prescription Drug Monitoring Program; decrease access to medications in the home; promote proper disposal of prescription drugs

Key partners: primary care providers; hospital systems; prescribers; pharmacists; parents and youth; law enforcement; individuals in recovery; employers; senior-serving organizations; youth-serving organizations

Measure of change (examples): number of opiate prescriptions; number of overdoses and overdose deaths; pounds of prescription drugs collected at drug drop box sites

Strategy 5.3: Improve access to treatment and recovery options.

Focus areas/Example activities: build/enhance public/private partnerships for coordinated care and providing recovery/treatment services; payment for appropriate treatment (in-patient, outpatient, medication-assisted treatment)

Key partners: insurance providers; health care systems; treatment providers; recovery support providers; primary care providers; employers; law enforcement; judicial system

Measure of change (examples): percent of people with a positive assessment who receive treatment; decrease length of wait times to access treatment; increase referrals to treatment instead of incarceration

Strategy 5.4: Improve data collection related to alcohol/drug use

Focus areas/Example activities: implement system to measure place of last drink; collect qualitative data from high school youth related to underage drinking

Key partners: schools; law enforcement; data collection/analysis experts; health care systems; treatment providers; primary care providers; local and state agencies

Measure of change (examples): number of organizations with adequate access to data needed to understand community needs and resources related to use and misuse of alcohol and other substances

Summary of Goals and Indicators of Success

1. Social and Place Connectedness

Residents are connected and engaged in the places and spaces that matter to them.

Indicator 1a: Increase the percent of adults who report usually or always receiving the social and emotional support they need from 76% in 2015 to 78% in 2020. *(Data source: Winnebago County Community Health Survey)*

Indicator 1b: Increase opportunities for social connectedness, as measured by the number of memberships in neighborhood related associations per 10,000 population, from 11.1 in 2014 to 15 in 2020. *(Data source: see County Health Rankings [County Business Patterns])*

2. Access to Opportunities that Improve Health

Improve and expand access to and availability of existing services or opportunities.

Indicator 2a: Increase the percentage of the population with adequate access to locations for physical activity from 84% in 2014 to 88% in 2020. *(Data source: see County Health Rankings [calculated composite measure])*

Indicator 2c: Decrease the percentage of adults without health insurance from 17% in 2014 to 16% in 2020. *(Data source: see LIFE study [U.S. Census Bureau])*

3. Healthy Food and Beverages

Increase access to and consumption of fruits, vegetables and healthy beverages while decreasing consumption of sugar-sweetened beverages in children and adults.

Indicator 3a: Increase the percentage of high school youth who consume vegetables at least once daily from 39% in 2015 to 41% in 2020. Increase the percentage of adults who consume more than 1 serving of vegetables per day from 58% in 2015 to 61% in 2020. *(Data source: YRBS, Winnebago County Community Health Survey)*

Indicator 3b: Increase the percentage of high school youth who consume soda ≤ 3 times during the past 7 days from 73% in 2015 to 77% in 2020. Increase the percentage of adults who did not drink any regular soda or pop containing sugar from 51% in 2015 to 54% in 2020. *(Data source: YRBS, Winnebago County Community Health Survey)*

Indicator 3c: Increase the county's Food Environment Index score (a measure of access to healthy foods and food insecurity) from 7.6 in 2015 to 8.0 in 2020. *(Data source: see County Health Rankings [USDA Food Environment Atlas, Map the Meal Gap from Feeding America])*



CHIP Goals and Indicators of Success, cont.

4. Mental Health

Improve mental health among residents and mental health systems of care.

Indicator 4a: Reduce the ratio of population to mental health providers from 540:1 in 2016 to 500:1 in 2020 (*Data source: see County Health Rankings [National Plan and Provider Enumeration System]*)

Indicator 4b: Decrease the percentage of high school youth who, in the past 12 months, have felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities from 27% in 2015 to 25% in 2020. (*Data source: Winnebago County YRBS*)

Indicator 4c: Decrease the percent of adults who report experiencing 3 or more days of poor mental health days from 30% in 2015 to 25% in 2020. (*Data source: Winnebago County Community Health Survey*)

5. Alcohol and Other Drugs

Reduce misuse of and addiction to drugs and alcohol.

Indicator 5a: Decrease the percentage of adults who drink two or more drinks on one occasion, during the last 30 days from 67% in 2015 to 65% (*Data source: Winnebago County Community Health Survey*)

Indicator 5b: Decrease the percentage of adults who drank 5 or more drinks on one occasion from 14% in 2015 to 10% in 2020. (*Data Source: Winnebago County Community Health Survey*)

Indicator 5d: Decrease the number of drug overdose deaths in Winnebago County from 28 in 2016 to 20 in 2020 (*Data Source: Winnebago County Coroner*)



PublicHealth
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Related State/National Priorities

Social/Place Connectedness

Healthiest Wisconsin 2020, Pillar Objective 3:

Policies to reduce discrimination and increase social cohesion

Healthiest Wisconsin 2020, Pillar Objective 8:

Environments that foster health and social networks

Healthy People 2020 goal:

Create social and physical environments that promote good health for all

Opportunities that Improve Health

Healthiest Wisconsin 2020 focus area:

Access to high quality health services

Healthy People 2020 goal:

Create social and physical environments that promote good health for all

Healthy People 2020 goal:

Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life

Healthy Foods and Beverages

Healthiest Wisconsin 2020 focus area:

Adequate, appropriate, and safe food and nutrition

Healthy People 2020 goal:

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights

Mental Health

Healthiest Wisconsin 2020 focus area:

Mental Health

Healthy People 2020 goal:

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

Alcohol and Other Drugs

Healthiest Wisconsin 2020 focus area:

Alcohol and other drug use

Healthy People 2020 goal:

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children



Priority-related Best Practices and Resources

The resources below can help you identify additional opportunities for activities and interventions that address each of the identified priority areas.

Social and Place Connectedness

- **Healthy People 2020, Social Determinants of Health, Interventions and Resources:** <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>
- **What Works for Health, Family and Social Support:** <http://whatworksforhealth.wisc.edu/factor.php?id=6>
- **Build Healthy Places Network:** http://buildhealthyplaces.org/network_resources/
- **Robert Wood Johnson Foundation:** <http://www.rwjf.org/en/our-focus-areas/topics/built-environment-and-health.html>
- **Plan4Health:** <https://www.planning.org/nationalcenters/health/psecoalitions/resources.htm>
- **AARP Foundation:** <http://connect2affect.org/resources/>
- **ChangeLab Solutions, Healthy Planning Guide:** http://www.changelabsolutions.org/sites/default/files/BARHII_Healthy_Planning_Guide_FINAL_web_090821-rebrand.pdf
- **American Planning Association, Healthy Plan Making:** https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/publichealth/pdf/healthyplanningreport.pdf

Opportunities that Improve Health

- **Healthy People 2020, Access to Health Services, Interventions and Resources:** <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/ebrs>
- **Healthy People 2020, Social Determinants of Health, Interventions and Resources:** <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>
- **What Works for Health, Access to Care:** <http://whatworksforhealth.wisc.edu/factor.php?id=16>
- **American Public Health Association, Improving Health by Increasing Minimum Wage:** <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/18/improving-health-by-increasing-minimum-wage>



Best Practices and Resources, cont.

Healthy Foods and Beverages

- **Healthy People 2020, Nutrition and Weight Status, Interventions and Resources:**
www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/ebrs
- **What Works for Health, Diet and Exercise:**
<http://whatworksforhealth.wisc.edu/factor.php?id=12>
- **The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables:**
www.cdc.gov/obesity/downloads/fandv_2011_web_tag508.pdf
- **CDC Healthier Food Retail: An Action Guide for Public Health Practitioners:**
www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/healthier-food-retail-guide-full.pdf

Mental Health

- **Healthy People 2020, Mental Health and Mental Disorders, Interventions and Resources:**
www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/ebrs
- **What Works for Health, Access to Care:**
<http://whatworksforhealth.wisc.edu/factor.php?id=16>
- **SAMHSA, National Registry of Evidence-based Programs and Practices:**
<https://www.samhsa.gov/nrepp>
- **The Community Guide, Mental Health:**
<https://www.thecommunityguide.org/topic/mental-health>

Alcohol and Other Drugs

- **Healthy People 2020, Substance Abuse, Interventions and Resources:**
<https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/ebrs>
- **What Works for Health, Alcohol and Drug Use:**
<http://whatworksforhealth.wisc.edu/factor.php?id=13>
- **SAMHSA, National Registry of Evidence-based Programs and Practices:**
<https://www.samhsa.gov/nrepp>
- **The Community Guide, Excessive Alcohol Consumption:**
<https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>



Next Steps

Our immediate next steps include sharing the findings of our CHIP with the community. The Winnebago County Health Department's community coalition, re:TH!NK, will host community events to encourage community members and partners to join action teams working on many of the priorities identified in the CHIP. We will also continue to identify ways to integrate these priorities into all of the work of the health department.

However, the power of the CHIP is so much greater when people, organizations, and systems throughout the community use it as a resource in their efforts. There are endless ways to get involved in the work!

- Use the ideas in the “**What can you do to help**” section and strategies of each of the priorities to make a change within your life, family, organization, and community.
- Join our community coalition, re:TH!NK (website: rethinkwinnebago.org).
- Contact us!

Email: health@co.winnebago.wi.us

Phone: 920-232-3000

The CHIP is a living document. As our community learns, grows, and changes, this document will also grow and change to adapt to that learning. Through it all, we will remain committed to using evidence to inform our practice, communicating our work and our findings with our community, and integrating a health equity focus into the work. To help community partners in maintaining these same commitments, we've provided a few resources below.

- **Evidence-based interventions and best practices**
 - **The Community Guide to Preventive Health Services:**
<https://www.thecommunityguide.org/>
 - **What Works for Health:**
<http://whatworksforhealth.wisc.edu/>
 - **Healthy People 2020:**
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- **Health communication**
 - **The Community Guide, Health Communications:**
<https://www.thecommunityguide.org/topic/health-communication>
- **Health equity**
 - **The Community Guide, Health Equity:**
<https://www.thecommunityguide.org/topic/health-equity>



References

- Braveman, P. and Gottlieb, L. (2014 Feb). The Social Determinants of Health: It's Time to Consider the Causes of Causes.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>
- Centers for Disease Control and Prevention. (2017, April). *Behavioral Risk Factor Surveillance System*. Retrieved at <https://www.cdc.gov/brfss/>
- Centers for Disease Control and Prevention. (2017, April). *Youth Risk Behavior Surveillance System*. Retrieved at <https://www.cdc.gov/healthyYouth/data/yrbs/index.htm>
- National Alliance on Mental Illness. (2017, April). *Mental Health Conditions*. Retrieved at <https://www.nami.org/Learn-More/Mental-Health-Conditions>
- National Association of City and County Health Officials. (2017, April). *Mobilizing for Action Through Planning and Partnerships (MAPP)*. Retrieved at <http://www.naccho.org/programs/public-health-infrastructure/mapp>
- National Research Council (NRC) and Institute of Medicine, Measuring the Risks and Causes of Premature Death: Summary of Workshops. (2015 September).
<http://www.prb.org/Publications/Articles/2015/us-premature-deaths.aspx>
- O'Connor, C., Finkbiner, C., & Watson, L. (2012). Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. Madison, WI: Wisconsin Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital & Health System <http://wischildrenstrustfund.org/files/WisconsinACEs.pdf>
- United Way Fox Cities. (2017, April). *The 2016 Fox Cities LIFE Study*. Retrieved at <http://www.foxcitieslifestudy.org/>
- University of Wisconsin Population Health Institute. (2017, April). *The Burden of Excessive Alcohol Use in Wisconsin*. Retrieved at <https://uwphi.pophealth.wisc.edu/publications/other/burden-of-excessive-alcohol-use-in-wi.pdf>
- University of Wisconsin Population Health Institute School of Medicine and Public Health. (2016, May). *Winnebago County Overall Outcomes Snapshot*. Retrieved at <http://www.countyhealthrankings.org/>
- US Census Bureau. (2017, April). *QuickFacts, Winnebago County, WI*. Retrieved at <http://www.census.gov/quickfacts/table/PST045215/55139>
- US Department of Health and Human Services. (2016, May). *Healthy People 2020, Topics and Objectives*. Retrieved at <https://www.healthypeople.gov/2020/topics-objectives>
- Winnebago County Health Department. (2016, July). *Youth Risk Behavior Survey*. Retrieved at <https://www.co.winnebago.wi.us/health/units/administration/community-health-data/youth-risk-behavior-survey-yrbs>
- Winnebago County Health Department. (2016, July). *Community Health Data*. Retrieved at <https://www.co.winnebago.wi.us/health/units/administration/community-health-data>
- Winnebago County Health Department. (2017, April). *2016 Community Health Assessment*. Retrieved at <https://www.co.winnebago.wi.us/sites/default/files/uploaded-files/wchd-communityhealthassessment-2016.pdf>
- Winnebago County Wisconsin. (2017, April). *About Us*. Retrieved at <https://www.co.winnebago.wi.us/about-us>
- Wisconsin Department of Health Services. (2015, May 26). *WISH-Wisconsin Interactive Statistics on Health*. Retrieved from at <https://www.dhs.wisconsin.gov/wish/index.htm>
- Wisconsin Department of Health Services. (2016, May). *Winnebago County Public Health Profiles*. Retrieved at <https://www.dhs.wisconsin.gov/stats/phprofiles/winnebago.htm>
- Wisconsin Department of Health Services. (2016, September). *Wisconsin State Health Plan- Healthiest Wisconsin 2020*. Retrieved at <https://www.dhs.wisconsin.gov/hw2020/index.htm>
- Wisconsin Department of Health Services & University of Wisconsin Population Health Institute. (2017, April). *Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016*. Retrieved at <https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

Appendix A:

Partner List

Many partners contributed to the development of the CHIP in many different capacities. The list below is not exhaustive of all partners involved throughout the process, but is representative of the variety of partners who supported and contributed to this effort specifically through the Community Conversations.

Affinity Health System	Reach Counseling
Aurora Health Care	Relocate Fox Cities
City of Neenah	re:TH!NK
City of Oshkosh Senior Services	Samaritan Counseling Center
East Central Wisconsin Regional Planning Commission	Schenck
Home Care Assistance	Solutions Recovery Club
Local business owners	Town of Menasha
Lutheran Homes of Oshkosh, Inc	UNA
Lutheran Social Services	United Way Fox Cities
Menasha School District	University of Wisconsin Oshkosh
NAMI Fox Valley	University of Wisconsin-Extension, Winnebago
Neenah City Council	County
Neenah Police Department	Village of Fox Crossing Police Department
Neenah School Board	Winnebago County Aging and Disability Resource
NEW Mental Health Connection	Center
Nova Counseling	Winnebago County Board
Options Treatment Programs	Winnebago County Board of Health
Oshkosh Area Community Foundation	Winnebago County Heroin Task Force
Oshkosh Area United Way	Winnebago County Human Services
Oshkosh City Council	Winnebago County Human Services Board
Oshkosh Police Department	Winnebago County Parks Department
Oshkosh School Board	Wisconsin State Assembly Representatives
Parkview Health Center	YMCA

And community members throughout Winnebago County.

Thank you!

Appendix B:

Data Summary

Primary and Secondary Data

The CHIP begins with partners and data. Much of the data for the assessment is from secondary data sources. Secondary data refers to data collected by another organization for another purpose. Local public health departments use many secondary data sets on a regular basis to compare rates or trends of health outcomes.

Primary data is purposely collected by the health department in order to better understand specific situations, issues and potential solutions. Primary data identifies community perceptions and priorities and community resources. Primary data can be both quantitative and qualitative, collected by various means including surveys, listening sessions, interviews and observations. Primary data is collected to better understand contributing factors or elements of secondary data sets.

Primary Data

The primary data collected for the community health improvement plan includes:

- Key Informant Interviews, 2015
- Winnebago County Community Health Survey
- Winnebago County Youth Risk Behavior Survey (WCYRBS)*
- Community Conversations, 2016
 - Legislative Breakfast
 - 8 Topic Focused Community Conversations (nutrition, physical activity, alcohol and other drugs, mental health)
 - 8 Topic Focused “Dots” Seriousness and Changeability
 - Boys and Girls Club Food Pantry interviews
 - Oshkosh Senior Center

Secondary Data

Secondary data sets are increasing from many health related topic areas. Here is a list of most used data sets.

- State and National Youth Risk Behavior Survey (YRBS)
- State and National Behavior Risk Factor Surveillance Survey (BRFSS)
- County Health Rankings
- Winnebago County Core Data Set
- Fox Cities Life Study 2016
- Healthiest WI 2020 (WI State Health Plan)
- Disparity Report (WI State Health Plan)
- WI Interactive Statistics on Health (WISH)
- Public Health Profiles
- Healthy People 2020

* Winnebago County Health Department contracts with CESA 6 to provide a summary of YRBS for school districts who participate in administering the survey

** Winnebago County Health Department collaborates with the Fox Valley Community Health Improvement Coalition which coordinates the administration of the Winnebago County Community Health Survey.

Appendix C:

Example Handout, Community Conversations

Current State of Physical Activity in Winnebago County



LOCAL DATA SUMMARY

The Centers for Disease Control and Prevention recommends adults get a minimum 150 minutes of moderate-intensity physical activity every week for important health benefits and prevention of diseases like heart disease and diabetes. Being overweight or obese increases one's risk for developing chronic diseases. Nearly two-thirds of adults and children are considered overweight or obese in Winnebago County. About half of adults and half of high school students in the County meet the recommendations for physical activity. Top barriers to getting enough exercise are "Don't have the time," "I'm not the sporty type," and "Don't have the energy."

Key informants interviewed understood the interconnectedness of physical activity and nutrition in overall obesity prevention and healthy lifestyle promotion. Nine of the 32 informants in Winnebago County listed "physical activity" as a "top five health-related" priority and four informants ranked it as the Number 1 priority.

KEY STATISTICS

- 58.3% of Winnebago County 5th graders are overweight or obese*
Source: UW Madison Active Schools Core 4+ Program Activity and Fitness Report for Fall Semester 2014
- 70.3% of Winnebago County adults are overweight/obese^
Source: 2012 Transform WI Winnebago County Mini-SHOW (Survey of the Health of Wisconsin)
- 48% of Winnebago County high school students were physically active for at least 60 minutes on most (5+) days of the week (Wisconsin- 49.5%; National- 47.3%)
Source: Youth Risk Behavior Survey 2013-14
- 49% of Winnebago County adults who participate in moderate physical activity report an average of 5+ days/week in which they exercise for at least 10 minutes at a time
Source: Behavioral Risk Factor Surveillance System Survey 2015

COMMUNITY CONDITIONS

Improving community conditions to be more pedestrian/bicycling friendly is a public health best practice that increases access to physical activity opportunities (like walking and bicycling) for all people. Bicycle/pedestrian plans exist for the municipalities of Oshkosh and Town of Menasha and the urbanized areas are covered in the Appleton (Fox Cities) and Oshkosh regional plan. About 15% of all county roadways have bicycle improvements including some sort of paved shoulder and 42% of all roadways within the county have sidewalks. It is typically difficult for most residents to get around Winnebago County using active transportation (biking, walking, using transit). Only 4-5% of County residents use active transport to get to work. Common reasons residents do not bike, walk or use transit include long travel distance, too much vehicle traffic, lack of bike routes/lanes or sidewalks, transit routes don't go where they need to go, often or directly enough, and personal safety concerns.



*For children, a healthy BMI is one that falls between the 5th and 85th percentiles based on their age (in months) and gender. Overweight is 85th-95th percentile, and Obese is equal or greater than the 95th percentile.
^Actual heights and weights of participants were measured for the SHOW data collection giving a more accurate representation of BMI. Self-reporters typically under report weight and over report height.

Appendix D:

Dots Exercise Topics & Problem Statements

Alcohol and Other Drug Abuse

- Underage drinking is too high
- Excessive (binge) drinking is too common
- Teen marijuana use is too high
- Opiate use (Prescription Drugs/Heroin) is too high
- Use of e-cigarettes among youth is increasing

Nutrition and Healthy Food Systems

- Access to fresh, affordable fruits and vegetables is limited
- Availability of locally grown produce in schools is limited
- Healthy menu items in restaurants, convenience stores, etc. are difficult to identify
- Current food environment makes it difficult to eat healthy
- Children are not developing healthy eating habits

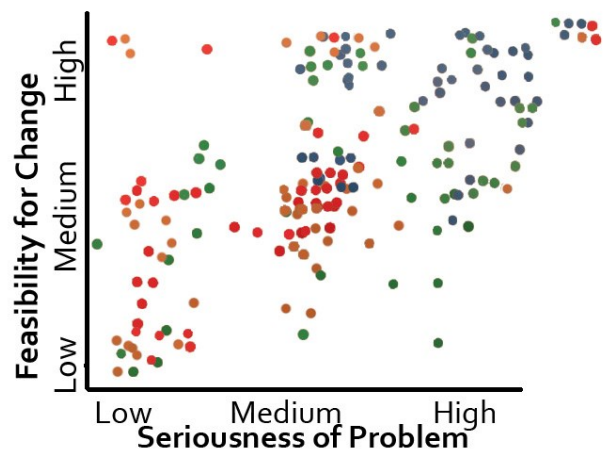
Physical Activity

- Access to active transportation opportunities (biking/walking, using transit) is limited
- Children are not getting enough physical activity in/at school
- There are not enough low-cost active recreation opportunities available for youth
- There are not enough low-cost physical activity opportunities available for adults

Mental Health

- There are long waiting lists to see mental health care providers
- It is difficult to know how or where to receive mental health care
- Many people believe that mental health is not as important as physical health
- There are too many teen suicides
- Childhood trauma (abuse, neglect, domestic violence) is too high

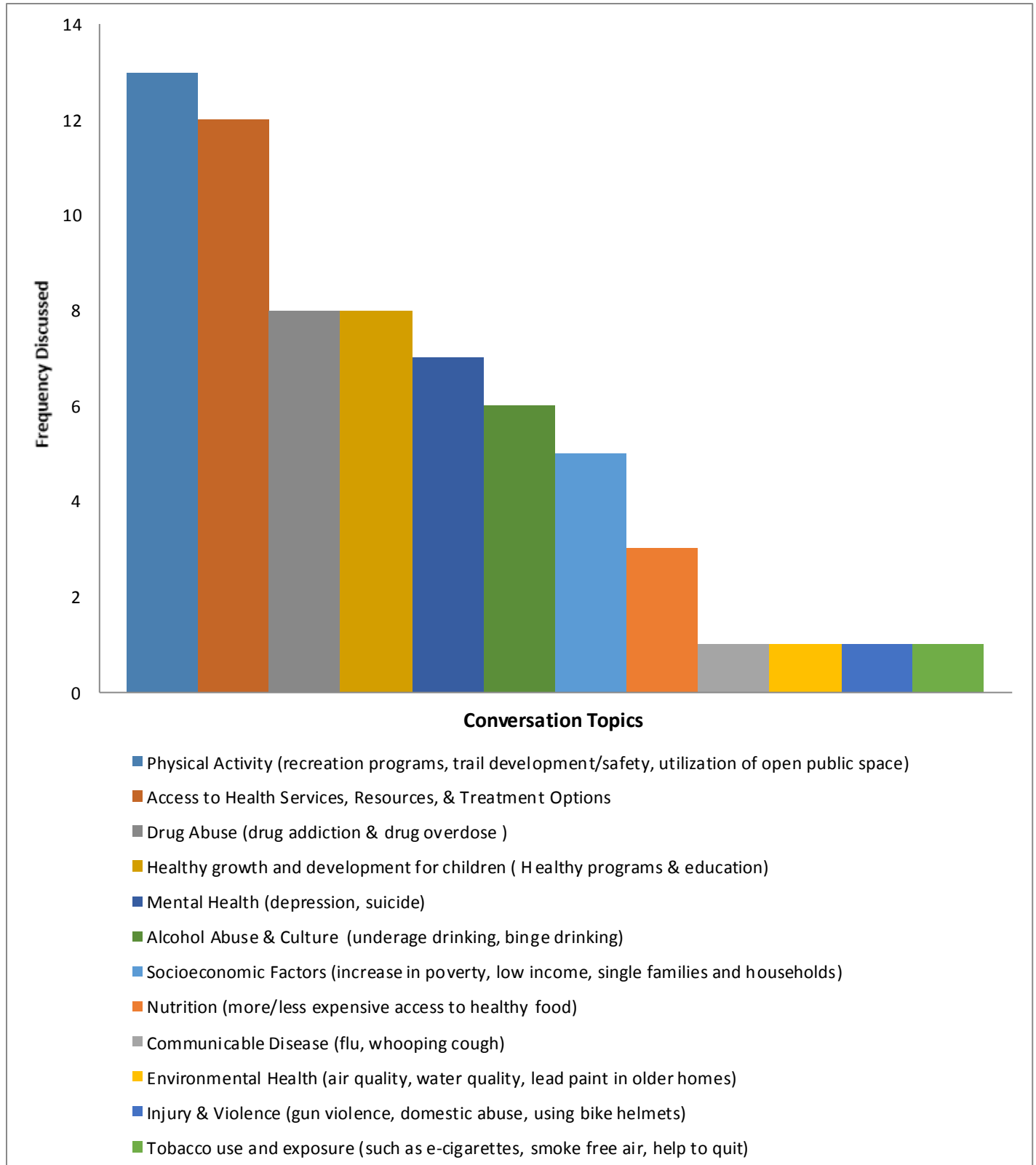
Example of combined dots from all conversations for the physical activity problem statements. Each color represents a different problem statement.



Appendix E:

Community Conversation Key Findings

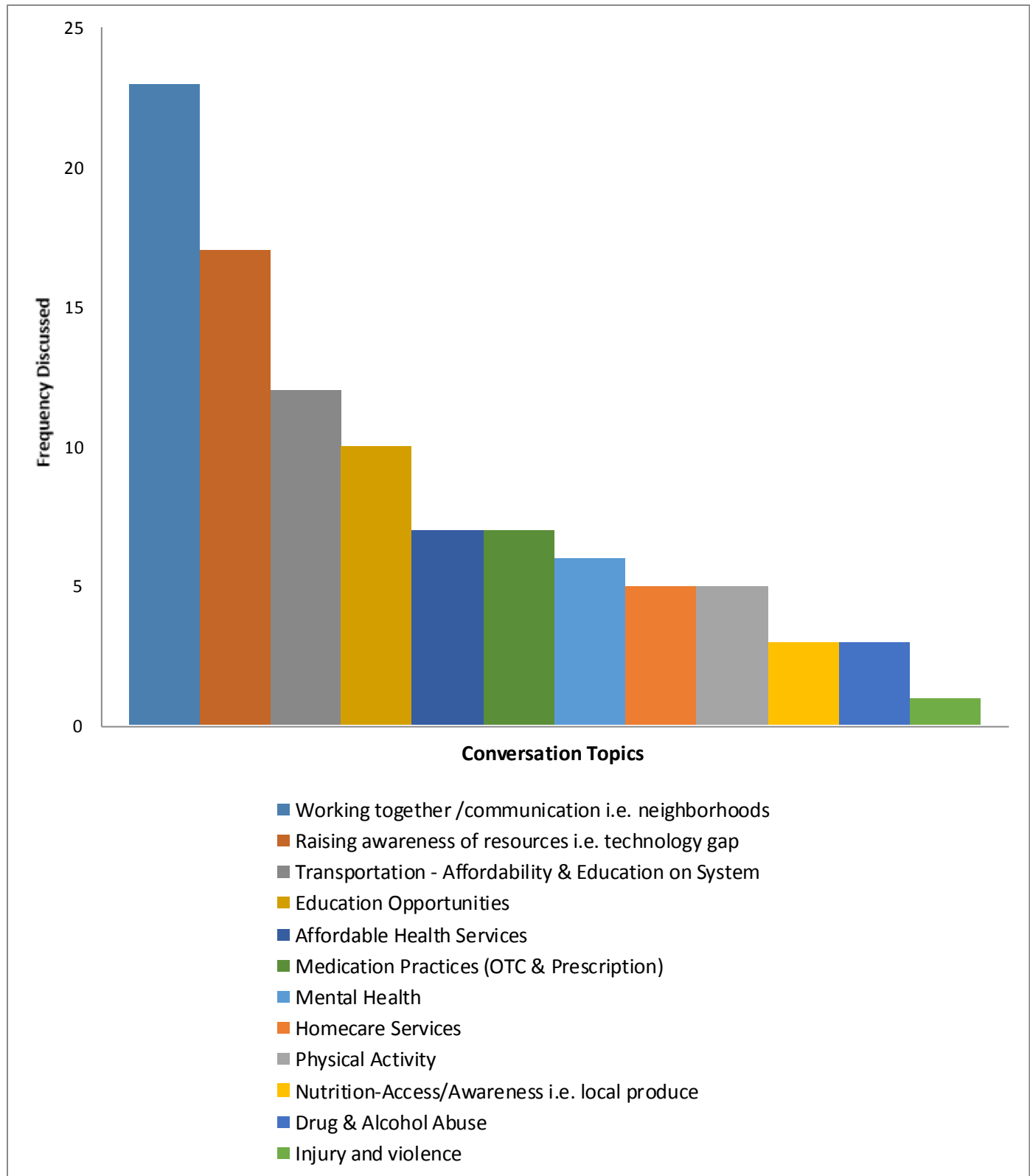
Elected Officials, Legislative Breakfast



Appendix E:

Community Conversation Key Findings, cont.

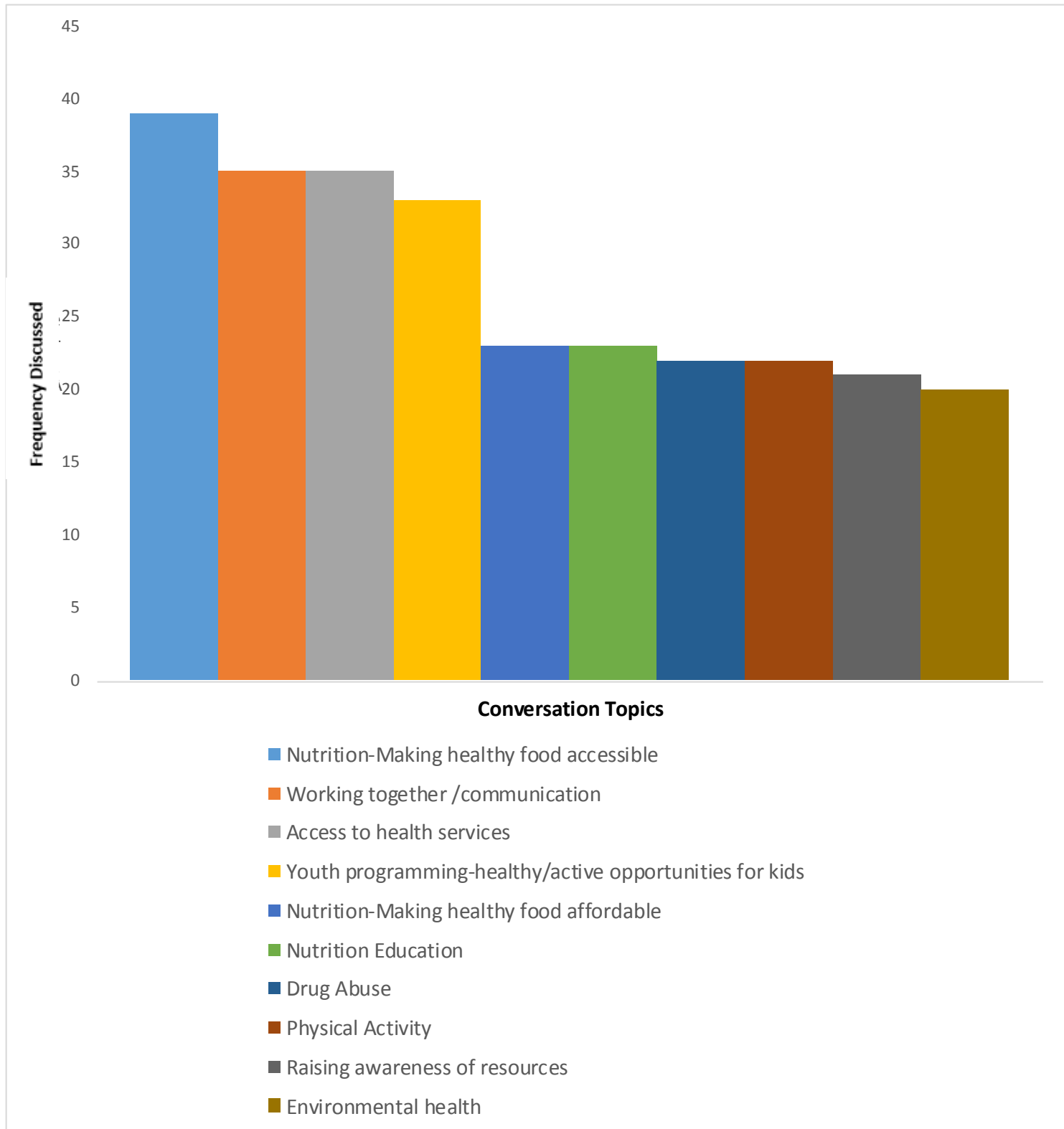
Older Adults, Senior Center Conversation



Appendix E:

Community Conversation Key Findings, cont.

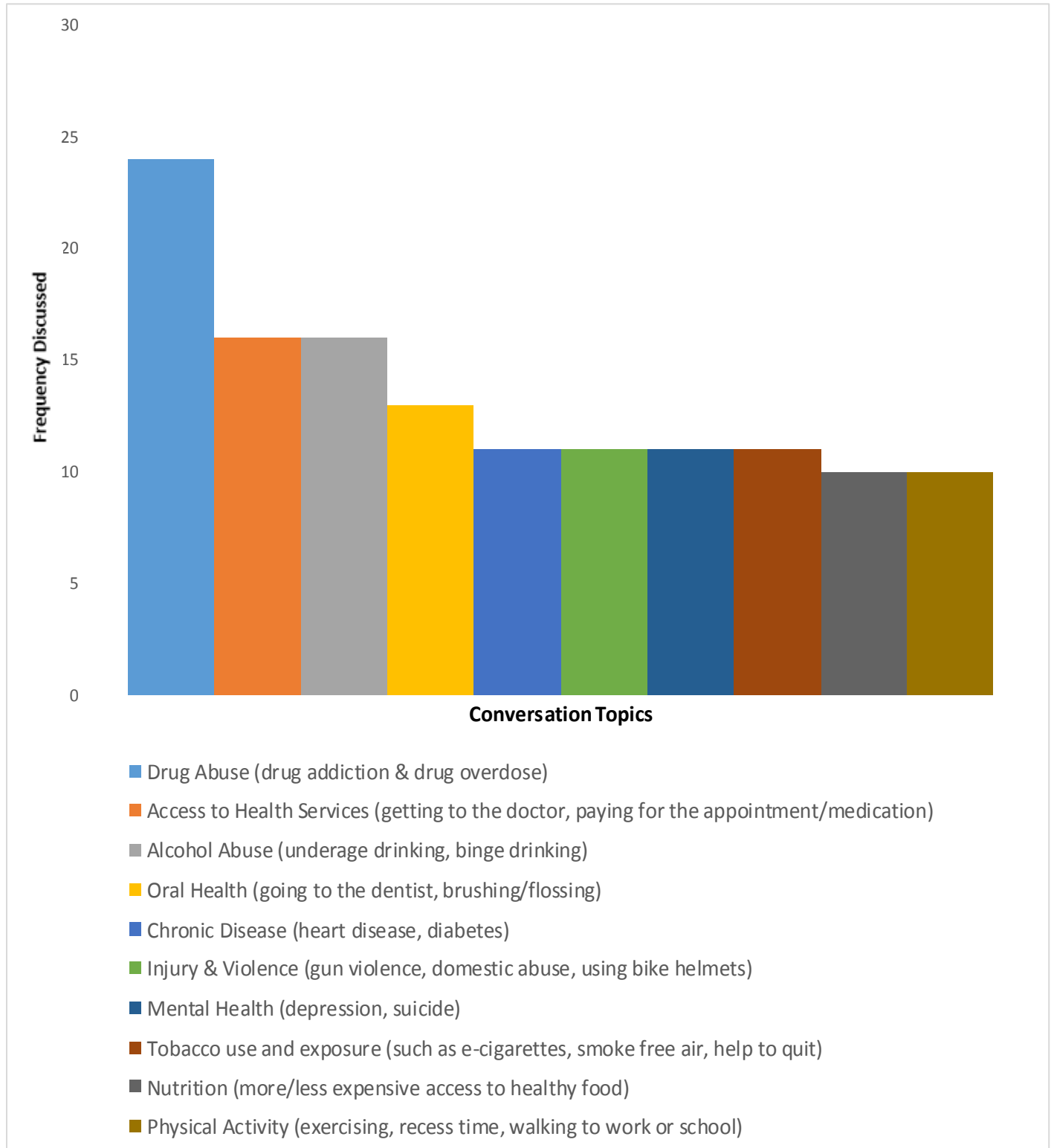
Residents with Lower Income, Top 10 Health Problems from Interviews



Appendix E:

Community Conversation Key Findings, cont.

Residents with Lower Income, Biggest Issues Identified on Written Questionnaires



Winnebago County Community Health Survey Report 2018

Commissioned By:
Fox Valley Community Health Improvement Coalition

Sponsored By:
**Ascension
Aurora Health Care
Children's Hospital of Wisconsin
ThedaCare
Winnebago County Public Health Department**

Prepared By:
JKV Research, LLC

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Purpose

The purpose of this project is to provide Winnebago County with information from an assessment conducted in the Fall 2017/Winter 2018, of the health status of county residents. Primary objectives are to:

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

This report was commissioned by the Fox Valley Community Health Improvement Coalition. It was sponsored by Ascension, Aurora Health Care, Children's Hospital of Wisconsin, ThedaCare and Winnebago County Public Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact Winnebago County Public Health Department (920) 232-3000.

Methodology

Data Collection

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=275). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=225). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 500 telephone interviews were completed between December 7, 2017 and February 28, 2018.

Weighting of Data

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

Margin of Error

With a sample size of 500, we can be 95% sure that the sample percentage reported would not vary by more than ± 4 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ± 4 percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

What do the Percentages Mean?

In 2017, the Census Bureau estimated 135,326 adult residents live in Winnebago County. Thus, in this report, one percentage point equals approximately 1,350 adults. So, when 15% of respondents reported their health was fair or poor, this roughly equals 20,250 residents $\pm 5,400$ individuals. Therefore, from 14,850 to 25,650 residents likely have fair or poor health. Because the margin of error is $\pm 4\%$, events or health risks that are small will include zero.

In 2016, the Census Bureau estimated 69,169 occupied housing units in Winnebago County. 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 690 households.

Definitions

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

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

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

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

Overweight status: Calculated using the Center for Disease Control's Body Mass Index (BMI) of kilograms/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: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

Binge drinking: The definition for binge drinking varies. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2018, the Tri-County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. In 2011 and 2015, the definition was five or more drinks, regardless of gender.

Previous Data Collection

Previous survey administration was conducted by Survey Research Institute and focused on health department service areas. As a result, the Fox Cities were surveyed separately and were not included in the 2011 and 2016 Winnebago County reports. In order to compare the 2018 data with previous years, a random sample of the 2010 Fox Cities Community Health Survey was included in the 2011 Winnebago data at the proportion these communities are in the county. In addition, a random sample of the 2016 Fox Cities Community Health Survey was included in the 2016 Winnebago County data.

Demographic Profile

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

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2018 (Q72, Q73, Q79, Q87 & Q88)^{①,②}

	Survey Results
TOTAL	100%
Gender	
Male	51%
Female	49
Age	
18 to 34	32%
35 to 44	17
45 to 54	20
55 to 64	15
65 and Older	17
Education	
High School Graduate or Less	28%
Some Post High School	31
College Graduate	41
Household Income	
Bottom 40 Percent Bracket	29%
Middle 20 Percent Bracket	22
Top 40 Percent Bracket	42
Not Sure/No Answer	7
Married	52%

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

^②Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q76 & Q77).

How to Read the Report

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults reporting in 2011 they had at least one unhealthy day that kept them from their usual activities in the past month (24%) and the percentage of adults reporting this in 2018 (29%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation

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

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

Report Setup

- 1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2020 goals, wherever possible. Also included is a summary of the key findings for each topic.
- 2) Key Findings—The Key Findings are broken down by:
 - a. Main Topics—overarching topics such as Overall Health, Health Care Coverage and Unmet Needs, and Health Information and Services. Each main topic is in **bold** in the report.
 - b. Key Findings—The first paragraph summarizes 2018 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2018 percentages statistically changed over time.
 - c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, “Rating Their Own Health,” “Physically Unhealthy Days,” “Mentally Unhealthy Days,” and “Unhealthy Days Kept Respondent from Usual Activities” are the sub-topics within Overall Health.
 - i. Recommendations and/or Healthy People 2020 goals—*italicized* statements immediately after the sub-topic title, where possible.
 - ii. Data Comparisons—National and Wisconsin percentages are listed, when available, followed by the Tri-County percentage. This information is *italicized* as well.
 - iii. 2018 Findings
 1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
 2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2018. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income and marital status. Overweight status, physical activity, smoking status and excessive drinking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.
 - iv. 2011 to 2018 Year Comparisons
 1. First bullet—This bullet statistically compares the 2011 percent to the 2018 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
 2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2011 and/or 2018. Secondly, the bullet includes if there were any changes within the demographic categories from 2011 to 2018. A bullet is not written if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
 - v. 2015 to 2018 Year Comparisons—same format as the 2011 to 2018 Year Comparisons, but compares 2015 to 2018 percentages instead.
 - vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for “2018 Findings,” “2011 to 2018 Year Comparisons” and “2015 to 2018 Year Comparisons.” Statistically significant demographic differences within years are indicated by ¹, ² and/or ³ depending upon the number of years data is available. Statistically significant differences between years are indicated by ^a and/or ^b depending on the number of years of data. The table includes the survey question number in the title.
 - vii. Trend Figure—after all survey questions within the main topic is analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
- 3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

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

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Winnebago County residents. Where possible, Wisconsin and U.S. data are included. The following data are highlights of the comprehensive study. Please see the full report for more details.

General Health	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Overall Health								
Excellent/Very Good ^{A,B,C,D}	57%	52%	42%	56%	53%	42%	NA	NA
Good	31%	31%	43%	31%	32%	43%	NA	NA
Fair or Poor	13%	17%	15%	13%	14%	16%	16%	16%
At Least 3 Physically Unhealthy Days in Past Month ^A	23%	33%	31%	24%	27%	27%	NA	NA
At Least 3 Mentally Unhealthy Days in Past Month ^{A,C}	25%	31%	30%	24%	28%	31%	NA	NA
At Least 3 Physically/Mentally Unhealthy Days Prevented Usual Activities in Past Month ^A	15%	22%	19%	15%	19%	18%	NA	NA

Health Care Coverage	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Currently No Health Care Coverage								
18 Years Old and Older [HP2020 Goal: 0%] ^{A,B,C,D}	12%	6%	<1%	9%	4%	<1%	9%	10%
18 to 64 Years Old [HP2020 Goal: 0%] ^{A,B,C,D}	14%	7%	<1%	10%	5%	1%	10%	12%
Unmet Care in Past Year (Household Member)								
Medical Care [HP2020 Goal: 4%]	--	--	6%	--	--	6%	NA	NA
Dental Care [HP2020 Goal: 5%]	--	--	8%	--	--	8%	NA	NA
Mental Health Care	--	--	2%	--	--	3%	NA	NA
Have a Primary Care Physician [HP2020 Goal: 84%] ^{A,C}	84%	--	89%	88%	--	91%	NA	NA
Advance Care Document or Conversation	--	--	67%	--	--	67%	NA	NA
Advance Directive Document for Health Care	--	--	44%	--	--	45%	NA	NA
Conversation with Trusted Person about Health Care Wishes if Unable to Speak for Self	--	--	49%	--	--	50%	NA	NA

Routine Procedures	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Routine Checkup (2 Years Ago or Less) ^{A,C,D}	83%	91%	92%	84%	88%	91%	84%	84%
Respondents with a Routine Checkup in Past 2 Years								
HCP Inquired about Alcohol Consumption ^{B,D}	--	66%	81%	--	65%	83%	NA	NA
Advised to Quit or Reduce Alcohol Consumption (of HCP Inquiries)	--	10%	6%	--	7%	5%	NA	NA
Dental Checkup (Past Year) [HP2020 Goal: 49%] ^{A,B}	80%	79%	74%	79%	78%	77%	73%	66%

Health Conditions in Past 3 Years	Winnebago County			Tri-County			WI	US
	2011 ¹	2015 ¹	2018	2011 ¹	2015 ¹	2018	2016	2016
High Blood Pressure	30%	26%	26%	26%	26%	25%	NA	NA
High Blood Cholesterol ^D	19%	27%	22%	26%	30%	24%	NA	NA
Mental Health Condition	--	24%	21%	--	24%	21%	NA	NA
Diabetes	7%	8%	10%	8%	8%	10%	NA	NA
Heart Disease/Condition	--	--	8%	--	--	8%	NA	NA
Asthma (Current) ^D	--	12%	9%	--	15%	9%	9%	9%

--Not asked or worded differently. NA-Wisconsin and/or US comparison data not available.

¹In 2011 and 2015, time frame was "ever".

^AWinnebago County statistical change from 2011 to 2018. ^BWinnebago County statistical change from 2015 to 2018.

^CTri-County statistical change from 2011 to 2018. ^DTri-County statistical change from 2015 to 2018.

Financial Factors Affecting Health in Past Year	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Worried/Stressed About Having Enough Money for Rent, Mortgage or Utilities (Always/Usually)	--	17%	14%	--	14%	14%	NA	NA
Food Didn't Last and Unable to Purchase More (Often True/Sometimes True)	--	17%	15%	--	11%	13%	NA	NA

Mental Health Status	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Get Social/Emotional Support Needed (Rarely/Never) ^A	7%	11%	10%	6%	8%	6%	NA	NA
Stress Because Mind is Troubled in Past Month (All the Time/Most of the Time)	--	--	13%	--	--	15%	NA	NA
Considered Suicide in Past Year	--	--	10%	--	--	8%	NA	NA

Physical Health	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Overweight Status								
Overweight/Obese (BMI 25.0+) [HP2020: 66%] ^{A,B}	64%	62%	70%	66%	65%	67%	67%	65%
Obese (BMI 30.0+) [HP2020: 31%] ^{A,B,C}	30%	31%	39%	30%	32%	35%	31%	30%
Physical Activity/Week								
Moderate Activity (5 Times/30 Min) ^{B,D}	--	20%	32%	--	22%	33%	42% ¹	33% ¹
Vigorous Activity (3 Times/20 Min)	--	24%	25%	--	28%	25%	31% ³	29% ³
Recommended Moderate or Vigorous ^B	--	35%	43%	--	40%	44%	53% ³	51% ³
Major Reasons Not Participate in Physical Activity More (Of Respondents Who Did Not Meet Recommendation)								
Not Enough Time to Exercise	--	--	30%	--	--	24%	NA	NA
Difficult to Motivate Self	--	--	28%	--	--	24%	NA	NA
Boring	--	--	15%	--	--	11%	NA	NA

Nutrition	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Fruit Intake (2+ Servings/Day) ^{B,C,D}	49%	54%	44%	54%	60%	48%	NA	NA
Vegetable Intake (3+ Servings/Day) ^C	29%	27%	31%	26%	33%	31%	NA	NA
At Least 5 Fruit/Vegetables/Day ^D	28%	33%	28%	30%	39%	29%	23% ³	23% ³
Sugar Drink (1+ Drinks/Day/Past Month)	--	--	34%	--	--	30%	NA	NA
Non-Work Screen Time (4+ Hours/Day) ^B	--	44%	32%	--	36%	30%	NA	NA
Sleep in Past 24 Hours (7+ Hours) [HP2020 Goal: 71%]	--	63%	64%	--	67%	65%	NA	NA
Family Meals (Households with More than 1 Person; 5+ Meals/Week) ^{B,D}	--	65%	56%	--	64%	59%	NA	NA

Alcohol Use in Past Month	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Heavy Drinker (Female 31+ Drinks; Male 61+ Drinks)	--	--	9%	--	--	10%	7% ²	5% ²
Binge Drinker (Female 4+ Drinks; Male 5+ Drinks on an Occasion) [HP2020 Goal: 24% (5+ Drinks)] ^{B,D}	26% ⁴	18% ⁴	28%	23% ⁴	20% ⁴	25%	25%	17%
Excessive Drinker (Either Heavy or Binge Drinker) [HP2020 Goal: 25%] ^{B,D}	26% ⁵	18% ⁵	29%	23% ⁵	20% ⁵	26%	NA	NA
Driven When Perhaps Had Too Much to Drink ^{B,C,D}	2%	4%	2%	3%	5%	1%	NA	NA

--Not asked or worded differently. NA-Wisconsin and/or US comparison data not available.

¹2005 WI and US Data; ²2007 WI and US Data; ³2009 WI and US Data.

⁴In 2011 and 2015, binge drinking was defined as 5 or more drinks on an occasion, regardless of gender.

⁵In 2011 and 2015, heavy drinking was not asked. As a result, 2011 and 2015 percentages include binge drinking only.

^AWinnebago County statistical change from 2011 to 2018. ^BWinnebago County statistical change from 2015 to 2018.

^CTri-County statistical change from 2011 to 2018. ^DTri-County statistical change from 2015 to 2018.

Tobacco Use	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Current Use (Every Day/Some Days)								
Tobacco Cigarette Smoker [HP2020 Goal: 12%] ^{C,D}	17%	16%	17%	18%	16%	12%	17%	17%
Smokeless Tobacco [HP2020 Goal: 0.2%] ^A	5%	4%	2%	3%	3%	4%	4%	4%
Electronic Cigarettes/Vaping	--	5%	6%	--	5%	5%	5%	5%
Of Current Tobacco Cigarette Smokers...								
Quit Smoking 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal: 80%]	43%	41%	45%	59%	51%	48%	49% ¹	56% ¹
Someone Smokes in Household or Vehicle [HP2020 Goal: 13%] ^{A,C}	14%	--	9%	15%	--	7%	NA	NA

Household Problems Associated With...	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Alcohol (Past Year) ^C	4%	--	4%	4%	--	2%	NA	NA
Misuse of Prescription or Over-the-Counter Drugs (Past Year)	--	--	2%	--	--	2%	NA	NA

Firearms in Household	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2002	2002
Firearm in House/Garage	--	--	43%	--	--	43%	44%	33%
Firearm Loaded (All Households)	--	--	14%	--	--	9%	3%	8%
Loaded Firearm Also Unlocked (All Households)	--	--	7%	--	--	3%	2%	4%
Of Households with a Firearm								
Loaded Firearm Also Unlocked	--	--	16%	--	--	7%	5%	13%

Personal Safety in Past Year	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
At Least One Personal Safety Issue	--	--	13%	--	--	10%	NA	NA
Afraid for Safety	--	--	9%	--	--	8%	NA	NA
Pushed, Kicked, Slapped, or Hit	--	--	5%	--	--	4%	NA	NA
Felt Extremely Unsafe/Unsafe from Crime in Neighborhood	--	--	4%	--	--	2%	NA	NA

Top Community Health Issues	Winnebago County			Tri-County			WI	US
	2011	2015	2018	2011	2015	2018	2016	2016
Overweight or Obesity	--	--	26%	--	--	22%	NA	NA
Chronic Diseases	--	--	22%	--	--	21%	NA	NA
Illegal Drug Use	--	--	18%	--	--	18%	NA	NA
Mental Health or Depression	--	--	16%	--	--	15%	NA	NA
Infectious Diseases	--	--	15%	--	--	13%	NA	NA
Cancer	--	--	14%	--	--	17%	NA	NA
Alcohol Use or Abuse	--	--	14%	--	--	14%	NA	NA
Access to Health Care	--	--	14%	--	--	17%	NA	NA
Prescription or Over-the-Counter Drug Abuse	--	--	10%	--	--	9%	NA	NA
Violence or Crime	--	--	6%	--	--	4%	NA	NA
Affordable Health Care	--	--	6%	--	--	8%	NA	NA
Lack of Physical Activity	--	--	6%	--	--	5%	NA	NA
Access to Affordable Healthy Food	--	--	6%	--	--	6%	NA	NA

--Not asked or worded differently. NA-Wisconsin and/or US comparison data not available.

¹2005 WI and US Data.

^AWinnebago County statistical change from 2011 to 2018. ^BWinnebago County statistical change from 2015 to 2018.

^CTri-County statistical change from 2011 to 2018. ^DTri-County statistical change from 2015 to 2018.

Children in Household	Winnebago County		Tri-County	
	2015 ¹	2018 ¹	2015 ¹	2018 ¹
Personal Doctor/Nurse Who Knows Child Well and Familiar with History ^A	99%	92%	96%	95%
Visited Personal Doctor/Nurse for Preventive Care in Past Year (Children who have a Personal Doctor/Nurse)	97%	97%	96%	97%
Did Not Receive Specialist Care Needed (Past Year) ^{A,B}	4%	0%	3%	0%
Used New Parent Programs for Child ^B	15%	12%	23%	12%
Health Conditions				
Asthma	9%	10%	10%	6%
Diabetes	0%	0%	2%	<1%
Extremely Unsafe/Unsafe in Community/Neighborhood	--	1%	--	<1%
Fruit Intake (2+ Servings/Day) ^{A,B}	86%	73%	82%	73%
Vegetable Intake (3+ Servings/Day) ^B	32%	23%	31%	23%
5+ Fruit/Vegetables per Day ^{A,B}	52%	36%	50%	40%
Sugar Drink in Past Month				
Less Than One/Day, but More Than One/Week	--	44%	--	38%
At Least One per Day	--	19%	--	15%
Screen Time				
2 or 3 Hours/Day	--	38%	--	38%
4 or More Hours/Day	--	23%	--	18%
Sleeping Location when an Infant				
Crib or Bassinette	93%	92%	89%	94%
In Bed with Adult	3%	1%	2%	3%
Children 4 to 17 Years Old				
Physical Activity (60 Min./5 or More Days/Week) ^{A,B}	39%	64%	50%	63%
Unhappy, Sad or Depressed in Past 6 Months (Always/Nearly Always)	4%	9%	5%	6%
Experienced Bullying in Past Year	16%	25%	18%	24%
Verbally Bullied ^B	13%	23%	13%	21%
Physically Bullied ^A	1%	7%	4%	7%
Cyber Bullied	0%	3%	<1%	3%

--Not asked or worded differently.

¹In 2015, survey included children 12 years old or younger. In 2018, survey included children 17 or younger.

^AWinnebago County statistical change from 2015 to 2018. ^BTri-County statistical change from 2015 to 2018.

General Health

In 2018, 42% of Winnebago County respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents 55 to 64 years old, with some post high school education or less, in the bottom 40 percent household income bracket, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report fair or poor health. Thirty-one percent of respondents reported in the past month their physical health was not good for at least three days; respondents who were 35 to 44 years old, overweight/obese, inactive or who did not excessively drink in the past month were more likely to report this. Thirty percent of respondents reported in the past month their mental health was not good for at least three days; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or smokers were more likely to report this. Nineteen percent of all respondents reported during the past month poor physical or mental health kept them from doing their usual activities for at least three days. Respondents who were female, 35 to 44 years old, with some post high school education or less, in the bottom 60 percent household income bracket, unmarried or smokers were more likely to report at least three unhealthy days kept them from usual activities in the past month. *From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three physically unhealthy days in the past month while from 2015 to 2018, there was no statistical change. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three*

mentally unhealthy days in the past month, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three unhealthy days kept them from usual activities in the past month while from 2015 to 2018, there was no statistical change.

Health Care Coverage and Information

In 2018, less than one percent of Winnebago County respondents reported they were not currently covered by health care insurance. Six percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed; married respondents were more likely to report this. Eight percent of respondents reported there was a time in the past year 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 in the past year someone in the household did not receive the mental health care needed. *From 2011 to 2018, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2015 to 2018.*

In 2018, 89% of Winnebago County respondents reported they have a personal care physician they think of as their personal doctor or health care provider; respondents who were female, 55 and older, in the middle 20 percent household income bracket or married were more likely to report a personal care physician. Forty-four percent of respondents reported they had an Advance Directive for Health Care document. Forty-nine percent of respondents reported in the past year they had a conversation with family, friends or other persons they trust about their wishes for health care if they are unable to speak for themselves. A total of 67% completed either the Advance Directive for Health Care document or had a conversation with a trusted person about their health care wishes; respondents who were female, 65 and older, with some post high school education or married respondents were more likely to report this. *From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider.*

Routine Procedures

In 2018, 92% of Winnebago County respondents reported a routine medical checkup two years ago or less. Respondents who were female, 55 and older or married were more likely to report a routine checkup two years ago or less. Eighty-one percent of respondents who had a routine checkup in the past two years reported their health care provider inquired about their alcohol consumption. Respondents 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were unmarried or drank excessively in the past month were more likely to report their provider inquired about their alcohol consumption. Six percent of respondents who were asked about their alcohol consumption were advised to reduce or quit their drinking. Respondents with some post high school education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket, who were unmarried or drank excessively in the past month were more likely to report they were advised to reduce or quit their drinking. Seventy-four percent of respondents reported a visit to the dentist in the past year; respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. *From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting a routine checkup while from 2015 to 2018, there was no statistical change. From 2015 to 2018, there was a statistical increase in the overall percent of respondents reporting their health care provider asked about their alcohol use. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their health care provider advised the, to quit or lessen alcohol use at their last routine checkup. From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.*

Health Conditions

In 2018, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%) or high blood cholesterol (22%) in Winnebago County. Respondents 65 and older, with a high school education or less, who were overweight/obese, inactive or nonsmokers were more likely to report high blood pressure. Respondents 65 and older, with a high school education or less, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report high blood cholesterol. Twenty-one percent reported a mental health condition; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or who were smokers were more likely to report this. Ten percent of respondents reported diabetes. Respondents 65 and older, with a high school education or less, in the

bottom 40 percent household income bracket, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report diabetes. Eight percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were 65 and older or did not excessively drink in the past month were more likely to report this. Nine percent reported current asthma; female respondents were more likely to report current asthma. *From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or diabetes, as well as from 2015 to 2018. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition or current asthma.*

Financial Factors Affecting Health

In 2018, 14% of Winnebago County respondents reported they always or usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year; respondents 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Fifteen percent of respondents reported in the past year it was often or sometimes true that the food they bought just didn't last, and they didn't have money to get more; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket, who were unmarried or with children in the household were more likely to report this. *From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported in the past year they always/usually worried or stressed about having enough money to pay rent, mortgage/utility bills or it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more.*

Mental Health Status

In 2018, 10% of Winnebago County respondents reported they rarely/never get the social and emotional support they need; respondents who were male, with some post high school education or unmarried respondents were more likely to report this. Thirteen percent of respondents reported they felt stress all of the time/most of the time in the past month; respondents who were female or 18 to 34 years old were more likely to report this. Ten percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 35 to 44 years old or with some post high school education or households with children were more likely to report this. *From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported they rarely/never get the social and emotional support they need while from 2015 to 2018, there was no statistical change.*

Physical Health

In 2018, 32% of Winnebago County respondents did moderate physical activity five times a week for 30 minutes. Twenty-five percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education or who were not overweight/obese were more likely to report this. Thirty percent of respondents reported there is not enough time to exercise as their major reason for not participating in physical activities more often. Respondents 18 to 34 years old or with children in the household were more likely to report there is not enough time to exercise. Twenty-eight percent reported it is difficult to motivate myself to exercise as a major reason; overweight/obese respondents were more likely to report this. Fifteen percent of respondents reported it is boring/not enjoyable as a major reason; married respondents were more likely to report this. Ten percent of respondents reported it is inconvenient to exercise. Overweight/obese respondents were more likely to report it is inconvenient to exercise. Nine percent reported they are afraid of getting injured or they were injured recently as a major reason for not participating in physical activities more often; respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity.*

In 2018, 70% of Winnebago County respondents were classified as at least overweight while 39% were obese. Respondents who were male, 35 and older, with a high school education or less, who were married or inactive were more likely to be classified as at least overweight. Respondents 35 to 44 years old, 55 to 64 years old, with some post high school education or less, in the bottom 60 percent household income bracket or inactive respondents were more

likely to be obese. *From 2011 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or being obese, as well as from 2015 to 2018.*

Nutrition

In 2018, 44% of Winnebago County respondents reported two or more servings of fruit while 31% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, who were not overweight/obese or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were not overweight/obese or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Twenty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents with a college education, in the top 40 percent household income bracket, who were not overweight/obese or met the recommended amount of physical activity were more likely to report this. Thirty-four percent of respondents reported they drank at least one sugared drink per day in the past month; respondents 18 to 44 years old, with some post high school education or who did not meet the recommended amount of physical activity were more likely to report this. Fifty-six percent of respondents reported their family ate together five or more times during the past week; respondents in the bottom 40 percent household income bracket or married respondents were more likely to report this. *From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was a statistical decrease. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2011 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. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their family had a meal together at least five times in the past week.*

Screen Time and Sleep

In 2018, 32% of Winnebago County respondents reported at least four hours of screen time a day; respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight/obese or inactive were more likely to report this. Sixty-four percent of respondents reported they get at least seven hours of sleep in a 24-hour period; respondents 65 and older, with a college education, in the bottom 40 percent household income bracket, who were not overweight/obese, met the recommended amount of physical activity or without children in the household were more likely to report this. *From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least four hours of screen time a day. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least seven hours of sleep in a 24-hour period.*

Alcohol Use

In 2018, 68% of Winnebago County respondents had an alcoholic drink in the past month. Nine percent of all respondents were heavy drinkers (females 31+ drinks and males 61+ drinks past month) while 28% were binge drinkers (females 4+ drinks and males 5+ drinks). Respondents who were female, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to be heavy drinkers. Respondents who were male, 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket or unmarried respondents were more likely to have binged at least once in the past month. Combined, this equals 29% who were excessive drinkers in the past month (either heavy or binge drinker). Respondents 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket, who were unmarried or whose health care provider inquired about their alcohol consumption were more likely to be excessive drinkers. Two percent of respondents reported in the past month they had driven a vehicle when they perhaps had too much to drink. *From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported binge drinking or excessive drinking in the past month while from 2015 to 2018, there was a statistical increase. Please note: in 2018, binge drinking was defined as 4+ drinks for females and 5+ drinks for males on an occasion while in 2011 and 2015 it was 5+ drinks regardless of gender. In addition, in 2018 excessive drinking included heavy drinking or binge drinking while in 2011 and 2015, it only includes binge drinking. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they drove a vehicle when they perhaps had too much to drink while from 2015 to 2018, there was a statistical decrease.*

Tobacco Use

In 2018, 17% of Winnebago County respondents were current tobacco cigarette smokers; respondents 18 to 44 years old, with some post high school education or unmarried respondents were more likely to be a smoker. In the past year, 45% of current smokers quit smoking for one day or longer because they were trying to quit. *From 2011 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. From 2011 to 2018, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2015 to 2018.*

In 2018, 9% of Winnebago County respondents reported they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle; unmarried respondents were more likely to report this. *From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting they or someone in their household smoked cigarettes, cigars or pipes inside their home or vehicle.*

In 2018, 2% of Winnebago County respondents used smokeless tobacco on some days or every day. Six percent of respondents used electronic cigarettes on some days or every day; respondents 18 to 34 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. *From 2011 to 2018, there was a statistical decrease in the overall percent of respondents who currently used smokeless tobacco 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 who currently used electronic cigarettes.*

Household Problems

In 2018, 4% of Winnebago County respondents reported in the past year, someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol; respondents in households with children were more likely to report this. Two percent of respondents reported in the past year, someone in their household experienced a problem in connection with the misuse of prescription drugs/over-the-counter drugs. *From 2011 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol.*

Firearms in Household

In 2018, 43% of Winnebago County households had a firearm in or around the home; respondents who were in the top 40 percent household income bracket or married were more likely to report this. Of all households, 14% had a loaded firearm; respondents in the top 40 percent household income bracket were more likely to report this. Seven percent of all households had a firearm loaded and unlocked; respondents in the top 40 percent household income bracket were more likely to report this.

Personal Safety

In 2018, 9% of Winnebago County respondents reported someone made them afraid for their personal safety in the past year; respondents 18 to 34 years old were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. A total of 13% reported at least one of these two situations; respondents 18 to 34 years old were more likely to report this. Four percent of respondents reported their neighborhood was unsafe or extremely unsafe from crime; respondents with some post high school education or less or in households without children were more likely to report this.

Children in Household

In 2018, the Winnebago County respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of one of the children. Ninety-two percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 97% reporting their child visited their personal doctor or nurse for preventive care during the past year. Zero percent reported there was a time in the past year their child was not able to visit a specialist they needed to see. Twelve percent of respondents reported their child was helped by new parent programs. Ten percent of respondents reported their child currently had asthma while 0% reported their child had diabetes. One percent of respondents reported their child was unsafe or extremely unsafe in their community. One percent of respondents reported when

their child was an infant, he/she slept in bed with the respondent or another person. Seventy-three percent of respondents reported their child ate at least two servings of fruit on an average day while 23% reported three or more servings of vegetables. Thirty-six percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Nineteen percent of respondents reported their child drank at least one sugared drink a day during the past month. Sixty-four percent of respondents reported their 4 to 17 year old child was physically active five times a week for 60 minutes. Twenty-three percent of respondents reported their child spent four or more hours of screen time on an average day. Nine percent of respondents reported their 4 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Twenty-five percent reported their 4 to 17 year old child experienced some form of bullying in the past year; 23% reported verbal bullying, 7% physical bullying and 3% reported cyber bullying. *From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting their child had a personal doctor or nurse. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting in the past year their child was unable to see a specialist when needed. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting they were helped by new parent programs. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child currently had asthma or had diabetes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported as an infant, their child slept with them or another person. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child ate at least two servings of fruit or met the recommendation of at least five servings of fruit/vegetables. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported their 4 to 17 year old child was physically active five times a week for at least 60 minutes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their 4 to 17 year old child always or nearly always felt unhappy/sad/depressed. 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 overall, verbally bullied or cyber bullied. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported in the past year their child was physically bullied.*

Top Community Health Issues

In 2018, Winnebago County respondents were asked to list the top three health issues in the community. The most often cited was overweight/obesity (26%). Respondents 18 to 44 years old were more likely to report overweight/obesity as a top community health issue. Twenty-two percent of respondents were more likely to report chronic diseases as a top health issue. Eighteen percent reported illegal drug use as a top health issue; respondents 18 to 34 years old or with a college education were more likely to report this. Sixteen percent of respondents reported mental health or depression. Respondents who were female, 18 to 44 years old or in the middle 20 percent household income bracket were more likely to report mental health or depression as a top community health issue. Fifteen percent of respondents reported infectious diseases; respondents with a high school education or less were more likely to report this. Fourteen percent of respondents reported cancer; respondents 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported alcohol use or abuse as a top health issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported access to health care as a top health issue. Respondents who were female or married were more likely to report access to health care. Ten percent of respondents reported prescription or over-the-counter drug abuse; respondents 45 to 54 years old or with a college education were more likely to report this. Six percent of respondents reported violence or crime as a top health issue. Respondents 35 to 54 years old or in the top 40 percent household income bracket were more likely to report violence or crime. Six percent of respondents reported affordable health care as a top community health issue. Female respondents were more likely to report affordable health care. Six percent of respondents reported lack of physical activity; respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Six percent of respondents reported access to affordable healthy food as a top community health issue. Respondents who were female, 45 to 54 years old or with a college education were more likely to report access to affordable healthy food.

Key Findings

Overall Health (Figures 1 & 2; Tables 2 - 5)

KEY FINDINGS: In 2018, 42% of Winnebago County respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents 55 to 64 years old, with some post high school education or less, in the bottom 40 percent household income bracket, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report fair or poor health. Thirty-one percent of respondents reported in the past month their physical health was not good for at least three days; respondents who were 35 to 44 years old, overweight/obese, inactive or who did not excessively drink in the past month were more likely to report this. Thirty percent of respondents reported in the past month their mental health was not good for at least three days; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or smokers were more likely to report this. Nineteen percent of all respondents reported during the past month poor physical or mental health kept them from doing their usual activities for at least three days. Respondents who were female, 35 to 44 years old, with some post high school education or less, in the bottom 60 percent household income bracket, unmarried or smokers were more likely to report at least three unhealthy days kept them from usual activities in the past month.

From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three physically unhealthy days in the past month while from 2015 to 2018, there was no statistical change. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three mentally unhealthy days in the past month, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three unhealthy days kept them from usual activities in the past month while from 2015 to 2018, there was no statistical change.

Rating Their Own Health

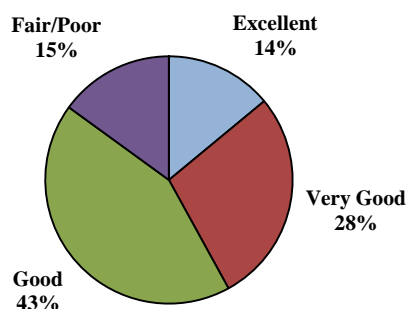
In 2016, 51% of Wisconsin respondents reported their health as excellent or very good while 16% reported fair or poor. Fifty-three percent of U.S. respondents reported their health as excellent or very good while 16% reported fair or poor (2016 Behavioral Risk Factor Surveillance).

In 2018, 42% of Tri-County respondents reported their health as excellent or very good while 16% reported fair or poor (2018 Tri-County Community Health Survey).

2018 Findings (Table 2)

- Forty-two percent of respondents said their own health, generally speaking, was either excellent (14%) or very good (28%). A total of 15% reported their health was fair or poor.

Figure 1. Rate Own Health for 2018 (Q1)



- Respondents 55 to 64 years old were more likely to report their health was fair or poor (27%) compared to those 45 to 54 years old (11%) or respondents 18 to 34 years old (6%).
- Twenty-one percent of respondents with a high school education or less and 19% of those with some post high school education reported their health was fair or poor compared to 7% of respondents with a college education.
- Twenty-seven percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 10% of those in the top 40 percent income bracket or 6% of respondents in the middle 20 percent household income bracket.
- Overweight/obese respondents were more likely to report their health was fair or poor (19%) compared to respondents who were not overweight/obese (5%).
- Forty-one percent of inactive respondents reported their health was fair or poor compared to 13% of those who did an insufficient amount of physical activity or 9% of respondents who met the recommended amount of physical activity.
- Seventeen percent of respondents who did not excessively drink in the past month reported their health was fair or poor compared to 10% of respondents who excessively drank.

2011 to 2018 Year Comparisons (Table 2)

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2011, age was not a significant variable. In 2018, respondents 55 to 64 years old were more likely to report fair or poor health.
- In 2011 and 2018, respondents with some post high school education or less were more likely to report fair or poor health.

- In 2011 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2011, unmarried respondents were more likely to report fair or poor health. In 2018, marital status was not a significant variable.
- In 2011, overweight status was not a significant variable. In 2018, overweight/obese respondents were more likely to report fair or poor health.
- In 2011, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink were more likely to report fair or poor health.

2015 to 2018 Year Comparisons (Table 2)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2015, respondents 45 to 54 years old were more likely to report fair or poor health. In 2018, respondents 55 to 64 years old were more likely to report fair or poor health. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting fair or poor health.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to report fair or poor health. From 2015 to 2018, there was a noted decrease in the percent of respondents with a college education reporting fair or poor health.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2015 and 2018, overweight/obese respondents were more likely to report fair or poor health.
- In 2015 and 2018, inactive respondents were more likely to report fair or poor health.
- In 2015, smokers were more likely to report fair or poor health. In 2018, smoking status was not a significant variable.
- In 2015, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink were more likely to report fair or poor health. From 2015 to 2018, there was a noted decrease in the percent of respondents who excessively drank reporting fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q1)^{①,②}

	2011	2015	2018
TOTAL	13%	17%	15%
Gender			
Male	13	17	13
Female	13	16	16
Age ^{2,3}			
18 to 34	11	2	6
35 to 44	10	19	16
45 to 54 ^b	12	31	11
55 to 64	18	15	27
65 and Older	17	24	22
Education ^{1,3}			
High School or Less	17	15	21
Some Post High School	15	21	19
College Graduate ^b	8	13	7
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	22	21	27
Middle 20 Percent Bracket	11	14	6
Top 40 Percent Bracket	6	6	10
Marital Status ¹			
Married	10	14	14
Not Married	16	20	15
Overweight Status ^{2,3}			
Not Overweight/Obese	9	9	5
Overweight/Obese	15	21	19
Physical Activity ^{2,3}			
Inactive	--	44	41
Insufficient	--	15	13
Recommended	--	4	9
Smoking Status ²			
Nonsmoker	12	15	14
Smoker	16	26	19
Excessive Drinking in Past Month ³			
Yes ^b	11	21	10
No	14	15	17

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

^②In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Physically Unhealthy Days

In 2018, 27% of Tri-County respondents reported during the past month their physical health, which includes physical illness and injury, was not good for at least three days (2018 Tri-County Community Health Survey).

2018 Findings (Table 3)

- Thirty-one percent of respondents reported during the past month their physical health, which includes physical illness and injury, was not good for at least three days.
- Forty-eight percent of respondents 35 to 44 years old reported at least three physically unhealthy days in the past month compared to 28% of those 45 to 54 years old or 20% of respondents 18 to 34 years old.
- Overweight/obese respondents were more likely to report at least three physically unhealthy days in the past month (37%) compared to respondents who were not overweight/obese (17%).
- Fifty-one percent of inactive respondents reported at least three physically unhealthy days in the past month compared to 33% of those who did an insufficient amount of physical activity or 21% of respondents who met the recommended amount of physical activity.
- Thirty-eight percent of respondents who did not excessively drink in the past month reported at least three physically unhealthy days in the past month compared to 13% of respondents who excessively drank.

2011 to 2018 Year Comparisons (Table 3)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three physically unhealthy days in the past month.
- In 2011, female respondents were more likely to report at least three physically unhealthy days in the past month. In 2018, gender was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of male respondents reporting at least three physically unhealthy days.
- In 2011, age was not a significant variable. In 2018, respondents 35 to 44 years old were more likely to report at least three physically unhealthy days in the past month, with a noted increase since 2011.
- In 2011 and 2018, education was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents with a high school education or less reporting at least three physically unhealthy days.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report at least three physically unhealthy days in the past month. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting at least three physically unhealthy days.
- In 2011, unmarried respondents were more likely to report at least three physically unhealthy days in the past month. In 2018, marital status was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of married respondents reporting at least three physically unhealthy days.
- In 2011, overweight status was not a significant variable. In 2018, overweight/obese respondents were more likely to report at least three physically unhealthy days in the past month, with a noted increase since 2011.
- In 2011 and 2018, smoking status was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of nonsmokers reporting at least three physically unhealthy days.

- In 2011, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink in the past month were more likely to report at least three physically unhealthy days in the past month, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 3)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least three physically unhealthy days in the past month.
- In 2015, female respondents were more likely to report at least three physically unhealthy days in the past month. In 2018, gender was not a significant variable.
- In 2015, respondents 45 to 54 years old were more likely to report at least three physically unhealthy days in the past month. In 2018, respondents 35 to 44 years old were more likely to report at least three physically unhealthy days in the past month. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting at least three physically unhealthy days.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report at least three physically unhealthy days in the past month. In 2018, household income was not a significant variable.
- In 2015, unmarried respondents were more likely to report at least three physically unhealthy days in the past month. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting at least three physically unhealthy days.
- In 2015 and 2018, overweight/obese respondents were more likely to report at least three physically unhealthy days in the past month.
- In 2015 and 2018, inactive respondents were more likely to report at least three physically unhealthy days in the past month.
- In 2015, smokers were more likely to report at least three physically unhealthy days in the past month. In 2018, smoking status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of smokers reporting at least three physically unhealthy days.
- In 2015, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink were more likely to report at least one physically unhealthy day in the past month. From 2015 to 2018, there was a noted decrease in the percent of respondents who excessively drank in the past month reporting at least three physically unhealthy days.

Table 3. At Least Three Physically Unhealthy Days in Past Month by Demographic Variables for Each Survey Year (Q2)^{①,②}

	2011	2015	2018
TOTAL ^a	23%	33%	31%
Gender ^{1,2}			
Male ^a	16	29	28
Female	30	37	33
Age ^{2,3}			
18 to 34	23	19	20
35 to 44 ^a	13	44	48
45 to 54 ^b	26	47	28
55 to 64	27	29	41
65 and Older	25	38	30
Education			
High School or Less ^a	24	30	38
Some Post High School	23	34	29
College Graduate	21	34	27
Household Income ^{1,2}			
Bottom 40 Percent Bracket	30	38	38
Middle 20 Percent Bracket	20	22	25
Top 40 Percent Bracket ^a	17	27	29
Marital Status ^{1,2}			
Married ^a	20	29	34
Not Married ^b	27	38	27
Overweight Status ^{2,3}			
Not Overweight/Obese	24	22	17
Overweight/Obese ^a	22	41	37
Physical Activity ^{2,3}			
Inactive	--	55	51
Insufficient	--	38	33
Recommended	--	16	21
Smoking Status ²			
Nonsmoker ^a	23	31	32
Smoker ^b	21	45	24
Excessive Drinking in Past Month ³			
Yes ^b	18	35	13
No ^a	25	32	38

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

^②In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity question asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Mentally Unhealthy Days

In 2018, 31% of Tri-County respondents reported during the past month their mental health, which includes stress, depression, and problems with emotions, was not good for at least three days (2018 Tri-County Community Health Survey).

2018 Findings (Table 4)

- Thirty percent of respondents reported during the past month their mental health, which includes stress, depression, and problems with emotions, was not good for at least three days.
- Respondents 18 to 34 years old were more likely to report at least three mentally unhealthy days in the past month (46%) compared to those 45 to 54 years old (24%) or respondents 65 and older (14%).
- Forty percent of respondents in the bottom 40 percent household income bracket reported at least three mentally unhealthy days in the past month compared to 32% of those in the middle 20 percent income bracket or 23% of respondents in the top 40 percent household income bracket.
- Smokers were more likely to report at least three mentally unhealthy days in the past month (44%) compared to nonsmokers (27%).

2011 to 2018 Year Comparisons (Table 4)

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three mentally unhealthy days in the past month.
- In 2011, respondents 35 to 44 years old were more likely to report at least three mentally unhealthy days in the past month. In 2018, respondents 18 to 34 years old were more likely to report at least three mentally unhealthy days in the past month, with a noted increase since 2011.
- In 2011, respondents with some post high school education were more likely to report at least three mentally unhealthy days in the past month. In 2018, education was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents with a high school education or less reporting at least three mentally unhealthy days in the past month.
- In 2011, household income was not a significant variable. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report at least three mentally unhealthy days in the past month. From 2011 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting at least three mentally unhealthy days in the past month.
- In 2011, unmarried respondents were more likely to report at least three mentally unhealthy days in the past month. In 2018, marital status was not a significant variable.
- In 2011, smoking status was not a significant variable. In 2018, smokers were more likely to report at least three mentally unhealthy days in the past month, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 4)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least three mentally unhealthy days in the past month.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to report at least three mentally unhealthy days in the past month.

- In 2015, respondents in the middle 20 percent household income bracket were more likely to report at least three mentally unhealthy days in the past month. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report at least three mentally unhealthy days in the past month.
- In 2015, unmarried respondents were more likely to report at least three mentally unhealthy days in the past month. In 2018, marital status was not a significant variable.
- In 2015 and 2018, overweight status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents who were not overweight/obese reporting at least three mentally unhealthy days in the past month.
- In 2015, inactive respondents were more likely to report at least three mentally unhealthy days in the past month. In 2018, physical activity was not a significant variable.
- In 2015 and 2018, smokers were more likely to report at least three mentally unhealthy days in the past month.
- In 2015, respondents who excessively drank in the past month were more likely to report at least three mentally unhealthy days in the past month. In 2018, excessive drinking status was not a significant variable.

Table 4. At Least Three Mentally Unhealthy Days in Past Month by Demographic Variables for Each Survey Year (Q3)^{①,②}

	2011	2015	2018
TOTAL	25%	31%	30%
Gender			
Male	25	28	27
Female	25	35	33
Age ^{1,2,3}			
18 to 34 ^a	27	48	46
35 to 44	33	31	28
45 to 54	27	29	24
55 to 64	26	22	26
65 and Older	11	12	14
Education ¹			
High School or Less ^a	19	34	31
Some Post High School	33	36	33
College Graduate	25	25	27
Household Income ^{2,3}			
Bottom 40 Percent Bracket	31	34	40
Middle 20 Percent Bracket ^a	20	40	32
Top 40 Percent Bracket	22	18	23
Marital Status ^{1,2}			
Married	22	25	27
Not Married	29	38	33
Overweight Status			
Not Overweight/Obese ^b	23	37	25
Overweight/Obese	26	29	32
Physical Activity ²			
Inactive	--	40	32
Insufficient	--	25	29
Recommended	--	36	31
Smoking Status ^{2,3}			
Nonsmoker	25	29	27
Smoker ^a	24	45	44
Excessive Drinking in Past Month ²			
Yes	25	46	34
No	25	28	28

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

^②In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Unhealthy Days Kept Respondent from Usual Activities

In 2018, 18% of Tri-County respondents reported during the past month poor physical or mental health kept them from doing their usual activities (2018 Tri-County Community Health Survey).

2018 Findings (Table 5)

- Nineteen percent of all respondents reported during the past month poor physical or mental health kept them from doing their usual activities, such as self-care, work, or recreation for at least three days.
- Female respondents were more likely to report at least three unhealthy days kept them from usual activities in the past month (23%) compared to male respondents (15%).
- Thirty percent of respondents 35 to 44 years old reported at least three unhealthy days kept them from usual activities in the past month compared to 14% of those 65 and older or 10% of respondents 45 to 54 years old.
- Twenty-six percent of respondents with a high school education or less and 25% of those with some post high school education reported at least three unhealthy days kept them from usual activities in the past month compared to 9% of respondents with a college education.
- Thirty percent of respondents in the bottom 40 percent household income bracket and 29% of those in the middle 20 percent income bracket reported at least three unhealthy days kept them from usual activities in the past month compared to 8% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report at least three unhealthy days kept them from usual activities in the past month compared to married respondents (24% and 14%, respectively).
- Smokers were more likely to report at least three unhealthy days kept them from usual activities in the past month (29%) compared to nonsmokers (17%).

2011 to 2018 Year Comparisons (Table 5)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three unhealthy days kept them from usual activities in the past month.
- In 2011, gender was not a significant variable. In 2018, female respondents were more likely to report at least three unhealthy days kept them from usual activities.
- In 2011, age was not a significant variable. In 2018, respondents 35 to 44 years old were more likely to report at least three unhealthy days kept them from usual activities, with a noted increase since 2011.
- In 2011, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to report at least three unhealthy days kept them from usual activities, with a noted increase since 2011. From 2011 to 2018, there was a noted decrease in the percent of respondents with a college education reporting at least three unhealthy days kept them from usual activities.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report at least three unhealthy days kept them from usual activities. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report at least three unhealthy days kept them from usual activities. From 2011 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting at least three unhealthy days kept them from usual activities.
- In 2011 and 2018, unmarried respondents were more likely to report at least three unhealthy days kept them from usual activities.

- In 2011, smoking status was not a significant variable. In 2018, smokers were more likely to report at least three unhealthy days kept them from usual activities, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 5)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least three unhealthy days kept them from usual activities in the past month.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report at least three unhealthy days kept them from usual activities in the past month.
- In 2015, respondents 45 to 54 years old were more likely to report at least three unhealthy days kept them from usual activities in the past month. In 2018, respondents 35 to 44 years old were more likely to report at least three unhealthy days kept them from usual activities. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting at least three unhealthy days kept them from usual activities.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to report at least three unhealthy days kept them from usual activities in the past month. From 2015 to 2018, there was a noted decrease in the percent of respondents with a college education reporting at least three unhealthy days kept them from usual activities.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report at least three unhealthy days kept them from usual activities. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report at least three unhealthy days kept them from usual activities. From 2015 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting at least three unhealthy days kept them from usual activities in the past month.
- In 2015 and 2018, unmarried respondents were more likely to report at least three unhealthy days kept them from usual activities in the past month.
- In 2015, overweight/obese respondents were more likely to report at least three unhealthy days kept them from usual activities in the past month. In 2018, overweight status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting at least three unhealthy days kept them from usual activities.
- In 2015, inactive respondents were more likely to report at least three unhealthy days kept them from usual activities. In 2018, physical activity was not a significant variable.
- In 2015, smoking status was not a significant variable. In 2018, smokers were more likely to report at least three unhealthy days kept them from usual activities.

Table 5. At Least Three Unhealthy Days Kept Respondent from Usual Activities in Past Month by Demographic Variables for Each Survey Year (Q4)^{①,②}

	2011	2015	2018
TOTAL ^a	15%	22%	19%
Gender ³			
Male	13	18	15
Female	16	25	23
Age ^{2,3}			
18 to 34 ^b	14	11	20
35 to 44 ^a	10	26	30
45 to 54 ^b	18	37	10
55 to 64	16	24	22
65 and Older	16	19	14
Education ³			
High School or Less ^a	11	24	26
Some Post High School ^a	15	26	25
College Graduate ^{a,b}	18	16	9
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	23	29	30
Middle 20 Percent Bracket ^{a,b}	13	14	29
Top 40 Percent Bracket	11	11	8
Marital Status ^{1,2,3}			
Married	12	18	14
Not Married	18	26	24
Overweight Status ²			
Not Overweight/Obese	15	15	17
Overweight/Obese ^b	15	27	20
Physical Activity ²			
Inactive	--	42	29
Insufficient	--	20	18
Recommended	--	15	17
Smoking Status ³			
Nonsmoker	15	20	17
Smoker ^a	10	29	29
Excessive Drinking in Past Month			
Yes	15	23	18
No	15	22	19

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

^②In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

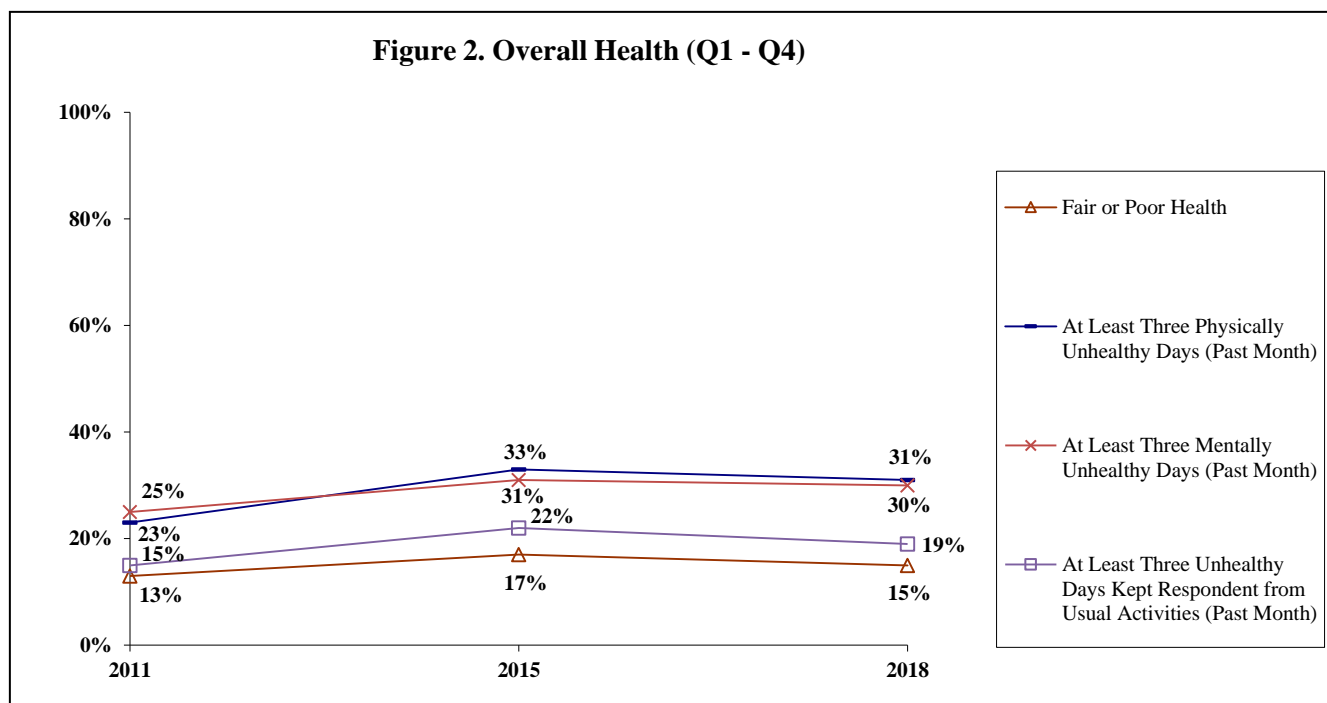
³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Health Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three physically unhealthy days in the past month while from 2015 to 2018, there was no statistical change. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three mentally unhealthy days in the past month, as well as from 2015 to 2018. From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported at least three unhealthy days kept them from usual activities in the past month while from 2015 to 2018, there was no statistical change.



Health Care Coverage and Unmet Needs (Figures 3 & 4; Tables 6 - 8)

KEY FINDINGS: In 2018, less than one percent of Winnebago County respondents reported they were not currently covered by health care insurance. Six percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed; married respondents were more likely to report this. Eight percent of respondents reported there was a time in the past year 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 in the past year someone in the household did not receive the mental health care needed.

From 2011 to 2018, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2015 to 2018.

Personally Not Covered Currently

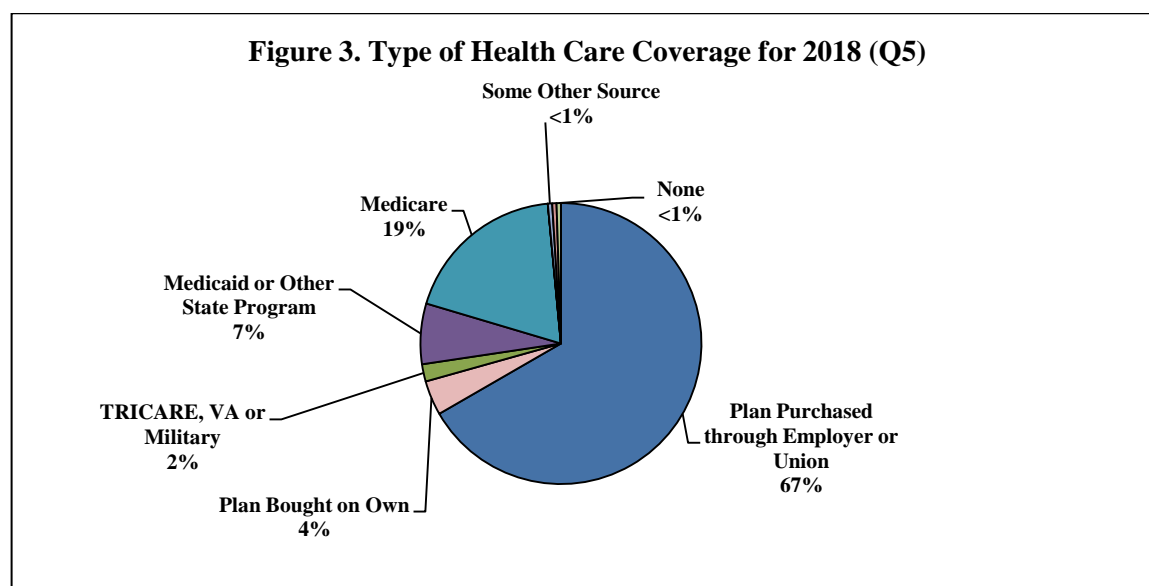
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

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).

In 2018, less than one percent of Tri-County respondents 18 and older reported they personally did not have health care coverage. One percent of Tri-County respondents 18 to 64 years old did not have health care coverage (2018 Tri-County Community Health Survey).

2018 Findings (Table 6)

- Less than one percent of respondents reported they were not currently covered by any health care insurance. Sixty-seven percent reported a plan purchased through an employer or union while 4% reported a plan that they or another family member buys on their own. Two percent reported TRICARE (formerly CHAMPUS), VA or Military while 7% reported Medicaid or other state program, and 19% 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.

2011 to 2018 Year Comparisons (Table 6)

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2011, respondents who were male, 18 to 34 years old, with a high school education or less, in the bottom 60 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 (Table 6)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2015, respondents who were male, 18 to 34 years old, 45 to 54 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report they were not currently covered by health care insurance.

Table 6. Personally No Health Care Coverage by Demographic Variables for Each Survey Year (Q5)^①

	2011	2015	2018 ^②
TOTAL			
All Respondents ^{a,b}	12%	6%	<1%
Respondents 18 to 64 Years Old ^{a,b}	14	7	<1
Gender ^{1,2}			
Male	15	8	--
Female	9	3	--
Age ^{1,2}			
18 to 34	21	10	--
35 to 44	6	1	--
45 to 54	10	10	--
55 to 64	11	3	--
65 and Older	3	0	--
Education ^{1,2}			
High School or Less	19	7	--
Some Post High School	10	9	--
College Graduate	7	<1	--
Household Income ^{1,2}			
Bottom 40 Percent Bracket	18	11	--
Middle 20 Percent Bracket	21	0	--
Top 40 Percent Bracket	5	0	--
Marital Status ¹			
Married	8	4	--
Not Married	16	7	--

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

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

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 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)

In 2018, 6% of Tri-County respondents reported there was a time in the past 12 months someone in the household did not receive the medical care needed (2018 Tri-County Community Health Survey).

2018 Findings (Table 7)

- Six percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed.
- Married respondents were more likely to report someone in their household did not receive the medical care needed compared to unmarried respondents (8% and 3%, respectively).

Of the 6% of respondents who reported an unmet medical care need in the household (n=28)...

- Of the 28 respondents who reported an unmet medical care need in the household, 93% reported an adult did not receive the medical care needed while 3% each reported a child or both.
- Of the 28 respondents who reported an unmet medical care need, 37% reported co-payments too high as the reason for the unmet need while 21% reported insurance did not cover it. Twenty percent reported the inability to pay as the reason.

Table 7. Unmet Medical Care in Past Year by Demographic Variables for 2018 (Household Member) (Q6)^{①,②}

	2018
TOTAL	6%
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	6
Marital Status ¹	
Married	8
Not Married	3
Children in Household	
Yes	3
No	7

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

¹demographic difference at p≤0.05 in 2018

Unmet Dental Care

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

In 2018, 8% of Tri-County respondents reported there was a time in the past 12 months someone in the household did not receive the dental care needed (2018 Tri-County Community Health Survey).

2018 Findings (Table 8)

- Eight percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed.
- Sixteen 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 6% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

Of the 8% of respondents who reported an unmet dental care need in the household (n=40)...

- Of the 40 respondents who reported an unmet dental care need in the household, 90% reported an adult did not receive the dental care needed while 3% reported a child. Eight percent reported both.

- Of the 40 respondents who reported not receiving dental care needed, 37% reported they were uninsured as the reason for the unmet need while 35% reported the inability to pay.

Table 8. Unmet Dental Care in Past Year by Demographic Variables for 2018 (Household Member) (Q9)^{①,②}

	2018
TOTAL	8%
Household Income ¹	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	2
Marital Status	
Married	6
Not Married	10
Children in Household	
Yes	7
No	9

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Unmet Mental Health Care

In 2018, 3% of Tri-County respondents reported there was a time in the past 12 months someone in the household did not receive the mental health care needed (2018 Tri-County Community Health Survey).

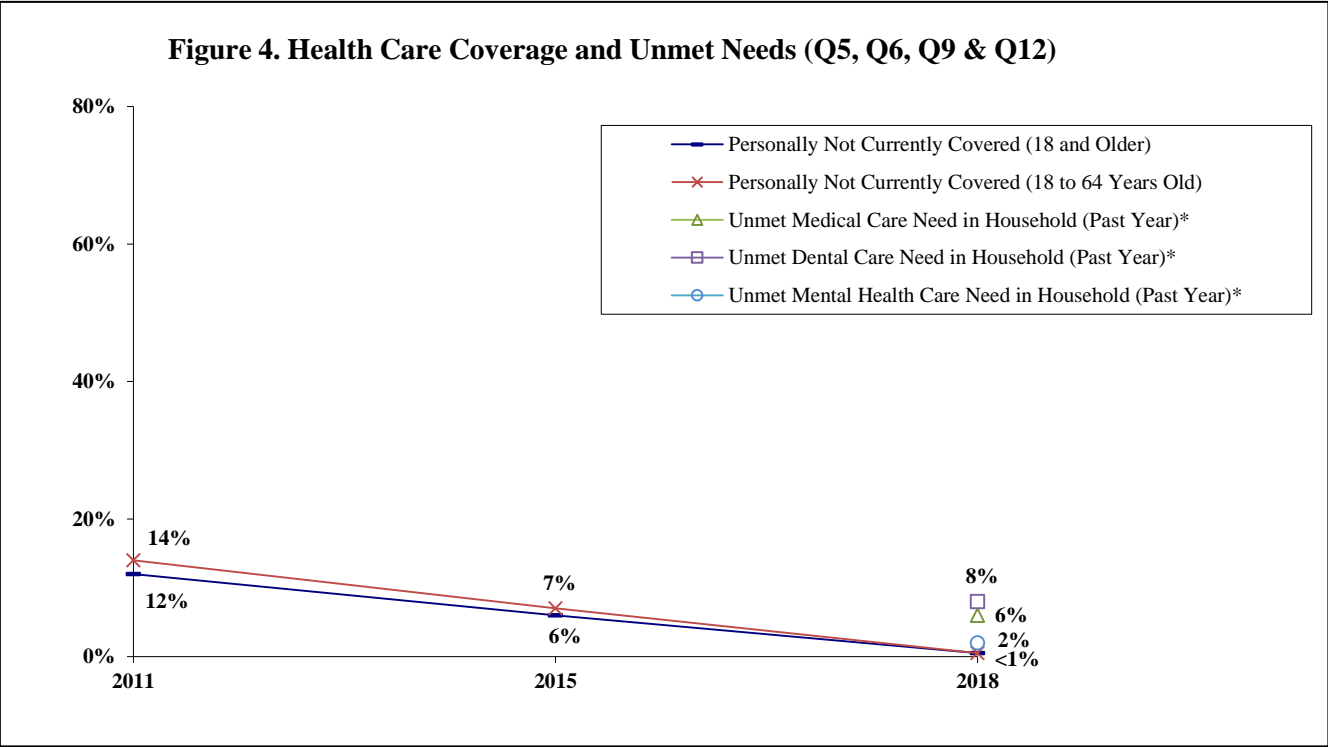
2018 Findings

- Two percent of respondents reported there was a time in the past year someone in the household did not receive the mental health care needed.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported there was a time in the past year someone in their household did not receive the mental health care needed.

Health Care Coverage and Unmet Needs Overall

Year Comparisons

- From 2011 to 2018, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2015 to 2018.



*Not asked in 2011 and 2015.

Health Information and Services (Figure 5; Tables 9 & 10)

KEY FINDINGS: In 2018, 89% of Winnebago County respondents reported they have a personal care physician they think of as their personal doctor or health care provider; respondents who were female, 55 and older, in the middle 20 percent household income bracket or married were more likely to report a personal care physician. Forty-four percent of respondents reported they had an Advance Directive for Health Care document. Forty-nine percent of respondents reported in the past year they had a conversation with family, friends or other persons they trust about their wishes for health care if they are unable to speak for themselves. A total of 67% completed either the Advance Directive for Health Care document or had a conversation with a trusted person about their health care wishes; respondents who were female, 65 and older, with some post high school education or married respondents were more likely to report this.

From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider.

Personal Care Physician

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

In 2018, 91% of Tri-County respondents reported they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider (2018 Tri-County Community Health Survey).

2018 Findings (Table 9)

- Eighty-nine percent of respondents reported they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider.
- Female respondents were more likely to report a personal care physician (95%) compared to male respondents (84%).
- One hundred percent of respondents 55 to 64 years old and 98% of those 65 and older reported a personal care physician compared to 79% of respondents 18 to 34 years old.
- Ninety-six percent of respondents in the middle 20 percent household income bracket reported a personal care physician compared to 91% of those in the bottom 40 percent income bracket or 83% of respondents in the top 40 percent household income bracket.
- Married respondents were more likely to report a personal care physician compared to unmarried respondents (97% and 82%, respectively).

2011 to 2018 Year Comparisons (Table 9)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider.
- In 2011 and 2018, female respondents were more likely to report a personal care physician. From 2011 to 2018, there was a noted increase in the percent of male respondents reporting a personal care physician.

- In 2011, respondents 65 and older were more likely to report a personal care physician. In 2018, respondents 55 and older were more likely to report a personal care physician. From 2011 to 2018, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting a personal care physician.
- In 2011 and 2018, education was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents with a high school education or less or with a college education reporting a personal care physician.
- In 2011 and 2018, respondents in the middle 20 percent household income bracket were more likely to report a personal care physician. From 2011 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a personal care physician.
- In 2011 and 2018, married respondents were more likely to report a personal care physician. From 2011 to 2018, there was a noted increase in the percent of married respondents reporting a personal care physician.

Table 9. Have a Personal Care Physician by Demographic Variables for Each Survey Year (Q15)^{①,②}

	2011	2018
TOTAL ^a	84%	89%
Gender ^{1,2}		
Male ^a	76	84
Female	92	95
Age ^{1,2}		
18 to 34	73	79
35 to 44 ^a	81	91
45 to 54	84	90
55 to 64 ^a	93	100
65 and Older	99	98
Education		
High School or Less ^a	83	91
Some Post High School	84	86
College Graduate ^a	85	91
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	75	91
Middle 20 Percent Bracket	91	96
Top 40 Percent Bracket	86	83
Marital Status ^{1,2}		
Married ^a	88	97
Not Married	79	82

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2015.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018

Advance Care Document/Conversation

In 2018, 45% of Tri-County respondents reported they had an Advance Directive for Health Care document. Fifty percent of respondents reported in the past year, they had a conversation with family, friends or other persons they trust about their wishes for health care if they are unable to speak for themselves. A total of 67% had completed at least one of these advance care options (2018 Tri-County Community Health Survey).

2018 Findings (Table 10)

- Forty-four percent of respondents reported they had an Advance Directive for Health Care document. Forty-nine percent of respondents reported in the past year, they had a conversation with family, friends or other persons they trust about their wishes for health care if they are unable to speak for themselves. A total of 67% of respondents had completed at least one of these advance care options.
- Female respondents were more likely to report they had an Advance Directive for Health Care document/conversation with a trusted person (72%) compared to male respondents (63%).
- Respondents 65 and older were more likely to report they had an Advance Directive for Health Care document/conversation with a trusted person (92%) compared to respondents 18 to 34 years old (53%).
- Seventy-six percent of respondents with some post high school education reported having an Advance Directive for Health Care document/conversation with a trusted person compared to 67% of those with a college education or 58% of respondents with some post high school education.
- Married respondents were more likely to report they had an Advance Directive for Health Care document/conversation with a trusted person (74%) compared to unmarried respondents (60%).

Table 10. Advance Directive for Health Care Document or Conversation about Health Care Wishes by Demographic Variables for 2018 (Q16 & Q17)^{①,②}

	Advance Directive for Health Care Document	Conversation about Health Care Wishes (Past Year)	At Least One
TOTAL	44%	49%	67%
Gender			
Male	39	46	63 ¹
Female	48	52	72 ¹
Age			
18 to 34	20 ¹	43 ¹	53 ¹
35 to 44	43 ¹	43 ¹	65 ¹
45 to 54	42 ¹	48 ¹	70 ¹
55 to 64	46 ¹	49 ¹	65 ¹
65 and Older	83 ¹	67 ¹	92 ¹
Education			
High School or Less	42	43	58 ¹
Some Post High School	48	55	76 ¹
College Graduate	41	49	67 ¹
Household Income			
Bottom 40 Percent Bracket	40	53 ¹	67
Middle 20 Percent Bracket	46	36 ¹	61
Top 40 Percent Bracket	40	53 ¹	69
Marital Status			
Married	52 ¹	50	74 ¹
Not Married	34 ¹	48	60 ¹

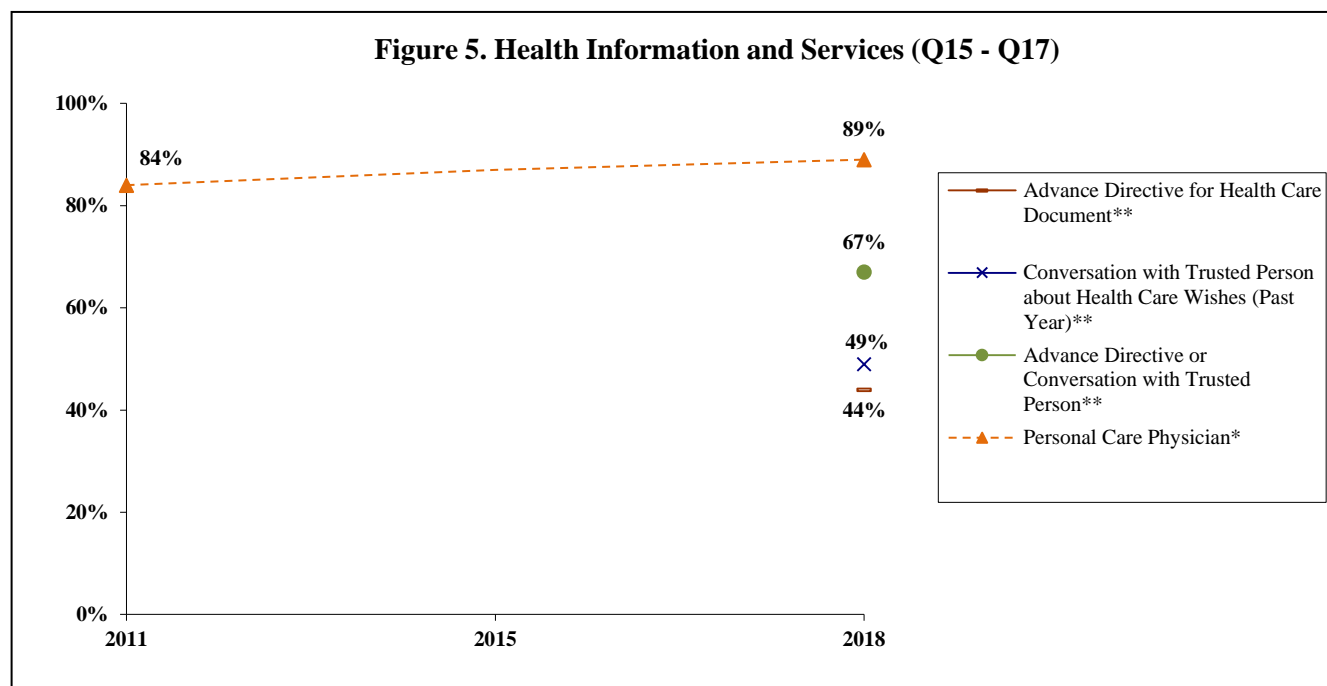
^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Health Information and Services Overall

Year Comparisons

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting they have a doctor, nurse practitioner, physician assistant or primary care clinic they think of as their personal doctor or health care provider.



*Not asked in 2015.

**Not asked in 2011 and 2015.

Routine Procedures (Figure 6; Tables 11 - 14)

KEY FINDINGS: In 2018, 92% of Winnebago County respondents reported a routine medical checkup two years ago or less. Respondents who were female, 55 and older or married were more likely to report a routine checkup two years ago or less. Eighty-one percent of respondents who had a routine checkup in the past two years reported their health care provider inquired about their alcohol consumption. Respondents 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were unmarried or drank excessively in the past month were more likely to report their provider inquired about their alcohol consumption. Six percent of respondents who were asked about their alcohol consumption were advised to reduce or quit their drinking. Respondents with some post high school education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket, who were unmarried or drank excessively in the past month were more likely to report they were advised to reduce or quit their drinking. Seventy-four percent of respondents reported a visit to the dentist in the past year; respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this.

From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting a routine checkup while from 2015 to 2018, there was no statistical change. From 2015 to 2018, there was a statistical increase in the overall percent of respondents reporting their health care provider asked about their alcohol use. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their health care provider advised them to quit or lessen alcohol use at their last routine checkup. From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.

Routine Checkup

In 2016, 71% of Wisconsin respondents reported in the past year they had a routine checkup, 13% reported past two years, 8% past five years and 7% five or more years ago. Nationally, 71% reported past year, 13% past two years, 8% past five years and 7% five or more years ago (2016 Behavioral Risk Factor Surveillance).

In 2018, 73% of Tri-County respondents reported in the past year they had a routine checkup, 18% reported one to two years, 3% reported three to four years and 6% five or more years ago. (2018 Tri-County Community Health Survey).

2018 Findings (Table 11)

- Ninety-two percent of respondents reported they had a routine checkup in the past two years.
- Female respondents were more likely to report a routine checkup in the past two years (96%) compared to male respondents (88%).
- Ninety-nine percent of respondents 55 and older reported a routine checkup in the past two years compared to 91% of those 35 to 54 years old or 86% of respondents 18 to 34 years old.
- Married respondents were more likely to report a routine checkup in the past two years compared to unmarried respondents (95% and 88%, respectively).

2011 to 2018 Year Comparisons (Table 11)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.

- In 2011 and 2018, female respondents were more likely to report a routine checkup two years ago or less. From 2011 to 2018, there was a noted increase in the percent of respondents across gender reporting a routine checkup two years ago or less.
- In 2011, respondents 65 and older were more likely to report a routine checkup two years ago or less. In 2018, respondents 55 and older were more likely to report a routine checkup two years ago or less. From 2011 to 2018, there was a noted increase in the percent of respondents 45 to 64 years old reporting a routine checkup two years ago or less.
- In 2011, respondents with at least some post high school education were more likely to report a routine checkup two years ago or less. In 2018, education was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents with a high school education or less reporting a routine checkup two years ago or less.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a routine checkup two years ago or less.
- In 2011, marital status was not a significant variable. In 2018, married respondents were more likely to report a routine checkup two years ago or less. From 2011 to 2018, there was a noted increase in the percent of respondents across marital status reporting a routine checkup two years ago or less.

2015 to 2018 Year Comparisons (Table 11)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report a routine checkup two years ago or less, with a noted increase since 2015.
- In 2015, respondents 35 to 44 years old or 65 and older were more likely to report a routine checkup two years ago or less. In 2018, respondents 55 and older were more likely to report a routine checkup two years ago or less. From 2015 to 2018, there was a noted increase in the percent of respondents 55 to 64 years old reporting a routine checkup two years ago or less.
- In 2015, respondents with a high school education or less or with a college education were more likely to report a routine checkup two years ago or less. In 2018, education was not a significant variable.
- In 2015, respondents in the top 60 percent household income bracket were more likely to report a routine checkup two years ago or less. In 2018, household income was not a significant variable.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a routine checkup two years ago or less.

Table 11. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year (Q18)^⓪

	2011	2015	2018
TOTAL ^a	83%	91%	92%
Gender ^{1,3}			
Male ^a	75	90	88
Female ^{a,b}	91	92	96
Age ^{1,2,3}			
18 to 34	79	90	86
35 to 44	89	97	91
45 to 54 ^a	74	83	91
55 to 64 ^{a,b}	86	89	99
65 and Older	95	97	99
Education ^{1,2}			
High School or Less ^a	75	93	94
Some Post High School	88	86	90
College Graduate	87	94	92
Household Income ^{1,2}			
Bottom 40 Percent Bracket ^a	72	87	90
Middle 20 Percent Bracket ^a	81	96	97
Top 40 Percent Bracket	89	94	91
Marital Status ³			
Married ^a	85	93	95
Not Married ^a	81	89	88

^⓪Percentages 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 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Health Care Professional Asked About Alcohol Use at Last Routine Checkup

In 2018, 83% of Tri-County respondents who had a routine checkup within the past two years reported their health care provider asked them in person or on a form how much they drink. (2018 Tri-County Community Health Survey).

2018 Findings (Table 12)

Of the 92% respondents who reported a routine checkup in the past two years (n=459)...

- Eighty-one percent of respondents who had a routine checkup in the past two years reported their health care provider asked them in person or on a form how much they drink.
- Eighty-nine percent of respondents 45 to 54 years old reported their health care provider inquired about their alcohol consumption compared to 77% of those 35 to 44 years old or 72% of respondents 65 and older.
- Eighty-six percent of respondents with a college education reported their health care provider inquired about their alcohol consumption compared to 83% of those with some post high school education or 71% of respondents with a high school education or less.

- Ninety-one percent of respondents in the top 40 percent household income bracket reported their health care provider inquired about their alcohol consumption compared to 76% of those in the bottom 40 percent income bracket or 73% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report their health care provider inquired about their alcohol consumption compared to married respondents (86% and 76%, respectively).
- Ninety-four percent of respondents who were excessive drinkers in the past month reported their health care provider inquired about their alcohol consumption compared to 76% of respondents who did not excessively drink.

2015 to 2018 Year Comparisons (Table 12)

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who had a routine checkup two years ago or less reporting their health care provider inquired about their alcohol consumption.
- In 2015, female respondents were more likely to report their health care provider inquired about their alcohol consumption. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents across gender reporting their health care provider inquired about their alcohol consumption.
- In 2015 and 2018, respondents 45 to 54 years old were more likely to report their health care provider inquired about their alcohol consumption. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting their health care provider inquired about their alcohol consumption.
- In 2015 and 2018, respondents with a college education were more likely to report their health care provider inquired about their alcohol consumption. From 2015 to 2018, there was a noted increase in the percent of respondents across education reporting their health care provider inquired about their alcohol consumption.
- In 2015, respondents in the top 60 percent household income bracket were more likely to report their health care provider inquired about their alcohol consumption. In 2018, respondents in the top 40 percent household income bracket were more likely to report their health care provider inquired about their alcohol consumption, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting their health care provider inquired about their alcohol consumption.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report their health care provider inquired about their alcohol consumption, with a noted increase since 2015.
- In 2015, respondents who did not excessively drink in the past month were more likely to report their health care provider inquired about their alcohol consumption. In 2018, respondents who excessively drank in the past month were more likely to report their health care provider inquired about their alcohol consumption. From 2015 to 2018, there was a noted increase in the percent of respondents across excessive drinking status reporting their health care provider inquired about their alcohol consumption.

Table 12. Health Care Professional Asked About Alcohol Use at Last Routine Checkup by Demographic Variables for Each Survey Year (Respondents with Routine Checkup Two Years or Less) (Q19)^{①,②,③}

	2015	2018
TOTAL ^a	66%	81%
Gender ¹		
Male ^a	58	77
Female ^a	73	84
Age ^{1,2}		
18 to 34 ^a	52	84
35 to 44	69	77
45 to 54	80	89
55 to 64	69	81
65 and Older	67	72
Education ^{1,2}		
High School or Less ^a	53	71
Some Post High School ^a	68	83
College Graduate ^a	75	86
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	60	76
Middle 20 Percent Bracket	80	73
Top 40 Percent Bracket ^a	78	91
Marital Status ²		
Married	69	76
Not Married ^a	61	86
Excessive Drinking in Past Month ^{1,2}		
Yes ^a	55	94
No ^a	68	76

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month.

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

^ayear difference at p≤0.05 from 2015 to 2018

Health Care Professional Advised to Quit or Lessen Alcohol Use at Last Routine Checkup

In 2018, of Tri-County respondents who had a routine checkup within the past two years and were asked how much alcohol they drink, 5% reported their health care provider advised them to drink less or quit drinking (2018 Tri-County Community Health Survey).

2018 Findings (Table 13)

Of the 81% of respondents who reported their health care provider asked them in person or on a form how much they drink (n=369)...

- Six percent reported at their last routine checkup they were advised to reduce or quit their drinking.

- Twelve percent of respondents with some post high school education reported they were advised to reduce or quit their drinking compared to 4% of those with a college education or 3% of respondents with a high school education or less.
- Ten percent of respondents in the bottom 40 percent household income bracket and 8% of those in the top 40 percent income bracket reported they were advised to reduce or quit their drinking compared to 0% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report they were advised to reduce or quit their drinking compared to married respondents (9% and 3%, respectively).
- Fifteen percent of respondents who were excessive drinkers reported they were advised to reduce or quit their drinking compared to 2% of respondents who did not excessively drink.

2015 to 2018 Year Comparisons (Table 13)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at their last routine checkup they were advised to reduce or quit their drinking.
- In 2015 and 2018, age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents 55 to 64 years old reporting they were advised to reduce or quit their drinking.
- In 2015, respondents with some post high school education or less were more likely to report they were advised to reduce or quit their drinking. In 2018, respondents with some post high school education were more likely to report they were advised to reduce or quit their drinking. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less reporting they were advised to reduce or quit their drinking.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report they were advised to reduce or quit their drinking. In 2018, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report they were advised to reduce or quit their drinking.
- In 2015 and 2018, unmarried respondents were more likely to report they were advised to reduce or quit their drinking.
- In 2015 and 2018, respondents who excessively drank in the past month were more likely to report they were advised to reduce or quit their drinking. From 2015 to 2018, there was a noted decrease in the percent of respondents across excessive drinking status reporting they were advised to reduce or quit their drinking.

Table 13. Health Care Professional Advised to Quit or Lessen Alcohol Use at Last Routine Checkup by Demographic Variables for Each Survey Year (Respondents Who were Asked about Alcohol Use) (Q20)^{①,②,③}

	2015	2018
TOTAL	10%	6%
Gender		
Male	14	8
Female	7	5
Age		
18 to 34	14	7
35 to 44	5	7
45 to 54	13	12
55 to 64 ^a	10	0
65 and Older	5	3
Education ^{1,2}		
High School or Less ^a	15	3
Some Post High School	16	12
College Graduate	2	4
Household Income ^{1,2}		
Bottom 40 Percent Bracket	18	10
Middle 20 Percent Bracket	4	0
Top 40 Percent Bracket	4	8
Marital Status ^{1,2}		
Married	6	3
Not Married	14	9
Excessive Drinking in Past Month ^{1,2}		
Yes ^a	34	15
No ^a	6	2

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month.

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

^ayear difference at p≤0.05 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

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

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.

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).

In 2018, 77% of Tri-County respondents reported they visited the dentist or dental clinic within the past year for any reason (2018 Tri-County Community Health Survey).

2018 Findings (Table 14)

- Seventy-four percent of respondents reported a dental visit in the past year. An additional 14% had a visit in the past one to two years.
- Female respondents were more likely to report a dental checkup in the past year (82%) compared to male respondents (65%).
- Eighty-eight percent of respondents with a college education reported a dental checkup in the past year compared to 67% of those with some post high school education or 60% of respondents with a high school education or less.
- Eighty-two percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 78% of those in the middle 20 percent income bracket or 60% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a dental checkup in the past year compared to unmarried respondents (80% and 67%, respectively).

2011 to 2018 Year Comparisons (Table 14)

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2011 and 2018, female respondents were more likely to report a dental checkup in the past year. From 2011 to 2018, there was a noted decrease in the percent of male respondents reporting a dental checkup in the past year.
- In 2011 and 2018, age was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.
- In 2011 and 2018, respondents with a college education were more likely to report a dental checkup in the past year. From 2011 to 2018, there was a noted decrease in the percent of respondents with some post high school education or less reporting a dental checkup in the past year.
- In 2011 and 2018, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. From 2011 to 2018, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a dental checkup in the past year.
- In 2011 and 2018, married respondents were more likely to report a dental checkup in the past year. From 2011 to 2018, there was a noted decrease in the percent of unmarried respondents reporting a dental checkup in the past year.

2015 to 2018 Year Comparisons (Table 14)

- From 2015 to 2018, there was a statistical decrease 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. From 2015 to 2018, there was a noted decrease in the percent of male respondents reporting a dental checkup in the past year.
- In 2015 and 2018, age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.
- In 2015 and 2018, respondents with a college education were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less reporting a dental checkup in the past year.
- In 2015, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. In 2018, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a dental checkup in the past year.
- In 2015, marital status was not a significant variable. In 2018, married respondents were more likely to report a dental checkup in the past year. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting a dental checkup in the past year.

Table 14. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year (Q21)^o

	2011	2015	2018
TOTAL ^{a,b}	80%	79%	74%
Gender ^{1,3}			
Male ^{a,b}	75	77	65
Female	86	81	82
Age			
18 to 34	78	75	70
35 to 44 ^{a,b}	83	85	67
45 to 54	84	81	78
55 to 64	79	76	84
65 and Older	81	81	70
Education ^{1,2,3}			
High School or Less ^{a,b}	73	71	60
Some Post High School ^a	78	76	67
College Graduate	90	88	88
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	58	70	60
Middle 20 Percent Bracket ^b	77	88	78
Top 40 Percent Bracket ^a	91	88	82
Marital Status ^{1,3}			
Married	84	82	80
Not Married ^{a,b}	76	76	67

^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.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2015

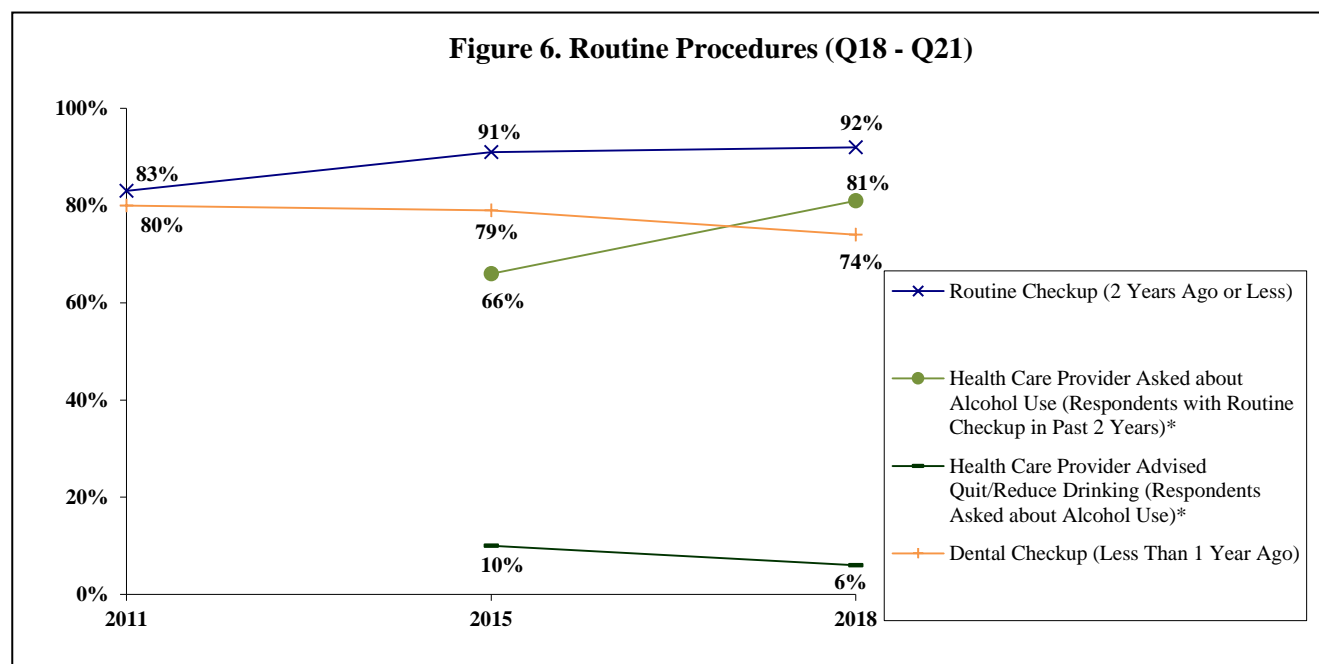
³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2011 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Routine Procedures Overall

Year Comparisons

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents reporting a routine checkup while from 2015 to 2018, there was no statistical change. From 2015 to 2018, there was a statistical increase in the overall percent of respondents reporting their health care provider asked about their alcohol use. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their health care provider advised them to quit or lessen alcohol use at their last routine checkup. From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2018.



*Not asked in 2011.

Prevalence of Select Health Conditions (Figures 7 & 8; Tables 15 - 20)

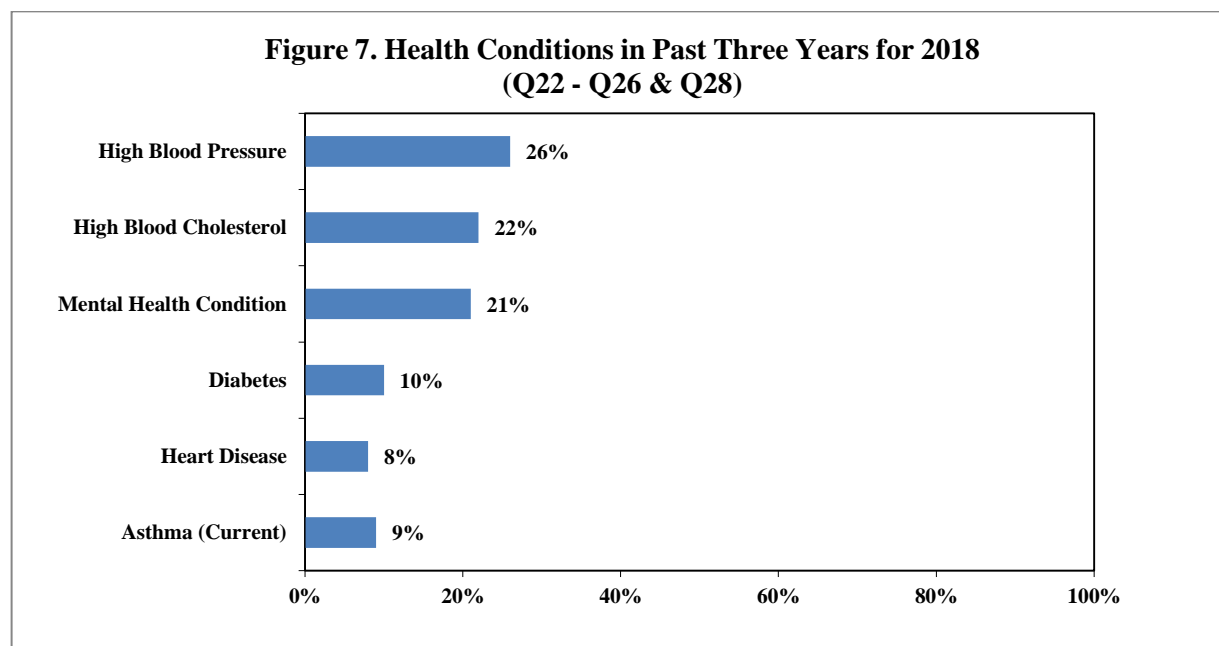
Respondents were asked a series of questions regarding if they were diagnosed with, or treated for, certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2018, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%) or high blood cholesterol (22%) in Winnebago County. Respondents 65 and older, with a high school education or less, who were overweight/obese, inactive or nonsmokers were more likely to report high blood pressure. Respondents 65 and older, with a high school education or less, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report high blood cholesterol. Twenty-one percent reported a mental health condition; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or who were smokers were more likely to report this. Ten percent of respondents reported diabetes. Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight/obese, inactive or did not excessively drink in the past month were more likely to report diabetes. Eight percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were 65 and older or did not excessively drink in the past month were more likely to report this. Nine percent reported current asthma; female respondents were more likely to report current asthma.

From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or diabetes, as well as from 2015 to 2018. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition or current asthma.

2018 Findings

- Respondents were more likely to report high blood pressure (26%) or high blood cholesterol (22%) in the past three years out of six health conditions listed.



High Blood Pressure

In 2018, 25% of Tri-County respondents reported high blood pressure in the past three years (2018 Tri-County Community Health Survey).

2018 Findings (Table 15)

- Twenty-six percent of respondents reported high blood pressure in the past three years.
- Respondents 65 and older were more likely to report high blood pressure in the past three years (59%) compared to those 35 to 44 years old (14%) or respondents 18 to 34 years old (9%).
- Forty-one percent of respondents with a high school education or less reported high blood pressure compared to 23% of those with some post high school education or 18% of respondents with a college education.
- Overweight/obese respondents were more likely to report high blood pressure (29%) compared to respondents who were not overweight/obese (18%).
- Forty-four percent of inactive respondents reported high blood pressure compared to 26% of those who did an insufficient amount of physical activity or 20% of respondents who met the recommended amount of physical activity.
- Nonsmokers were more likely to report high blood pressure (28%) compared to smokers (15%).

2011 to 2018 Year Comparisons (Table 15)

In 2011, Winnebago County respondents were asked if they ever had high blood pressure.

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2011 and 2018, gender was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of female respondents reporting high blood pressure.
- In 2011 and 2018, respondents 65 and older were more likely to report high blood pressure. From 2011 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old reporting high blood pressure.
- In 2011, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report high blood pressure. From 2011 to 2018, there was a noted decrease in the percent of respondents with a college education reporting high blood pressure.
- In 2011, respondents in the bottom 60 percent household income bracket were more likely to report high blood pressure. In 2018, household income was not a significant variable.
- In 2011 and 2018, marital status was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of unmarried respondents reporting high blood pressure.
- In 2011 and 2018, overweight/obese respondents were more likely to report high blood pressure. From 2011 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting high blood pressure.
- In 2011 and 2018, nonsmokers were more likely to report high blood pressure.
- In 2011, respondents who did not excessively drink in the past month were more likely to report high blood pressure. In 2018, excessive drinking status was not a significant variable.

2015 to 2018 Year Comparisons (Table 15)

In 2015, Winnebago County respondents were asked if they ever had high blood pressure.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2015 and 2018, respondents 65 and older were more likely to report high blood pressure.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report high blood pressure, with a noted increase since 2015.
- In 2015 and 2018, overweight/obese respondents were more likely to report high blood pressure.
- In 2015, respondents who did an insufficient amount of physical activity were more likely to report high blood pressure. In 2018, inactive respondents were more likely to report high blood pressure, with a noted increase since 2015.
- In 2015, smoking status was not a significant variable. In 2018, nonsmokers were more likely to report high blood pressure.

Table 15. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q22)^{①,②,③}

	2011	2015	2018
TOTAL	30%	26%	26%
Gender			
Male	30	28	30
Female ^a	30	23	22
Age ^{1,2,3}			
18 to 34 ^a	17	6	9
35 to 44	18	17	14
45 to 54	21	28	26
55 to 64	46	35	38
65 and Older	61	58	59
Education ³			
High School or Less ^b	33	26	41
Some Post High School	31	26	23
College Graduate ^a	26	26	18
Household Income ¹			
Bottom 40 Percent Bracket	34	26	29
Middle 20 Percent Bracket	34	29	22
Top 40 Percent Bracket	23	20	21
Marital Status			
Married	28	23	29
Not Married ^a	32	28	23
Overweight Status ^{1,2,3}			
Not Overweight/Obese	16	15	18
Overweight/Obese ^a	38	33	29
Physical Activity ^{2,3}			
Inactive ^b	--	25	44
Insufficient	--	31	26
Recommended	--	17	20
Smoking Status ^{1,3}			
Nonsmoker	32	26	28
Smoker	18	21	15
Excessive Drinking in Past Month ¹			
Yes	22	24	24
No	32	26	27

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

^②In 2011 and 2015, timeframe was “ever.”

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

High Blood Cholesterol

In 2018, 24% of Tri-County respondents reported high blood cholesterol in the past three years (2018 Tri-County Community Health Survey).

2018 Findings (Table 16)

- Twenty-two percent of respondents reported high blood cholesterol in the past three years.
- Forty-six percent of respondents 65 and older reported high blood cholesterol in the past three years compared to 20% of those 35 to 44 years old or 3% of respondents 18 to 34 years old.
- Thirty percent of respondents with a high school education or less reported high blood cholesterol compared to 19% of respondents with at least some post high school education.
- Overweight/obese respondents were more likely to report high blood cholesterol (26%) compared to respondents who were not overweight/obese (13%).
- Inactive respondents were more likely to report high blood cholesterol (48%) compared to those who did an insufficient amount of physical activity (26%) or respondents who met the recommended amount of physical activity (10%).
- Twenty-six percent of respondents who did not excessively drink in the past month reported high blood cholesterol compared to 13% of respondents who excessively drank.

2011 to 2018 Year Comparisons (Table 16)

In 2011, Winnebago County respondents were asked if they ever had high blood cholesterol.

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.
- In 2011, male respondents were more likely to report high blood cholesterol. In 2018, gender was not a significant variable.
- In 2011, 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, with a noted increase since 2011.
- In 2011, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report high blood cholesterol, with a noted increase since 2011.
- In 2011 and 2018, overweight/obese respondents were more likely to report high blood cholesterol.
- In 2011, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink in the past month were more likely to report high blood cholesterol.

2015 to 2018 Year Comparisons (Table 16)

In 2015, Winnebago County respondents were asked if they ever had high blood cholesterol.

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

- In 2015, female respondents were more likely to report high blood cholesterol. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of female respondents reporting high blood cholesterol.
- In 2015, 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 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old reporting high blood cholesterol.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report high blood cholesterol. From 2015 to 2018, there was a noted decrease in the percent of respondents with a college education reporting high blood cholesterol.
- 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 middle 20 percent household income bracket reporting high blood cholesterol.
- In 2015, married respondents were more likely to report high blood cholesterol. In 2018, marital status was not a significant variable.
- In 2015 and 2018, overweight/obese respondents were more likely to report high blood cholesterol. From 2015 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting high blood cholesterol.
- In 2015, respondents who did an insufficient amount of physical activity were more likely to report high blood cholesterol. In 2018, inactive respondents were more likely to report high blood cholesterol, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents who did the recommended amount of physical activity reporting high blood cholesterol.
- In 2015, excessive drinking status was not a significant variable. In 2018, respondents who did not excessively drink in the past month were more likely to report high blood cholesterol.

Table 16. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q23)^{①,②,③}

	2011	2015	2018
TOTAL	19%	27%	22%
Gender ^{1,2}			
Male	22	23	25
Female ^b	16	30	19
Age ^{1,2,3}			
18 to 34 ^b	3	8	3
35 to 44	26	15	20
45 to 54	20	30	24
55 to 64	29	48	36
65 and Older ^a	31	48	46
Education ³			
High School or Less ^a	15	22	30
Some Post High School	21	26	19
College Graduate ^b	22	31	19
Household Income			
Bottom 40 Percent Bracket	18	28	27
Middle 20 Percent Bracket ^b	24	30	18
Top 40 Percent Bracket	19	26	18
Marital Status ²			
Married	21	31	24
Not Married	17	23	20
Overweight Status ^{1,2,3}			
Not Overweight/Obese	15	15	13
Overweight/Obese ^b	22	34	26
Physical Activity ^{2,3}			
Inactive ^b	--	24	48
Insufficient	--	33	26
Recommended ^b	--	20	10
Smoking Status			
Nonsmoker	19	27	23
Smoker	19	22	20
Excessive Drinking in Past Month ³			
Yes	17	19	13
No	20	28	26

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

^②In 2011 and 2015, timeframe was “ever.”

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015;

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Mental Health Condition

In 2018, 21% of Tri-County respondents reported a diagnosis or treatment for a mental health condition in the past three years (2018 Tri-County Community Health Survey).

2018 Findings (Table 17)

- Twenty-one percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Female respondents were more likely to report a mental health condition in the past three years (27%) compared to male respondents (16%).
- Thirty-four percent of respondents 18 to 34 years old reported a mental health condition compared to 8% of respondents 45 to 54 years old or 65 and older.
- Respondents with some post high school education were more likely to report a mental health condition (31%) compared to those with a high school education or less (19%) or respondents with a college education (16%).
- Twenty-nine percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 23% of those in the middle 20 percent income bracket or 18% of respondents in the top 40 percent household income bracket.
- Smokers were more likely to report a mental health condition (32%) compared to nonsmokers (19%).

2015 to 2018 Year Comparisons (Table 17)

In 2015, Winnebago County respondents were asked if they ever had a mental health condition.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting a mental health condition.
- In 2015 and 2018, female respondents were more likely to report a mental health condition.
- In 2015, respondents 45 to 54 years old were more likely to report a mental health condition. In 2018, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a mental health condition.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report a mental health condition.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.
- In 2015, unmarried respondents were more likely to report a mental health condition. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting a mental health condition.
- In 2015, overweight/obese respondents were more likely to report a mental health condition. In 2018, overweight status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting a mental health condition.

- In 2015, inactive respondents were more likely to report a mental health condition. In 2018, physical activity was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of inactive respondents reporting a mental health condition.
- In 2015 and 2018, smokers were more likely to report a mental health condition.

Table 17. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q25)^{①,②,③,④}

	2015	2018
TOTAL	24%	21%
Gender ^{1,2}		
Male	19	16
Female	30	27
Age ^{1,2}		
18 to 34 ^a	24	34
35 to 44	26	28
45 to 54 ^a	34	8
55 to 64	22	19
65 and Older	15	8
Education ²		
High School or Less	27	19
Some Post High School	28	31
College Graduate	18	16
Household Income ^{1,2}		
Bottom 40 Percent Bracket	29	29
Middle 20 Percent Bracket	17	23
Top 40 Percent Bracket	20	18
Marital Status ¹		
Married	19	21
Not Married ^a	30	22
Overweight Status ¹		
Not Overweight/Obese	17	19
Overweight/Obese ^a	30	22
Physical Activity ¹		
Inactive ^a	44	17
Insufficient	23	23
Recommended	17	21
Smoking Status ^{1,2}		
Nonsmoker	22	19
Smoker	38	32
Excessive Drinking in Past Month		
Yes	28	26
No	24	19

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

^③In 2015, timeframe was “ever.”

^④In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month.

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

^ayear difference at p≤0.05 from 2015 to 2018

Diabetes

In 2018, 10% of Tri-County respondents reported a diagnosis or treatment for diabetes in the past three years (2018 Tri-County Community Health Survey).

2018 Findings (Table 18)

- Ten 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 (27%) compared to those 35 to 44 years old (4%) or respondents 18 to 34 years old (0%).
- Eighteen percent of respondents with a high school education or less reported diabetes compared to 7% of those with a college education or 6% of respondents with some post high school education.
- Fourteen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 7% of those in the top 40 percent income bracket or 6% of respondents in the middle 20 percent household income bracket.
- Twelve percent of overweight/obese respondents reported diabetes compared to 5% of respondents who were not overweight/obese.
- Inactive respondents were more likely to report diabetes (23%) compared to those who did an insufficient amount of physical activity (10%) or respondents who met the recommended amount of physical activity (6%).
- Respondents who did not excessively drink in the past month were more likely to report diabetes (13%) compared to respondents who excessively drank (2%).

Of the 10% of respondents who reported diabetes (n=49)...

- Of the 49 respondents who reported diabetes, 0% reported they were told when they were 24 years old or younger, 28% reported 25 to 44 years old, 30% reported 45 to 54 years old and 36% reported 55 and older.

2011 to 2018 Year Comparisons (Table 18)

In 2011, Winnebago County respondents were asked if they ever had diabetes.

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported diabetes.
- In 2011 and 2018, respondents 65 and older were more likely to report diabetes.
- In 2011, 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 2011.
- In 2011 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.
- In 2011 and 2018, overweight/obese respondents were more likely to report diabetes.
- In 2011, excessive drinking status was not a significant variable. In 2018, respondents who were not excessive drinkers were more likely to report diabetes, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 18)

In 2015, Winnebago County respondents were asked if they ever had diabetes.

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported diabetes.
- In 2015 and 2018, respondents 65 and older were more likely to report diabetes.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to report diabetes.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.
- In 2015, unmarried respondents were more likely to report diabetes. In 2018, marital status was not a significant variable.
- In 2015 and 2018, overweight/obese respondents were more likely to report diabetes.
- In 2015 and 2018, inactive respondents were more likely to report diabetes.
- In 2015, excessive drinking status was not a significant variable. In 2018, respondents who were not excessive drinkers were more likely to report diabetes, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents who excessively drank.

Table 18. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q26)^{①,②,③}

	2011	2015	2018
TOTAL	7%	8%	10%
Gender			
Male	8	8	11
Female	6	8	9
Age ^{1,2,3}			
18 to 34	0	0	0
35 to 44	2	1	4
45 to 54	6	11	8
55 to 64	13	10	20
65 and Older	20	25	27
Education ³			
High School or Less ^a	7	11	18
Some Post High School	8	8	6
College Graduate	6	6	7
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	11	12	14
Middle 20 Percent Bracket	5	2	6
Top 40 Percent Bracket	5	3	7
Marital Status ²			
Married	7	5	9
Not Married	7	11	11
Overweight Status ^{1,2,3}			
Not Overweight/Obese	4	2	5
Overweight/Obese	9	11	12
Physical Activity ^{2,3}			
Inactive	--	19	23
Insufficient	--	8	10
Recommended	--	3	6
Smoking Status			
Nonsmoker	8	9	10
Smoker	3	5	7
Excessive Drinking in Past Month ³			
Yes ^b	5	7	2
No ^{a,b}	8	8	13

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

^②In 2011 and 2015, timeframe was “ever.”

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month. --In 2011, physical activity was asked differently.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Heart Disease/Condition

In 2018, 8% of Tri-County respondents reported a diagnosis or treatment for a heart disease or condition in the past three years (2018 Tri-County Community Health Survey).

2018 Findings (Table 19)

- Eight percent of respondents reported heart disease or condition in the past three years.
- Twenty-five percent of respondents 65 and older reported heart disease/condition in the past three years compared to 2% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.
- Respondents who were not excessive drinkers in the past month were more likely to report heart disease/condition (10%) compared to respondents who excessively drank (4%).

Table 19. Heart Disease/Condition in Past Three Years by Demographic Variables for 2018 (Q24)^{①,②,③}

	2018
TOTAL	8%
Gender	
Male	9
Female	7
Age ¹	
18 to 34	0
35 to 44	2
45 to 54	7
55 to 64	11
65 and Older	25
Education	
High School or Less	11
Some Post High School	7
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	11
Middle 20 Percent Bracket	5
Top 40 Percent Bracket	6
Marital Status	
Married	8
Not Married	8
Overweight Status	
Not Overweight/Obese	5
Overweight/Obese	9
Physical Activity	
Inactive	13
Insufficient	9
Recommended	6
Smoking Status	
Nonsmoker	9
Smoker	3
Excessive Drinking in Past Month ¹	
Yes	4
No	10

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

^③In 2018, excessive drinking was defined as binge drinking (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinking (61+ drinks for males and 31+ drinks for females in the past month).

¹demographic difference at $p \leq 0.05$ in 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).

In 2018, 9% of Tri-County respondents reported they were told they currently have asthma (2018 Tri-County Community Health Survey).

2018 Findings (Table 20)

- Nine percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (13%) compared to male respondents (4%).

2015 to 2018 Year Comparisons (Table 20)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report current asthma. From 2015 to 2018, there was a noted decrease in the percent of male respondents reporting current asthma.
- In 2015, respondents 45 to 54 years old were more likely to report current asthma. In 2018, age was not a significant variable.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report current asthma. 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 top 40 percent household income bracket reporting current asthma.

Table 20. Current Asthma by Demographic Variables for Each Survey Year (Q28)^{①,②}

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

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

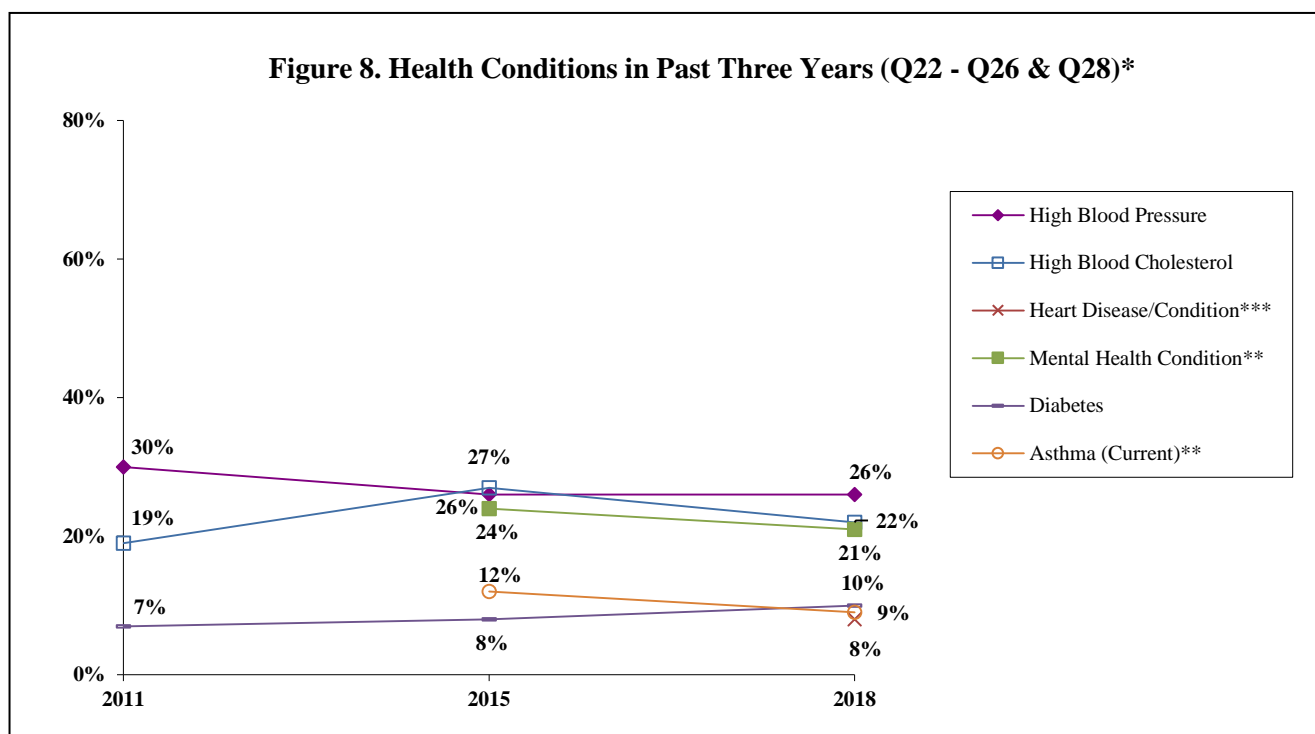
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Health Conditions Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or diabetes as well as from 2015 to 2018. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported a mental health condition or current asthma.



*In 2011 and 2015, timeframe was “ever”.

**Not asked in 2011.

***Not asked in 2011 and 2015.

Physical Activity (Figures 9 & 10; Tables 21 - 24)

KEY FINDINGS: In 2018, 32% of Winnebago County respondents did moderate physical activity five times a week for 30 minutes. Twenty-five percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education or who were not overweight/obese were more likely to report this. Thirty percent of respondents reported there is not enough time to exercise as their major reason for not participating in physical activities more often. Respondents 18 to 34 years old or with children in the household were more likely to report there is not enough time to exercise. Twenty-eight percent reported it is difficult to motivate myself to exercise as a major reason; overweight/obese respondents were more likely to report this. Fifteen percent of respondents reported it is boring/not enjoyable as a major reason; married respondents were more likely to report this. Ten percent of respondents reported it is inconvenient to exercise. Overweight/obese respondents were more likely to report it is inconvenient to exercise. Nine percent reported they are afraid of getting injured or they were injured recently as a major reason for not participating in physical activities more often; respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity.

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).

In 2018, 33% of Tri-County respondents did moderate physical activity at least five times a week for 30 or more minutes (2018 Tri-County Community Health Survey).

2018 Findings (Table 21)

- Thirty-two percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Fifty-four percent did some moderate activity, while 14% did not do any moderate physical activity.
- Thirty-nine percent of respondents 18 to 34 years old met the recommended amount of moderate physical activity compared to 25% of those 65 and older or 17% of respondents 35 to 44 years old.
- Respondents with a college education were more likely to meet the recommended amount of moderate physical activity in a week (38%) compared to those with a high school education or less (31%) or respondents with some post high school education (24%).
- Forty-six percent of respondents in the middle 20 percent household income bracket met the recommended amount of moderate physical activity in a week compared to 32% of those in the top 40 percent income bracket or 23% of respondents in the bottom 40 percent household income bracket.

2015 to 2018 Year Comparisons (Table 21)

- From 2015 to 2018, there was a statistical increase 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 increase in the percent of respondents across gender meeting the recommended amount of moderate physical activity.
- In 2015, age was not a significant variable. In 2018, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents 45 to 64 years old meeting the recommended amount of moderate physical activity.
- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents with a high school education or less meeting the recommended amount of moderate physical activity.
- In 2015, household income was not a significant variable. In 2018, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 60 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents across marital status meeting the recommended amount of moderate physical activity.
- In 2015, respondents who were not overweight/obese were more likely to meet the recommended amount of moderate physical activity. In 2018, overweight status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of moderate physical activity.

Table 21. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year (Q31 - Q33)^{①,②,③}

	2015	2018
TOTAL ^a	20%	32%
Gender		
Male ^a	23	31
Female ^a	17	32
Age ²		
18 to 34 ^a	26	39
35 to 44	14	17
45 to 54 ^a	18	35
55 to 64 ^a	19	35
65 and Older	18	25
Education ²		
High School or Less ^a	20	31
Some Post High School	24	24
College Graduate ^a	17	38
Household Income ²		
Bottom 40 Percent Bracket	21	23
Middle 20 Percent Bracket ^a	18	46
Top 40 Percent Bracket ^a	18	32
Marital Status		
Married ^a	19	29
Not Married ^a	21	35
Overweight Status ¹		
Not Overweight/Obese ^a	26	36
Overweight/Obese ^a	17	30

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

^③Recommended moderate physical activity is 5 times/30+ minutes in a week.

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

^ayear difference at p≤0.05 from 2015 to 2018

Vigorous Physical Activity in Usual Week

Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.

In 2009, 31% of Wisconsin respondents and 29% of U.S. respondents did vigorous physical activity at least three times a week for 20 or more minutes (2009 Behavioral Risk Factor Surveillance).

In 2018, 25% of Tri-County respondents did vigorous physical activity at least three times a week for 20 or more minutes (2018 Tri-County Community Health Survey).

2018 Findings (Table 22)

- Twenty-five percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Eighteen percent did some vigorous physical activity while 57% did not do any vigorous physical activity.
- Male respondents were more likely to meet the recommended amount of vigorous physical activity (29%) compared to female respondents (21%).
- Thirty-two percent of respondents 18 to 34 years old and 30% of those 45 to 54 years old met the recommended amount of vigorous physical activity compared to 13% of respondents 65 and older.
- Thirty percent of respondents with a college education met the recommended amount of vigorous physical activity compared to 25% of those with some post high school education or 18% of respondents with a high school education or less.
- Unmarried respondents were more likely to meet the recommended amount of vigorous physical activity compared to married respondents (29% and 21%, respectively).
- Respondents who were not overweight/obese were more likely to meet the recommended amount of vigorous physical activity (34%) compared to overweight/obese respondents (21%).

2015 to 2018 Year Comparisons (Table 22)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to meet the recommended amount of vigorous physical activity.
- In 2015, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents 18 to 34 years old or 45 to 54 years old were more likely to meet the recommended amount of vigorous physical activity. From 2015 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old meeting the recommended amount of vigorous physical activity.
- In 2015, respondents with some post high school education were more likely to meet the recommended amount of vigorous physical activity. In 2018, respondents with a college education were more likely to meet 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.
- In 2015 and 2018, respondents who were not overweight/obese were more likely to meet the recommended amount of vigorous physical activity.

Table 22. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year (Q34 - Q36)^{①,②,③}

	2015	2018
TOTAL	24%	25%
Gender ²		
Male	27	29
Female	22	21
Age ^{1,2}		
18 to 34	39	32
35 to 44	27	18
45 to 54 ^a	13	30
55 to 64	20	24
65 and Older	12	13
Education ^{1,2}		
High School or Less	14	18
Some Post High School	32	25
College Graduate	26	30
Household Income		
Bottom 40 Percent Bracket	26	26
Middle 20 Percent Bracket	32	21
Top 40 Percent Bracket	20	29
Marital Status ²		
Married	23	21
Not Married	25	29
Overweight Status ^{1,2}		
Not Overweight/Obese	35	34
Overweight/Obese	18	21

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

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

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

^ayear 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.

The Healthy People 2020 goal for persons reporting no moderate or vigorous activity is 33% (Objective PA-1).

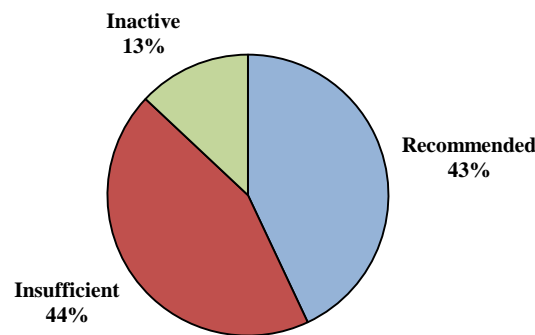
In 2009, 53% of Wisconsin respondents and 51% of U.S. respondents met the recommended amount of physical activity (30+ minutes of moderate physical activity five days per week or 20+ minutes of vigorous physical activity three days per week) (2009 Behavioral Risk Factor Surveillance).

In 2018, 44% of Tri-County 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) (2018 Tri-County Community Health Survey).

2018 Findings (Table 23)

- Forty-three percent of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times/week for 30 minutes or vigorous activity 3 times/week for 20 minutes). Forty-four percent did an insufficient amount of physical activity while 13% did no physical activity in a typical week.

Figure 9. Physical Activity/Week for 2018 (Q31 - Q36)*



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

- Respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity (56%) compared to those 65 and older (32%) or respondents 35 to 44 years old (23%).
- Fifty percent of respondents with a college education met the recommended amount of physical activity compared to 41% of those with some post high school education or 36% of respondents with a high school education or less.
- Respondents who were not overweight/obese were more likely to meet the recommended amount of physical activity (51%) compared to overweight/obese respondents (39%).

2015 to 2018 Year Comparisons (Table 23)

- From 2015 to 2018, there was a statistical increase 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 increase in the percent of female respondents 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 increase in the percent of respondents 45 to 54 years old meeting the recommended amount of physical activity.

- In 2015, education was not a significant variable. In 2018, respondents with a college education were more likely to meet the recommended amount of physical activity, with a noted increase since 2015.
- In 2015 and 2018, household income was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket meeting the recommended amount of physical activity.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of physical activity.
- In 2015 and 2018, respondents who were not overweight/obese were more likely to meet the recommended amount of physical activity. From 2015 to 2018, there was a noted increase in the percent of overweight/obese respondents meeting the recommended amount of physical activity.

Table 23. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year (Q31 - Q36)^{①,②,③}

	2015	2018
TOTAL ^a	35%	43%
Gender		
Male	39	44
Female ^a	32	41
Age ^{1,2}		
18 to 34	50	56
35 to 44	33	23
45 to 54 ^a	25	46
55 to 64	31	45
65 and Older	28	32
Education ²		
High School or Less	31	36
Some Post High School	41	41
College Graduate ^a	34	50
Household Income		
Bottom 40 Percent Bracket	36	42
Middle 20 Percent Bracket	43	52
Top 40 Percent Bracket ^a	29	42
Marital Status		
Married	34	39
Not Married ^a	36	47
Overweight Status ^{1,2}		
Not Overweight/Obese	46	51
Overweight/Obese ^a	30	39

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

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

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

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

Reasons Not Participating in Physical Activities More Often

In 2018, 24% of Tri-County respondents each reported it is difficult to motivate self to exercise or there is not enough time as their major reason for not participating in physical activities more often. Eleven percent each reported it is inconvenient to exercise or it is boring/not enjoyable. Ten percent reported they are afraid of getting injured/they were injured recently while 5% reported they do not have parks, sidewalks, bicycle trails, or safe and pleasant walking paths convenient to their home/office. Four percent reported they do not have encouragement, support or companionship from family/friends and 3% reported they are not confident in being physically active or how to manage progress (2018 Tri-County Community Health Survey).

2018 Findings (Table 24)

Of the 57% of respondents who did not meet the recommended amount of physical activity in a typical week (n=282)...

- Thirty percent of respondents reported there is not enough time to exercise as their major reason for not participating in physical activities more often followed by 28% who reported it is difficult to motivate self to exercise. Fifteen percent reported it is boring/not enjoyable. Ten percent reported it is inconvenient to exercise while 9% reported they are afraid of getting injured/they were injured recently. Four percent reported they do not have parks, sidewalks, bicycle trails, or safe and pleasant walking paths convenient to their home/office. Three percent reported they are not confident in being physically active/how to manage progress while 2% reported they do not have encouragement, support or companionship from family/friends.
- Respondents 18 to 34 years old were more likely to report there is not enough time to exercise as a major reason for not participating in physical activities more often. Respondents 55 to 64 years old were more likely to report they are afraid of getting injured/they were injured recently as a major reason.
- Seventeen percent of respondents with a high school education or less reported they are afraid of getting injured/they were injured recently as a major reason compared to 7% of those with some post high school education or 4% of respondents with a college education.
- Twenty percent of respondents in the bottom 40 percent household income bracket reported they are afraid of getting injured/they were injured recently as a major reason compared to 4% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Married respondents were more likely to report exercise is boring/not enjoyable as a major reason for not participating in physical activities more often. Unmarried respondents were more likely to report they are afraid of getting injured/they were injured recently as a major reason.
- Overweight/obese respondents were more likely to report it is difficult to motivate themselves to exercise or it is inconvenient to exercise as a major problem.
- Respondents with children in the household were more likely to report there is not enough time to exercise as a major problem (56%) compared to respondents in households without children (13%).

Table 24. Major Reason not Participating in Physical Activities More Often by Demographic Variables for 2018 (Respondents Who Did Not Meet Recommended Amount of Physical Activity) (Q37 - Q44)^{Ⓢ,Ⓣ}

	Not Enough Time to Exercise	Difficult to Motivate Self to Exercise	Exercise is Boring or not Enjoyable	Inconvenient to Exercise	Afraid of Getting Injured or Injured Recently
TOTAL	30%	28%	15%	10%	9%
Gender					
Male	29	24	13	9	7
Female	31	34	18	10	11
Age					
18 to 34	62 ¹	34	17	7	0 ¹
35 to 44	33 ¹	24	10	9	10 ¹
45 to 54	24 ¹	35	21	18	6 ¹
55 to 64	13 ¹	26	13	13	21 ¹
65 and Older	2 ¹	22	16	4	15 ¹
Education					
High School or Less	24	30	12	11	17 ¹
Some Post High School	34	26	14	11	7 ¹
College Graduate	31	29	19	7	4 ¹
Household Income					
Bottom 40 Percent Bracket	23	25	8	11	20 ¹
Middle 20 Percent Bracket	32	42	21	6	4 ¹
Top 40 Percent Bracket	37	25	16	9	3 ¹
Marital Status					
Married	31	31	21 ¹	10	5 ¹
Not Married	27	25	8 ¹	9	13 ¹
Overweight Status					
Not Overweight/Obese	28	17 ¹	13	1 ¹	6
Overweight/Obese	30	33 ¹	16	13 ¹	10
Children in Household					
Yes	56 ¹	27	12	13	6
No	13 ¹	29	17	7	11

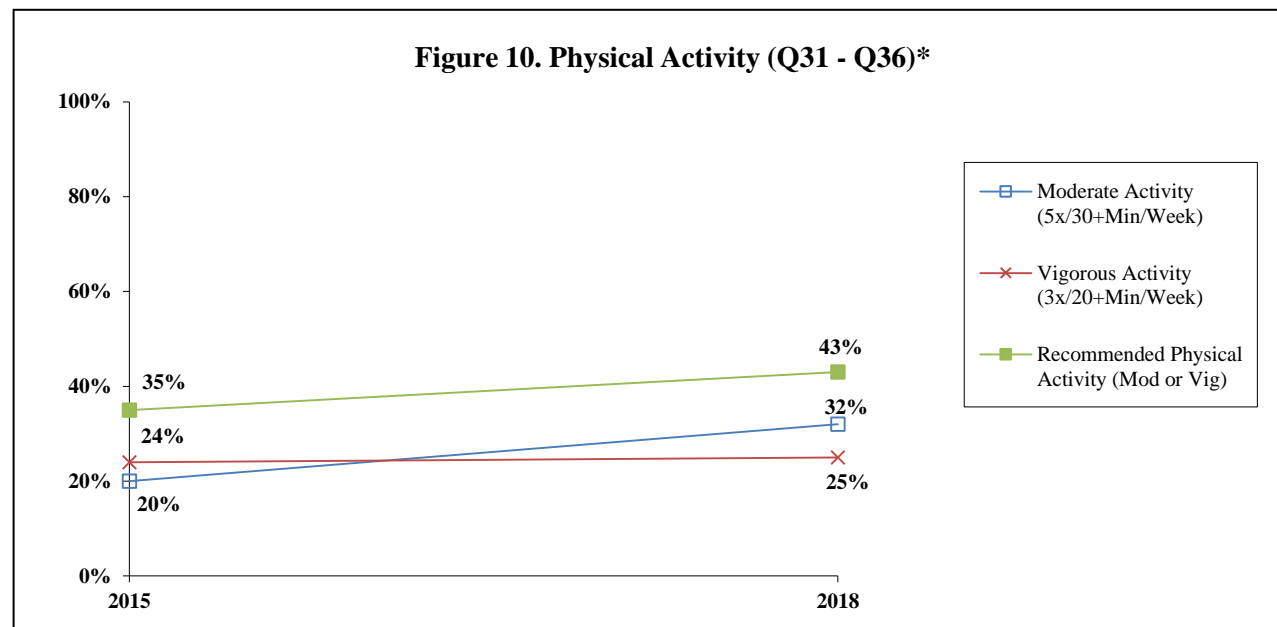
[Ⓢ]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. [Ⓣ]Not asked in 2011 and 2015.

¹demographic difference at p≤0.05 in 2018

Physical Activity Overall

Year Comparisons

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity.



*Not asked in 2011.

Body Weight (Figures 11 & 12; Tables 25 & 26)

KEY FINDINGS: In 2018, 70% of Winnebago County respondents were classified as at least overweight while 39% were obese. Respondents who were male, 35 and older, with a high school education or less, who were married or inactive were more likely to be classified as at least overweight. Respondents 35 to 44 years old, 55 to 64 years old, with some post high school education or less, in the bottom 60 percent household income bracket or inactive respondents were more likely to be obese.

From 2011 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or being obese, as well as from 2015 to 2018.

At Least Overweight

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

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

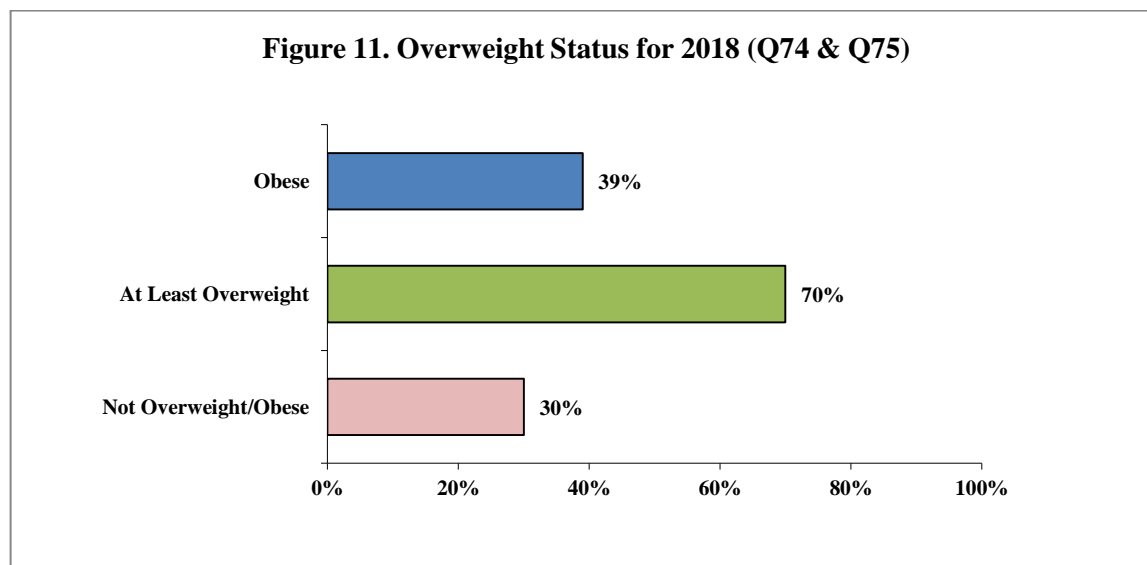
The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)

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).

In 2018, 67% of Tri-County respondents were classified as at least overweight (32% overweight, 35% obese) (2018 Tri-County Community Health Survey).

2018 Findings (Table 25)

- According to the definition, 70% of respondents were at least overweight (39% obese and 31% overweight).



- Male respondents were more likely to be at least overweight (80%) compared to female respondents (59%).
- Seventy-five percent of respondents 45 to 54 years old or 65 and older, 74% of those 55 to 64 years old and 73% of respondents 35 to 44 years old were at least overweight compared to 61% of respondents 18 to 34 years old.
- Eighty-one percent of respondents with a high school education or less were at least overweight compared to 72% of those with some post high school education or 61% of respondents with a college education.
- Married respondents were more likely to be at least overweight compared to unmarried respondents (77% and 63%, respectively).
- Eighty percent of inactive respondents were at least overweight compared to 73% of those who did an insufficient amount of physical activity or 64% of respondents who met the recommended amount of physical activity.

2011 to 2018 Year Comparisons (Table 25)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight.
- In 2011 and 2018, male respondents were more likely to be classified as at least overweight. From 2011 to 2018, there was a noted increase in the percent of male respondents being at least overweight.
- In 2011, respondents 35 to 44 years old or 55 and older were more likely to be classified as at least overweight. In 2018, respondents 35 and older were more likely to be at least overweight. From 2011 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old being at least overweight.
- In 2011, respondents with some post high school education were more likely to be classified as at least overweight. In 2018, respondents with a high school education or less were more likely to be classified as at least overweight, with a noted increase since 2011.
- In 2011, respondents in the middle 20 percent household income bracket were more likely to be at least overweight. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket being at least overweight.
- In 2011 and 2018, married respondents were more likely to be at least overweight. From 2011 to 2018, there was a noted increase in the percent of married respondents being at least overweight.

2015 to 2018 Year Comparisons (Table 25)

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to be classified as at least overweight, with a noted increase since 2015.
- In 2015 and 2018, respondents 35 and older were more likely to be at least overweight. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old being at least overweight.
- In 2015, education was not a significant variable. In 2018, respondents with a high school education or less were more likely to be at least overweight, with a noted increase since 2015.

- In 2015, respondents in the top 40 percent household income bracket were more likely to be at least overweight. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket being at least overweight.
- In 2015 and 2018, married respondents were more likely to be at least overweight. From 2015 to 2018, there was a noted increase in the percent of married respondents being at least overweight.
- In 2015 and 2018, inactive respondents were more likely to be at least overweight. From 2015 to 2018, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being at least overweight.

Table 25. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q74 & Q75)^⓪

	2011	2015	2018
TOTAL ^{a,b}	64%	62%	70%
Gender ^{1,3}			
Male ^{a,b}	71	60	80
Female	56	64	59
Age ^{1,2,3}			
18 to 34 ^b	55	33	61
35 to 44	71	72	73
45 to 54 ^a	60	77	75
55 to 64	73	79	74
65 and Older	71	71	75
Education ^{1,3}			
High School or Less ^{a,b}	63	59	81
Some Post High School	71	64	72
College Graduate	58	63	61
Household Income ^{1,2}			
Bottom 40 Percent Bracket	65	61	66
Middle 20 Percent Bracket ^b	75	48	72
Top 40 Percent Bracket ^a	60	78	71
Marital Status ^{1,2,3}			
Married ^{a,b}	69	69	77
Not Married	57	56	63
Physical Activity ^{2,3}			
Inactive	--	71	80
Insufficient	--	67	73
Recommended ^b	--	51	64

^⓪Percentages 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.

--Physical activity asked differently in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Obesity

2018 Findings (Table 26)

- Thirty-nine percent of respondents were classified as obese (BMI 30.0 or higher).
- Forty-nine percent of respondents 55 to 64 years old and 47% of those 35 to 44 years old were obese compared to 29% of respondents 45 to 54 years old.
- Fifty percent of respondents with a high school education or less and 47% of those with some post high school education were obese compared to 24% of respondents with a college education.
- Forty-five percent of respondents in the bottom 60 percent household income bracket were obese compared to 30% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to be obese (62%) compared to those who did an insufficient amount of physical activity (40%) or respondents who met the recommended amount of physical activity (30%).

2011 to 2018 Year Comparisons (Table 26)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents being obese.
- In 2011, male respondents were more likely to be obese. In 2018, gender was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of female respondents being obese.
- In 2011 and 2018, respondents 35 to 44 years old or 55 to 64 years old were more likely to be obese. From 2011 to 2018, there was a noted increase in the percent of respondents 65 and older being obese.
- In 2011, education was not a significant variable. In 2018, respondents with some post high school education or less were more likely to be obese, with a noted increase since 2011.
- In 2011, respondents in the middle 20 percent household income bracket were more likely to be obese. In 2018, respondents in the bottom 60 percent household income bracket were more likely to be obese. From 2011 to 2018, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket being obese.
- In 2011 and 2018, marital status was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of unmarried respondents being obese.

2015 to 2018 Year Comparisons (Table 26)

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents being obese.
- 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 being obese.
- In 2015, respondents 45 to 54 years old were more likely to be obese. In 2018, respondents 35 to 44 years old or 55 to 64 years old were more likely to be obese. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old being obese.

- In 2015 and 2018, respondents with some post high school education or less were more likely to be obese. From 2015 to 2018, there was a noted increase in the percent of respondents with a high school education or less being obese.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to be obese, with a noted increase since 2015.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of unmarried respondents being obese.
- In 2015 and 2018, inactive respondents were more likely to be obese. From 2015 to 2018, there was a noted increase in the percent of inactive respondents being obese.

Table 26. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q74 & Q75)^⓪

	2011	2015	2018
TOTAL ^{a,b}	30%	31%	39%
Gender ¹			
Male ^b	35	28	42
Female ^a	25	35	34
Age ^{1,2,3}			
18 to 34 ^b	25	20	34
35 to 44	38	33	47
45 to 54 ^b	24	44	29
55 to 64	39	36	49
65 and Older ^a	29	33	44
Education ^{2,3}			
High School or Less ^{a,b}	29	36	50
Some Post High School ^a	34	37	47
College Graduate	27	22	24
Household Income ^{1,3}			
Bottom 40 Percent Bracket ^{a,b}	34	34	45
Middle 20 Percent Bracket ^b	41	27	45
Top 40 Percent Bracket	26	33	30
Marital Status			
Married	33	33	37
Not Married ^{a,b}	26	30	40
Physical Activity ^{2,3}			
Inactive ^b	--	39	62
Insufficient	--	35	40
Recommended	--	23	30

^⓪Percentages 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.

--Physical activity asked differently in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

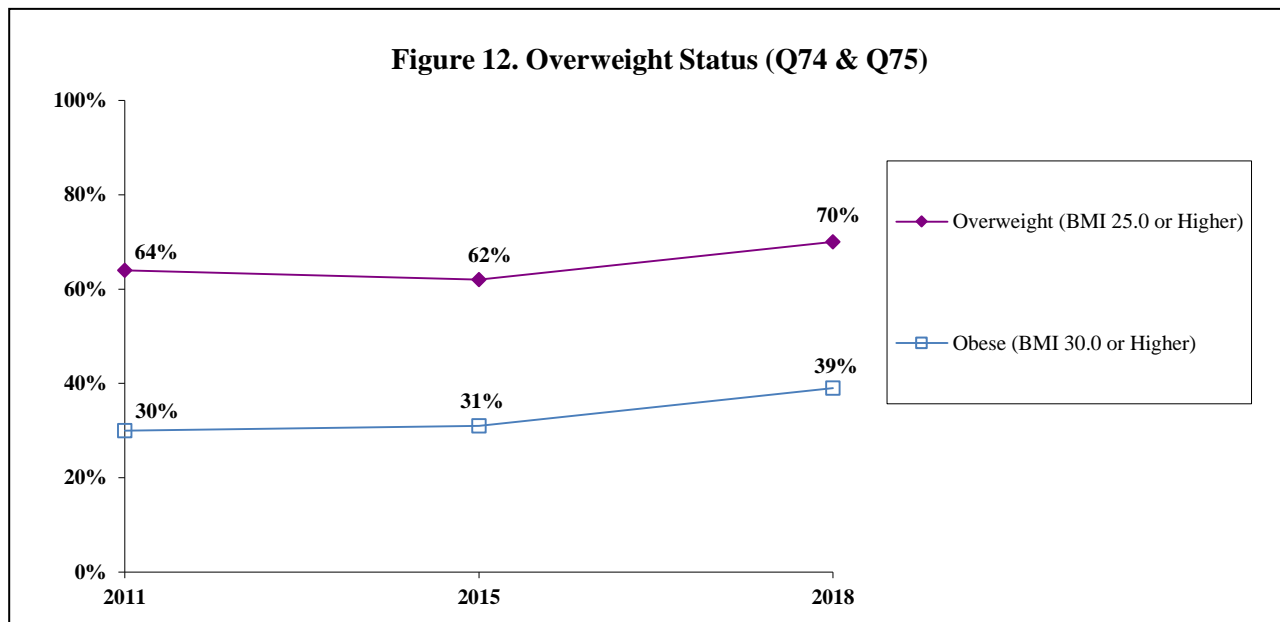
³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Body Weight Overall

Year Comparisons

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents being at least overweight or being obese, as well as from 2015 to 2018.



Nutrition (Figure 13; Tables 27 - 31)

KEY FINDINGS: In 2018, 44% of Winnebago County respondents reported two or more servings of fruit while 31% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, who were not overweight/obese or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were not overweight/obese or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Twenty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents with a college education, in the top 40 percent household income bracket, who were not overweight/obese or met the recommended amount of physical activity were more likely to report this. Thirty-four percent of respondents reported they drank at least one sugared drink per day in the past month; respondents 18 to 44 years old, with some post high school education or who did not meet the recommended amount of physical activity were more likely to report this. Fifty-six percent of respondents reported their family ate together five or more times during the past week; respondents in the bottom 40 percent household income bracket or married respondents were more likely to report this.

From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was a statistical decrease. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2011 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. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their family had a meal together at least five times in the past week.

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.

In 2018, 48% of Tri-County respondents reported at least two servings of fruit on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 27)

- Forty-four percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit a day (53%) compared to male respondents (35%).
- Fifty-six percent of respondents with a college education reported at least two servings of fruit a day compared to 38% of those with some post high school education or 32% of respondents with a high school education or less.
- Respondents who were not overweight/obese were more likely to report at least two servings of fruit a day (52%) compared to overweight/obese respondents (40%).
- Fifty-eight percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 40% of those who were inactive or 31% of respondents who did an insufficient amount of physical activity.

2011 to 2018 Year Comparisons (Table 27)

- From 2011 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 2011 and 2018, female respondents were more likely to report at least two servings of fruit per day.
- In 2011 and 2018, age was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting at least two servings of fruit per day.
- In 2011 and 2018, respondents with a college education were more likely to report two or more servings of fruit per day. From 2011 to 2018, there was a noted decrease in the percent of respondents with a high school education or less reporting at least two servings of fruit per day.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit per day. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least two servings of fruit per day.
- In 2011, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report two or more servings of fruit per day. From 2011 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting at least two servings of fruit per day.

2015 to 2018 Year Comparisons (Table 27)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2015 and 2018, female respondents were more likely to report at least two servings of fruit per day. From 2015 to 2018, there was a noted decrease in the percent of respondents across gender 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 decrease in the percent of respondents 18 to 44 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 two or more servings of fruit. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education or less reporting at least two servings of fruit per day.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting at least two servings of fruit per day.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents across marital status reporting at least two servings of fruit per day.
- In 2015, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report two or more servings of fruit. From 2015 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting at least two servings of fruit per day.

- In 2015, respondents who did at least some physical activity were more likely to report two or more servings of fruit. In 2018, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit. From 2015 to 2018, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting two or more servings of fruit.

Table 27. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year (Q30)^①

	2011	2015	2018
TOTAL ^b	49%	54%	44%
Gender ^{1,2,3}			
Male ^b	36	46	35
Female ^b	62	62	53
Age			
18 to 34 ^b	50	56	41
35 to 44 ^{a,b}	51	64	35
45 to 54	51	46	45
55 to 64	46	52	55
65 and Older	45	49	44
Education ^{1,2,3}			
High School or Less ^{a,b}	46	44	32
Some Post High School ^b	43	55	38
College Graduate	57	61	56
Household Income ^{1,2}			
Bottom 40 Percent Bracket	47	45	42
Middle 20 Percent Bracket ^b	35	54	34
Top 40 Percent Bracket ^{a,b}	57	69	47
Marital Status			
Married ^b	52	56	46
Not Married ^b	46	51	42
Overweight Status ³			
Not Overweight/Obese	51	58	52
Overweight/Obese ^{a,b}	48	50	40
Physical Activity ^{2,3}			
Inactive	--	35	40
Insufficient ^b	--	59	31
Recommended	--	57	58

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

--Physical activity asked differently in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Vegetable Consumption

Based on the USDA dietary guidelines, at a minimum, adults should have three servings of vegetables each day. Age, gender and activity level may increase the recommended number of servings.

In 2018, 31% of Tri-County respondents reported three or more servings of vegetables on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 28)

- Thirty-one percent of respondents reported three or more servings of vegetables on an average day.
- Forty-five percent of respondents 45 to 54 years old reported at least three servings of vegetables a day compared to 19% of those 65 and older or 18% of respondents 35 to 44 years old.
- Fifty-two percent of respondents with a college education reported at least three servings of vegetables a day compared to 19% of those with some post high school education or 14% of respondents with a high school education or less.
- Forty percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 26% 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/obese were more likely to report at least three servings of vegetables a day (41%) compared to overweight/obese respondents (26%).
- Respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables a day (44%) compared to those who did an insufficient amount of physical activity (21%) or respondents who were inactive (19%).

2011 to 2018 Year Comparisons (Table 28)

- From 2011 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 2011, female respondents were more likely to report at least three vegetable servings per day. In 2018, gender was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of male respondents reporting at least three vegetable servings per day.
- In 2011, age was not a significant variable. In 2018, respondents 45 to 54 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2011.
- In 2011 and 2018, respondents with a college education were more likely to report at least three servings of vegetables. From 2011 to 2018, there was a noted increase in the percent of respondents with a college education reporting at least three vegetable servings per day.
- In 2011 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables per day.
- In 2011, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report at least three servings of vegetables per day, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 28)

- 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, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day. In 2018, respondents 45 to 54 years old were more likely to report at least three vegetables servings per day, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old reporting at least three vegetable servings per day and a noted decrease in the percent of respondents 35 to 44 years old reporting at least three vegetable servings per day.
- In 2015 and 2018, respondents with a college education were more likely to report at least three servings of vegetables. From 2015 to 2018, there was a noted increase in the percent of respondents with a college education reporting at least three vegetable servings per day.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables.
- In 2015, married respondents were more likely to report at least three servings of vegetables. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of unmarried respondents reporting at least three vegetable servings per day.
- In 2015, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report at least three servings of vegetables, with a noted increase since 2015.
- In 2015 and 2018, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2015 to 2018, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting at least three vegetable servings per day.

Table 28. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year (Q29)^o

	2011	2015	2018
TOTAL	29%	27%	31%
Gender ¹			
Male ^a	19	23	27
Female	40	30	35
Age ^{2,3}			
18 to 34 ^b	31	21	36
35 to 44 ^b	30	39	18
45 to 54 ^{a,b}	29	29	45
55 to 64	31	30	31
65 and Older	25	20	19
Education ^{1,2,3}			
High School or Less	19	20	14
Some Post High School	27	26	19
College Graduate ^{a,b}	40	34	52
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	23	22	22
Middle 20 Percent Bracket	24	23	26
Top 40 Percent Bracket	37	40	40
Marital Status ²			
Married	32	36	33
Not Married ^b	25	19	28
Overweight Status ³			
Not Overweight/Obese ^{a,b}	30	26	41
Overweight/Obese	28	28	26
Physical Activity ^{2,3}			
Inactive	--	20	19
Insufficient	--	25	21
Recommended ^b	--	34	44

^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.

--Physical activity asked differently in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Five or More Fruit or Vegetables per Day

In 2009, 23% of Wisconsin respondents and 23% of U.S. respondents reported they ate at least five fruit or vegetables per day (2009 Behavioral Risk Factor Surveillance).

In 2018, 29% of Tri-County respondents reported five or more servings of fruit/vegetables on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 29)

- Twenty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day.
- Forty-eight percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 15% of respondents with some post high school education or less.
- Thirty-four percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 25% of those in the middle 20 percent income bracket or 21% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight/obese were more likely to report at least five servings of fruit/vegetables a day (36%) compared to overweight/obese respondents (25%).
- Forty percent of respondents who met the recommended amount of physical activity reported at least five servings of fruit/vegetables a day compared to 21% of those who were inactive or 18% of respondents who did an insufficient amount of physical activity.

2011 to 2018 Year Comparisons (Table 29)

- From 2011 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 2011, female respondents were more likely to report at least five fruit/vegetable servings per day. In 2018, gender was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of male respondents and a noted decrease in the percent of female respondents reporting at least five servings of fruit/vegetables per day.
- In 2011 and 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2011 to 2018, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with a college education reporting at least five servings of fruit/vegetables per day.
- In 2011 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day.
- In 2011, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report at least five fruit/vegetable servings per day.

2015 to 2018 Year Comparisons (Table 29)

- 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, female respondents were more likely to report at least five fruit/vegetable servings per day. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of female respondents reporting at least five servings of fruit/vegetables per day.
- In 2015, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day. In 2018, age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents 35 to 44 years old reporting at least five servings of fruit/vegetables per day.

- In 2015 and 2018, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2018, there was a noted decrease in the percent of respondents with some post high school education or less reporting at least five servings of fruit/vegetables per day.
- In 2015 and 2018, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 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 decrease in the percent of married respondents reporting at least five servings of fruit/vegetables per day.
- In 2015, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2018, there was a noted decrease in the percent of overweight/obese respondents reporting at least five servings of fruit/vegetables 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. From 2015 to 2018, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting at least five servings of fruit/vegetables per day.

Table 29. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year (Q29 & Q30)^⓪

	2011	2015	2018
TOTAL	28%	33%	28%
Gender ^{1,2}			
Male ^a	15	26	26
Female ^{a,b}	42	39	31
Age ²			
18 to 34	32	30	29
35 to 44 ^b	21	47	20
45 to 54	29	31	35
55 to 64	25	37	30
65 and Older	27	23	24
Education ^{1,2,3}			
High School or Less ^{a,b}	26	28	15
Some Post High School ^b	23	29	15
College Graduate ^a	35	42	48
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	24	25	21
Middle 20 Percent Bracket	20	27	25
Top 40 Percent Bracket ^b	37	49	34
Marital Status ²			
Married ^b	31	38	30
Not Married	25	28	27
Overweight Status ³			
Not Overweight/Obese	31	35	36
Overweight/Obese ^b	27	32	25
Physical Activity ^{2,3}			
Inactive	--	18	21
Insufficient ^b	--	32	18
Recommended	--	43	40

^⓪Percentages 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.

--Physical activity asked differently in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Sugar Drink Consumption

In 2018, 30% of Tri-County respondents reported they drank at least one regular soda or pop that contained sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks every day in the past month. Twenty-nine percent reported more than once a week, but less than once a day. Forty-one percent reported a sugared drink less than once a week (2018 Tri-County Community Health Survey).

2018 Findings (Table 30)

- Thirty-four percent of respondents reported they drank at least one regular soda or pop that contained sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks every day in the past month. Twenty-four percent reported a sugared drink more than once a week, but less than once a day. Forty-one percent reported less than once a week.
- Forty-five percent of respondents 35 to 44 years old and 44% of those 18 to 34 years old drank at least one sugared drink per day in the past month compared to 18% of respondents 55 to 64 years old.
- Respondents with some post high school education were more likely to drink at least one sugared drink per day (57%) compared to those with a high school education or less (35%) or respondents with a college education (16%).
- Forty-one percent of respondents who did an insufficient amount of physical activity and 39% of those who were inactive drank at least one sugared drink per day compared to 26% of respondents who met the recommended amount of physical activity.

Table 30. At Least One Sugar Drink per Day in Past Month by Demographic Variables for 2018 (Q51)^{①,②}

	2018
TOTAL	34%
Gender	
Male	38
Female	30
Age ¹	
18 to 34	44
35 to 44	45
45 to 54	33
55 to 64	18
65 and Older	22
Education ¹	
High School or Less	35
Some Post High School	57
College Graduate	16
Household Income	
Bottom 40 Percent Bracket	34
Middle 20 Percent Bracket	41
Top 40 Percent Bracket	31
Marital Status	
Married	33
Not Married	35
Overweight Status	
Not Overweight/Obese	29
Overweight/Obese	36
Physical Activity ¹	
Inactive	39
Insufficient	41
Recommended	26

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Family Meal Time

In 2018, 59% of Tri-County respondents reported during the past week, all or most of their family living in their household ate a meal together five or more times. Twenty percent reported three to four times while 15% reported one to two times. Six percent reported never (2018 Tri-County Community Health Survey).

2018 Findings (Table 31)

Of the 78% of respondents who reported living with others (n=390)...

- Forty percent of respondents reported during the past week, all or most of their family living in their household ate a meal together at least seven times followed by 16% reporting five to six times. Twenty-four percent reported three to four times while 14% reported one to two times. Seven percent reported never.
- Sixty-one percent of respondent in the bottom 40 percent household income bracket reported eating together at least five times in the past week compared to 57% of those in the top 40 percent income bracket and 44% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report their family ate together at least five times during the past week compared to unmarried respondents (63% and 42%, respectively).

2015 to 2018 Year Comparisons (Table 31)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their family ate together at least five times during the past week.
- 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 their family ate together at least five times during the past week. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting their family ate together at least five times.
- In 2015 and 2018, married respondents were more likely to report their family ate together at least seven times during the past week. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting their family ate together at least five times during the past week.
- In 2015 and 2018, the presence of children was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents in households with children reporting their family ate together at least five times during the past week.

Table 31. Most of Family had Meals Together at Least Five Times in Past Week by Demographic Variables for Each Survey Year (Respondents Who Live with Family) (Q50)^{①,②}

	2015	2018
TOTAL ^a	65%	56%
Household Income ²		
Bottom 40 Percent Bracket	62	61
Middle 20 Percent Bracket ^a	65	44
Top 40 Percent Bracket ^a	72	57
Marital Status ^{1,2}		
Married ^a	76	63
Not Married	49	42
Children in Household		
Yes ^a	69	51
No	63	60

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

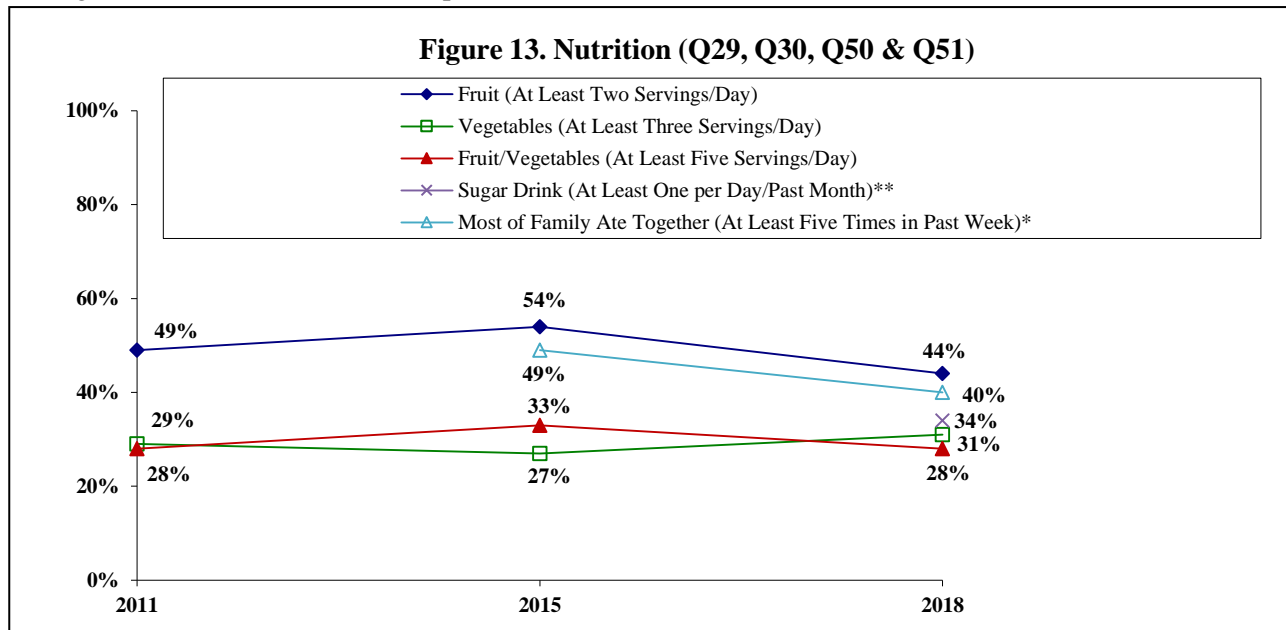
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Nutrition Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit while from 2015 to 2018, there was a statistical decrease. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2018. From 2011 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. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their family had a meal together at least five times in the past week.



*Not asked in 2011. **Not asked in 2011 and 2015.

Screen Time and Sleep (Figure 14; Tables 32 & 33)

KEY FINDINGS: In 2018, 32% of Winnebago County respondents reported at least four hours of screen time a day; respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight/obese or inactive were more likely to report this. Sixty-four percent of respondents reported they get at least seven hours of sleep in a 24-hour period; respondents 65 and older, with a college education, in the bottom 40 percent household income bracket, who were not overweight/obese, met the recommended amount of physical activity or without children in the household were more likely to report this.

From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least four hours of screen time a day. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least seven hours of sleep in a 24-hour period.

Screen Time

In 2018, 30% of Tri-County respondents reported, they spent, on average, four or more hours a day in front of a TV, computer, smart phone, tablet or video gaming system for leisure while 44% reported two or three hours. Twenty-five percent reported one hour or less a day (2018 Tri-County Community Health Survey).

2018 Findings (Table 32)

- Thirty-two percent of respondents reported they spent, on average, four or more hours a day in front of a TV, computer, smart phone, tablet or video gaming system for leisure while 44% reported two or three hours. Twenty-three percent reported one hour or less per day.
- Respondents 65 and older were more likely to report at least four hours of screen time a day (57%) compared to those 18 to 34 years old (27%) or respondents 45 to 54 years old (22%).
- Fifty percent of respondents with a high school education or less reported at least four hours of screen time a day compared to 30% of those with some post high school education or 22% of respondents with a college education.
- Fifty-two percent of respondents in the bottom 40 percent household income bracket reported at least four hours of screen time a day compared to 31% of those in the middle 20 percent income bracket or 18% of respondents in the top 40 percent household income bracket.
- Overweight/obese respondents were more likely to report at least four hours of screen time a day (38%) compared to respondents who were not overweight/obese (18%).
- Fifty-five percent of inactive respondents reported at least four hours of screen time a day compared to 31% of those who did an insufficient amount of physical activity or 27% of respondents who met the recommended amount of physical activity.

2015 to 2018 Year Comparisons (Table 32)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least four hours of screen time a day.
- In 2015 and 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents across gender reporting at least four hours of screen time a day.

- In 2015 and 2018, respondents 65 and older were more likely to report at least four hours of screen time a day. From 2015 to 2018, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting at least four hours of screen time a day.
- In 2015 and 2018, respondents with a high school education or less were more likely to report at least four hours of screen time a day. From 2015 to 2018, there was a noted decrease in the percent of respondents with at least some post high school education reporting at least four hours of screen time a day.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report at least four hours of screen time a day.
- In 2015, unmarried respondents were more likely to report at least four hours of screen time a day. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting at least four hours of screen time a day.
- In 2015, overweight status was not a significant variable. In 2018, overweight/obese respondents were more likely to report at least four hours of screen time a day. From 2015 to 2018, there was a noted decrease in the percent of respondents who were not overweight/obese reporting at least four hours of screen time a day.
- In 2015 and 2018, inactive respondents were more likely to report at least four hours of screen time a day. From 2015 to 2018, there was a noted decrease in the percent of respondents who were inactive or met the recommended amount of physical activity reporting at least four hours of screen time a day.

Table 32. At Least Four Hours of Screen Time on Average Day by Demographic Variables for Each Survey Year (Q49)^{①,②}

	2015	2018
TOTAL ^a	44%	32%
Gender		
Male ^a	48	36
Female ^a	40	29
Age ^{1,2}		
18 to 34 ^a	47	27
35 to 44	22	28
45 to 54 ^a	38	22
55 to 64	46	37
65 and Older	64	57
Education ^{1,2}		
High School or Less	56	50
Some Post High School ^a	46	30
College Graduate ^a	32	22
Household Income ^{1,2}		
Bottom 40 Percent Bracket	54	52
Middle 20 Percent Bracket	39	31
Top 40 Percent Bracket	22	18
Marital Status ¹		
Married	39	31
Not Married ^a	49	33
Overweight Status ²		
Not Overweight/Obese ^a	39	18
Overweight/Obese	45	38
Physical Activity ^{1,2}		
Inactive ^a	71	55
Insufficient	36	31
Recommended ^a	39	27

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

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

^ayear difference at p≤0.05 from 2015 to 2018

Sleep

The Healthy People 2020 goal for sufficient sleep defined as seven or more hours in a 24-hour period is 71% (Objective SH-4).

In 2018, 65% of Tri-County respondents reported, on average, they get seven or more hours of sleep in a 24-hour period while 26% reported six hours. Ten percent reported one to five hours (2018 Tri-County Community Health Survey).

2018 Findings (Table 33)

- Sixty-four percent of respondents reported, on average, they get at least seven hours of sleep in a 24-hour period while 23% reported six hours. Thirteen percent reported one to five hours.
- Seventy-eight percent of respondents 65 and older reported at least seven hours of sleep in a 24-hour period compared to 57% of those 45 to 54 years old or 54% of respondents 35 to 44 years old.
- Seventy-two percent of respondents with a college education reported at least seven hours of sleep in a 24-hour period compared to 62% of those with some post high school education or 55% of respondents with a high school education or less.
- Seventy-three percent of respondents in the bottom 40 percent household income bracket reported at least seven hours of sleep in a 24-hour period compared to 59% of respondents in the top 60 percent household income bracket.
- Respondents who were not overweight/obese were more likely to report at least seven hours of sleep in a 24-hour period (76%) compared to overweight/obese respondents (58%).
- Respondents who met the recommended amount of physical activity were more likely to report at least seven hours of sleep in a 24-hour period (73%) compared to those who did an insufficient amount of physical activity (58%) or respondents who were inactive (55%).
- Respondents in households without children were more likely to report at least seven hours of sleep in a 24-hour period (73%) compared to respondents in households with children (48%).

2015 to 2018 Year Comparisons (Table 33)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least seven hours of sleep in a 24-hour period.
- In 2015, male respondents were more likely to report at least seven hours of sleep in a 24-hour period. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of male respondents and a noted increase in the percent of female respondents reporting at least seven hours of sleep in a 24-hour period.
- In 2015, respondents 45 to 54 years old or 65 and older were more likely to report at least seven hours of sleep in a 24-hour period. In 2018, respondents 65 and older were more likely to report at least seven hours of sleep in a 24-hour period. From 2015 to 2018, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting at least seven hours of sleep in a 24-hour period.
- In 2015 and 2018, respondents with a college education were more likely to report at least seven hours of sleep in a 24-hour period.

- In 2015, respondents in the top 40 percent household income bracket were more likely to report at least seven hours of sleep in a 24-hour period. In 2018, respondents in the bottom 40 percent household income bracket were more likely to report at least seven hours of sleep in a 24-hour period, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting at least seven hours of sleep in a 24-hour period.
- In 2015, overweight status was not a significant variable. In 2018, respondents who were not overweight/obese were more likely to report at least seven hours of sleep in a 24-hour period, with a noted increase since 2015.
- In 2015, respondents who did an insufficient amount of physical activity were more likely to report at least seven hours of sleep in a 24-hour period. In 2018, respondents who met the recommended amount of physical activity were more likely to report at least seven hours of sleep in a 24-hour period, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting at least seven hours of sleep in a 24-hour period.
- In 2015 and 2018, respondents without children in the household were more likely to report at least seven hours of sleep in a 24-hour period.

Table 33. At Least Seven Hours of Sleep in 24-Hour Period by Demographic Variables for Each Survey Year (Q48)^{①,②}

	2015	2018
TOTAL	63%	64%
Gender ¹		
Male ^a	70	62
Female ^a	56	66
Age ^{1,2}		
18 to 34 ^a	50	62
35 to 44	56	54
45 to 54 ^a	75	57
55 to 64	67	70
65 and Older	75	78
Education ^{1,2}		
High School or Less	55	55
Some Post High School	58	62
College Graduate	75	72
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	51	73
Middle 20 Percent Bracket ^a	74	59
Top 40 Percent Bracket ^a	82	59
Marital Status		
Married	67	61
Not Married	59	67
Overweight Status ²		
Not Overweight/Obese ^a	66	76
Overweight/Obese	63	58
Physical Activity ^{1,2}		
Inactive	40	55
Insufficient ^a	72	58
Recommended ^a	63	73
Children in Household ^{1,2}		
Yes	57	48
No	66	73

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

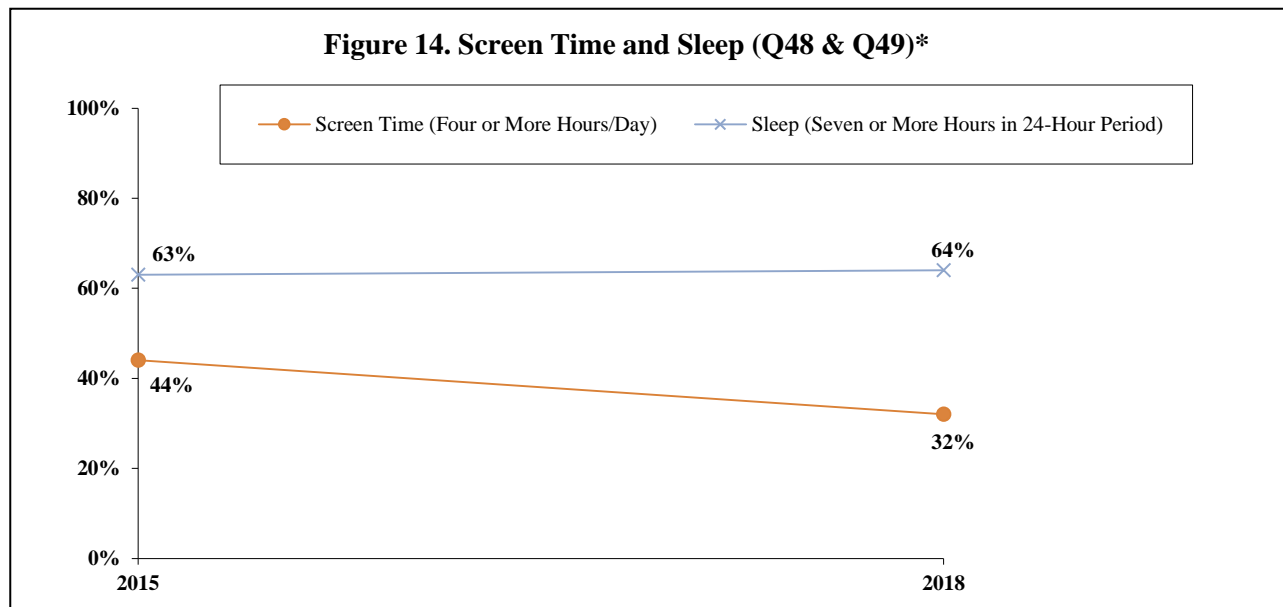
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Screen Time and Sleep Overall

Year Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported at least four hours of screen time a day. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported at least seven hours of sleep in a 24-hour period.



*Not asked in 2011.

Financial Factors Affecting Health (Figure 15; Tables 34 & 35)

KEY FINDINGS: In 2018, 14% of Winnebago County respondents reported they always or usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year; respondents 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Fifteen percent of respondents reported in the past year it was often or sometimes true that the food they bought just didn't last, and they didn't have money to get more; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket, who were unmarried or with children in the household were more likely to report this.

From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported in the past year they always/usually worried or stressed about having enough money to pay rent, mortgage/utility bills or it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more.

Financial Concern for Paying Rent, Mortgage or Utility Bills

In 2018, 14% of Tri-County respondents reported they always or usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. Seventeen percent reported they sometimes worried or stressed while 69% rarely or never stressed about having enough money to pay rent, mortgage or utility bills (2018 Tri-County Community Health Survey).

2018 Findings (Table 34)

- Fourteen percent of respondents reported they always or usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. Sixteen percent reported they sometimes worried or stressed while 70% rarely or never stressed about having enough money to pay rent, mortgage or utility bills.
- Respondents 18 to 34 years old were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year (22%) compared to those 45 to 54 years old (7%) or respondents 65 and older (6%).
- Twenty-one percent of respondents with some post high school education and 20% of those with a high school education or less reported they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year compared to 5% of respondents with a college education.
- Twenty-seven percent of respondents in the bottom 40 percent household income bracket reported they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year compared to 9% of those in the top 40 percent income bracket or 8% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year compared to married respondents (20% and 8%, respectively).

2015 to 2018 Year Comparisons (Table 34)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they always or usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.

- In 2015, respondents 18 to 34 years old or 45 to 54 years old were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. In 2018, respondents 18 to 34 years old were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.
- In 2015 and 2018, respondents with some post high school education or less were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.
- In 2015, respondents in households with children were more likely to report they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year. In 2018, the presence of children was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents in households with children reporting they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills in the past year.

Table 34. Always/Usually Concerned About Having Enough Money for Rent, Mortgage or Utility Bills in Past Year by Demographic Variables for Each Survey Year (Q53)^{①,②}

	2015	2018
TOTAL	17%	14%
Gender		
Male	16	14
Female	18	14
Age ^{1,2}		
18 to 34	22	22
35 to 44	19	18
45 to 54 ^a	21	7
55 to 64	15	9
65 and Older	2	6
Education ^{1,2}		
High School or Less	21	20
Some Post High School	21	21
College Graduate	9	5
Household Income ^{1,2}		
Bottom 40 Percent Bracket	28	27
Middle 20 Percent Bracket	5	8
Top 40 Percent Bracket ^a	2	9
Marital Status ²		
Married ^a	14	8
Not Married	20	20
Children in Household ¹		
Yes ^a	23	14
No	14	14

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

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

^ayear difference at p≤0.05 from 2015 to 2018

Inability to Purchase Enough Food

In 2018, 87% of Tri-County respondents reported it was never true that the food they bought just didn't last, and they didn't have money to get more in the past 12 months while a total of 13% reported often/sometimes true (2018 Tri-County Community Health Survey).

2018 Findings (Table 35)

- Eighty-five percent of respondents reported it was never true that the food they bought just didn't last, and they didn't have money to get more in the past year while a total of 15% reported often/sometimes true.
- Female respondents were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year (18%) compared to male respondents (11%).

- Twenty-seven percent of respondents 18 to 34 years old reported often/sometimes true compared to 7% of those 45 to 54 years old or 4% of respondents 65 and older.
- Respondents with some post high school education were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year (27%) compared to those with a high school education or less (14%) or respondents with a college education (6%).
- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year compared to 14% of those in the middle 20 percent income bracket or 10% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report often/sometimes true compared to married respondents (21% and 9%, respectively).
- Respondents in households with children were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year (22%) compared to respondents in households without children (10%).

2015 to 2018 Year Comparisons (Table 35)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.
- In 2015, gender was not a significant variable. In 2018, female respondents were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year. From 2015 to 2018, there was a noted decrease in the percent of male respondents reporting it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.
- In 2015, respondents 18 to 54 years old were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year. In 2018, respondents 18 to 34 years old were more likely to report often/sometimes true. From 2015 to 2018, there was a noted decrease in the percent of respondents 45 to 54 years old reporting it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.
- In 2015, respondents with a high school education or less were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year. In 2018, respondents with some post high school education were more likely to report often/sometimes true, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less reporting it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.
- In 2015 and 2018, respondents in the bottom 40 percent household income bracket were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.
- In 2015 and 2018, unmarried respondents were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.

- In 2015, the presence of children was not a significant variable. In 2018, respondents in households with children were more likely to report it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year. From 2015 to 2018, there was a noted decrease in the percent of respondents in households without children reporting it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.

Table 35. Often/Sometimes True that Food Bought Didn't Last in Past Year by Demographic Variables for Each Survey Year (Q54)^{Ⓢ,Ⓣ}

	2015	2018
TOTAL	17%	15%
Gender ²		
Male ^a	20	11
Female	14	18
Age ^{1,2}		
18 to 34	24	27
35 to 44	22	18
45 to 54 ^a	23	7
55 to 64	6	8
65 and Older	1	4
Education ^{1,2}		
High School or Less ^a	29	14
Some Post High School ^a	13	27
College Graduate	10	6
Household Income ^{1,2}		
Bottom 40 Percent Bracket	24	24
Middle 20 Percent Bracket	6	14
Top 40 Percent Bracket ^a	2	10
Marital Status ^{1,2}		
Married	13	9
Not Married	20	21
Children in Household ²		
Yes	16	22
No ^a	17	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. [Ⓣ]Not asked in 2011.

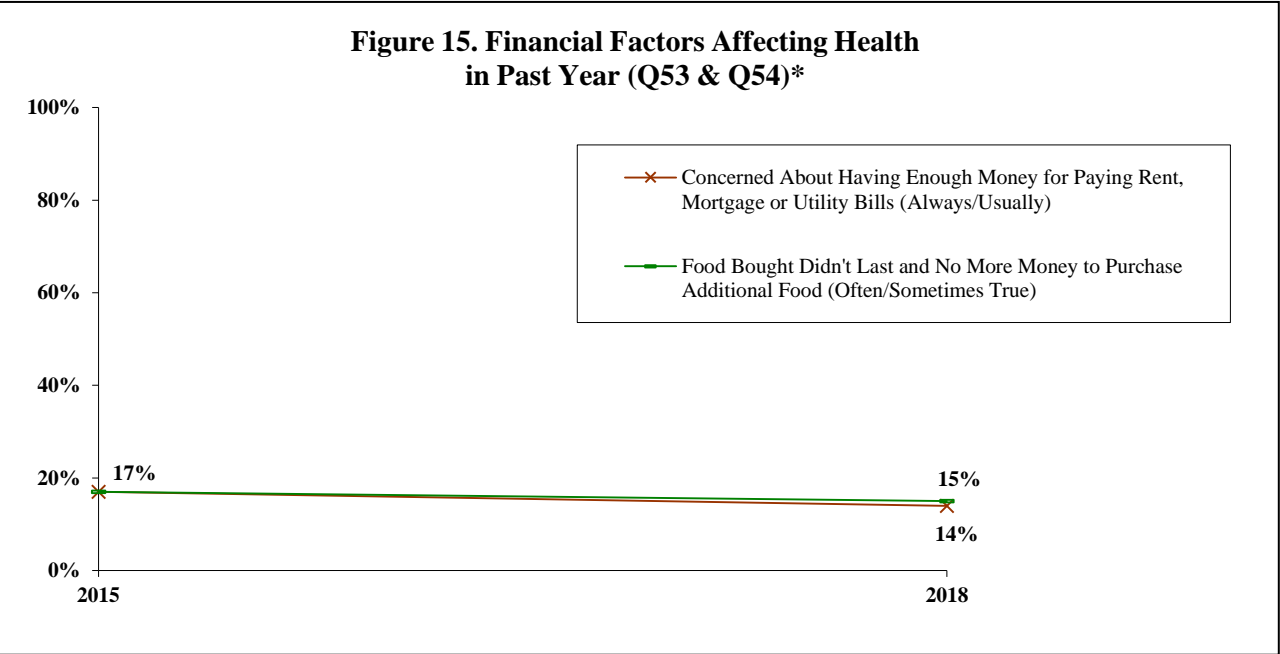
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Financial Factors Affecting Health Overall

Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they always/usually worried or stressed about having enough money to pay rent, mortgage or utility bills or it was often/sometimes true that the food they bought just didn't last, and they didn't have money to get more in the past year.



*Not asked in 2011.

Mental Health Status (Figures 16 & 17; Tables 36 - 38)

KEY FINDINGS: In 2018, 10% of Winnebago County respondents reported they rarely/never get the social and emotional support they need; respondents who were male, with some post high school education or unmarried respondents were more likely to report this. Thirteen percent of respondents reported they felt stress all of the time/most of the time in the past month; respondents who were female or 18 to 34 years old were more likely to report this. Ten percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 35 to 44 years old, with some post high school education or households with children were more likely to report this.

From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported they rarely/never get the social and emotional support they need while from 2015 to 2018, there was no statistical change.

Social and Emotional Support

In 2018, 6% of Tri-County respondents reported they rarely or never get the social and emotional support they need while 12% reported sometimes. Eighty-one percent reported they usually or always received the social and emotional support they needed (2018 Tri-County Community Health Survey).

2018 Findings (Table 36)

- Ten percent of respondents reported they rarely or never get the social and emotional support they need while 12% reported sometimes. Seventy-eight percent reported they usually or always received the social and emotional support they needed (35% and 43%, respectively).
- Male respondents were more likely to report they rarely/never get the social and emotional support they need (12%) compared to female respondents (7%).
- Respondents with some post high school education were more likely to report they rarely/never get the social and emotional support they need (16%) compared to those with a high school education or less (10%) or respondents with a college education (5%).
- Unmarried respondents were more likely to report they rarely/never get the social and emotional support they need compared to married respondents (16% and 4%, respectively).

2011 to 2018 Year Comparisons (Table 36)

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported they rarely/never get the social and emotional support they need.
- In 2011 and 2018, male respondents were more likely to report they rarely/never get the social and emotional support they need.
- In 2011 and 2018, age was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of respondents 35 to 44 years old reporting they rarely/never get the social and emotional support they need.
- In 2011, respondents with a high school education or less were more likely to report they never/rarely get the social and emotional support they need. In 2018, respondents with some post high school education were more likely to report they rarely/never get the social and emotional support they need, with a noted increase since 2011.

- In 2011, respondents in the middle 20 percent household income bracket were more likely to report they rarely/never get the social and emotional support they need. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they rarely/never get the social and emotional support they need.
- In 2011 and 2018, unmarried respondents were more likely to report they rarely/never get the social and emotional support they need.

2015 to 2018 Year Comparisons (Table 36)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they rarely/never get the social and emotional support they need.
- In 2015, gender was not a significant variable. In 2018, male respondents were more likely to report they rarely/never get the social and emotional support they need.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to report they rarely/never get the social and emotional support they need.
- In 2015, respondents in the bottom 60 percent household income bracket were more likely to report they rarely/never get the social and emotional support they need. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they rarely/never get the social and emotional support they need.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report they rarely/never get the social and emotional support they need, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting they rarely/never get the social and emotional support they need.

Table 36. Rarely/Never Get Social and Emotional Support Needed by Demographic Variables for Each Survey Year (Q52)^⓪

	2011	2015	2018
TOTAL ^a	7%	11%	10%
Gender ^{1,3}			
Male	9	11	12
Female	4	11	7
Age			
18 to 34	6	10	10
35 to 44 ^a	2	12	16
45 to 54	8	16	9
55 to 64	8	8	8
65 and Older	9	10	6
Education ^{1,3}			
High School or Less	11	13	10
Some Post High School ^a	6	11	16
College Graduate	3	8	5
Household Income ^{1,2}			
Bottom 40 Percent Bracket	5	14	11
Middle 20 Percent Bracket ^a	17	13	5
Top 40 Percent Bracket ^{a,b}	5	2	11
Marital Status ^{1,3}			
Married ^b	4	13	4
Not Married ^b	10	8	16

^⓪Percentages 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 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

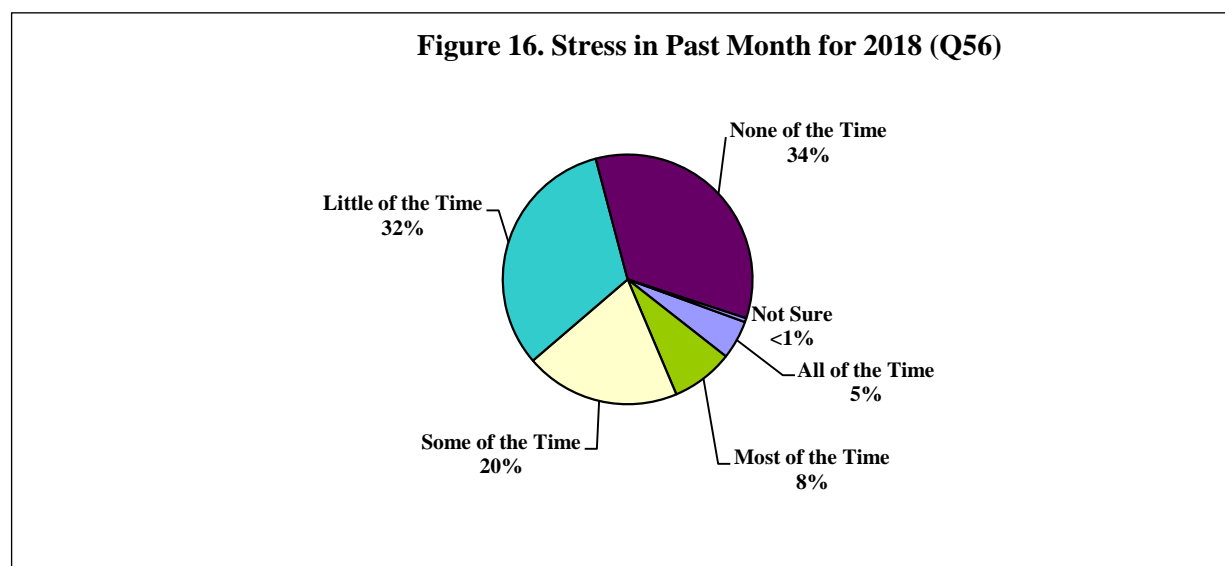
^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Stress

In 2018, 15% of Tri-County respondents reported that all of the time/most of the time in the past month they felt stress, such as a situation in which they feel tense, restless, nervous or too anxious to sleep at night because their mind is troubled. Nineteen percent reported some of the time and the remaining 66% reported little of the time or none of the time (2018 Tri-County Community Health Survey).

2018 Findings (Table 37)

- Thirteen percent of respondents reported that all of the time/most of the time in the past month they felt stress, such as a situation in which they feel tense, restless, nervous or too anxious to sleep at night because their mind is troubled. Twenty percent reported some of the time and the remaining 66% reported a little of the time or none of the time.



- Female respondents were more likely to report they felt stress all of the time/most of the time (19%) compared to male respondents (8%).
- Twenty-five percent of respondents 18 to 34 years old reported they felt stress all of the time/most of the time compared to 6% of those 65 and older or 4% of respondents 45 to 54 years old.

Table 37. Stress All the Time/Most of the Time in Past Month by Demographic Variables for 2018 (Q56)^{①,②}

	2018
TOTAL	13%
Gender ¹	
Male	8
Female	19
Age ¹	
18 to 34	25
35 to 44	11
45 to 54	4
55 to 64	11
65 and Older	6
Education	
High School or Less	11
Some Post High School	16
College Graduate	13
Household Income	
Bottom 40 Percent Bracket	17
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	13
Marital Status	
Married	12
Not Married	15
Children in Household	
Yes	13
No	14

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Considered Suicide

All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

In 2018, 8% of Tri-County respondents reported they felt so overwhelmed in the past year that they considered suicide (2018 Tri-County Community Health Survey).

2018 Findings (Table 38)

- Ten percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 18,900 residents who may have considered suicide in the past year.
- Respondents 35 to 44 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide (20%) compared to those 55 to 64 years old (3%) or respondents 65 and older (2%).

- Nineteen percent of respondents with some post high school education reported they felt so overwhelmed in the past year that they considered suicide compared to 10% of those with a college education or 1% of respondents with a high school education or less.
- Respondents in households with children were more likely to report they felt so overwhelmed in the past year that they considered suicide (14%) compared to respondents in households without children (8%).

Table 38. Considered Suicide in Past Year by Demographic Variables for 2018 (Q57)^{①,②}

	2018
TOTAL	10%
Gender	
Male	8
Female	13
Age ¹	
18 to 34	16
35 to 44	20
45 to 54	7
55 to 64	3
65 and Older	2
Education ¹	
High School or Less	1
Some Post High School	19
College Graduate	10
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	12
Marital Status	
Married	8
Not Married	13
Children in Household ¹	
Yes	14
No	8

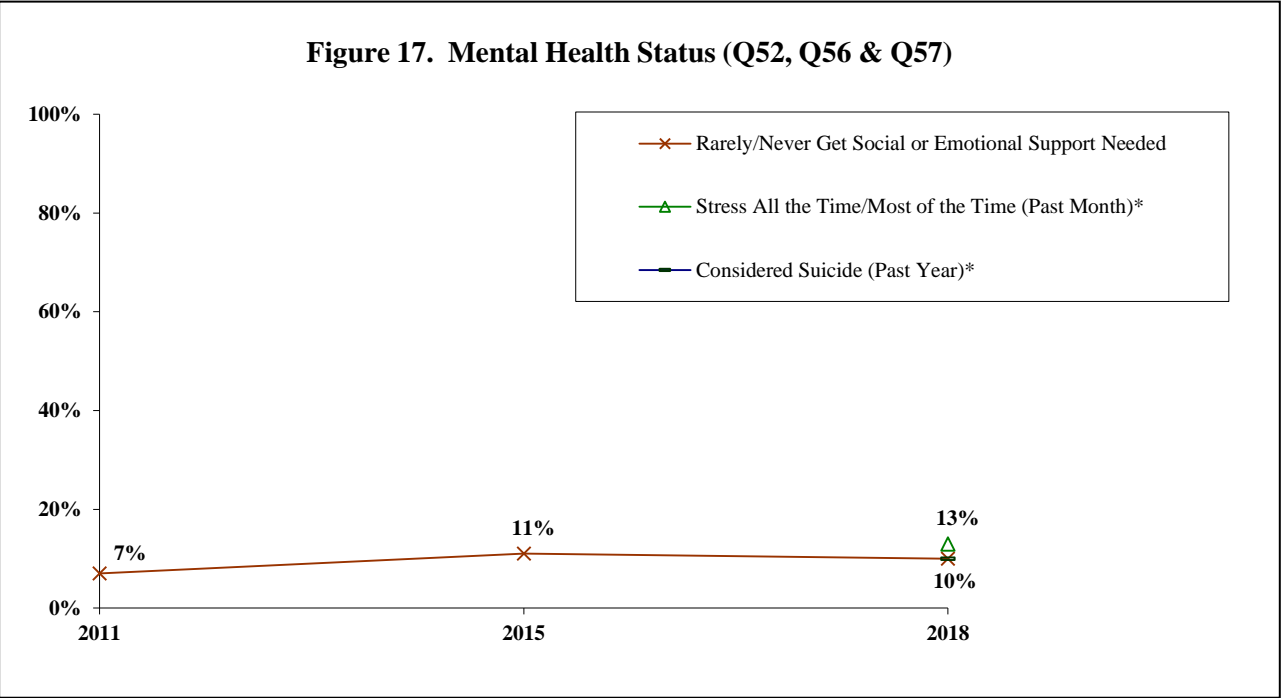
^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

¹demographic difference at p≤0.05 in 2018

Mental Health Status Overall

Year Comparisons

- From 2011 to 2018, there was a statistical increase in the overall percent of respondents who reported they rarely/never get the social and emotional support they need while from 2015 to 2018, there was no statistical change.



*Not asked in 2011 and 2015.

Tobacco Cigarette Use (Figures 18 & 19; Table 39)

KEY FINDINGS: In 2018, 17% of Winnebago County respondents were current tobacco cigarette smokers; respondents 18 to 44 years old, with some post high school education or unmarried respondents were more likely to be a smoker. In the past year, 45% of current smokers quit smoking for one day or longer because they were trying to quit.

From 2011 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. From 2011 to 2018, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 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).

In 2018, 12% of Tri-County respondents were current tobacco cigarette smokers (9% every day and 3% some days) (2018 Tri-County Community Health Survey).

2018 Findings (Table 39)

- Seventeen percent of respondents were current tobacco cigarette smokers.
- Twenty-five percent of respondents 18 to 34 years old and 24% of those 35 to 44 years old were current smokers compared to 8% of respondents 65 and older.
- Respondents with some post high school education were more likely to be a current smoker (29%) compared to those with a high school education or less (14%) or respondents with a college education (11%).
- Unmarried respondents were more likely to be a current smoker compared to married respondents (27% and 8%, respectively).

2011 to 2018 Year Comparisons (Table 39)

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2011, male respondents were more likely to be a current smoker. In 2018, gender was not a significant variable.
- In 2011, respondents 18 to 34 years old were more likely to be a current smoker. In 2018, respondents 18 to 44 years old were more likely to be a current smoker.
- In 2011, respondents with a high school education or less were more likely to be a current smoker. In 2018, respondents with some post high school education were more likely to be a current smoker, with a noted increase since 2011. From 2011 to 2018, there was a noted decrease in the percent of respondents with a high school education or less who were current smokers.

- In 2011, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket who were current smokers.
- In 2011, marital status was not a significant variable. In 2018, unmarried respondents were more likely to be a current smoker. From 2011 to 2018, there was a noted decrease in the percent of married respondents who were current smokers.

2015 to 2018 Year Comparisons (Table 39)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2015, male respondents were more likely to be a current smoker. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of female respondents who were current smokers.
- In 2015, respondents 18 to 34 years old were more likely to be a current smoker. In 2018, respondents 18 to 44 years old were more likely to be a current smoker.
- In 2015, respondents with a high school education or less were more likely to be a current smoker. In 2018, respondents with some post high school education were more likely to be a current smoker, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents with a high school education or less 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 increase in the percent of respondents in the top 40 percent household income bracket who were current smokers.
- In 2015 and 2018, unmarried respondents were more likely to be a current smoker.

Table 39. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year (Q66)^①

	2011	2015	2018
TOTAL	17%	16%	17%
Gender ^{1,2}			
Male	21	22	16
Female ^b	13	11	18
Age ^{1,2,3}			
18 to 34	26	26	25
35 to 44	16	17	24
45 to 54	18	12	12
55 to 64	10	11	11
65 and Older	3	9	8
Education ^{1,2,3}			
High School or Less ^{a,b}	26	26	14
Some Post High School ^{a,b}	18	17	29
College Graduate	7	8	11
Household Income ^{1,2}			
Bottom 40 Percent Bracket	26	23	23
Middle 20 Percent Bracket ^a	24	9	14
Top 40 Percent Bracket ^{a,b}	11	8	17
Marital Status ^{2,3}			
Married ^a	15	12	8
Not Married	20	21	27

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

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2015

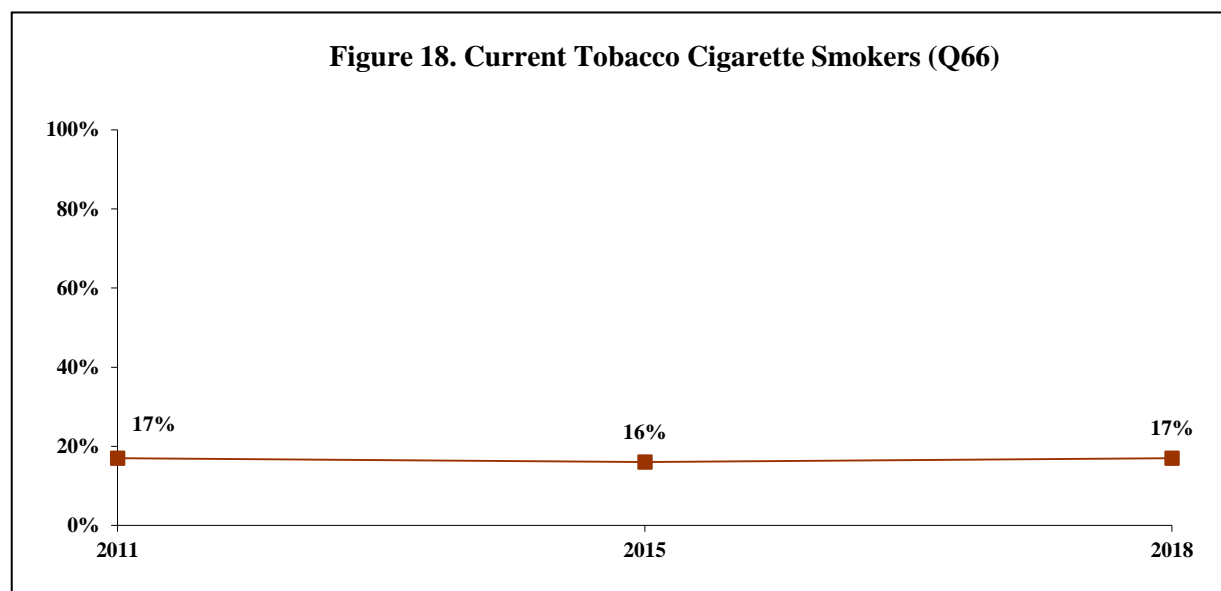
³demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2011 to 2018; ^byear difference at $p \leq 0.05$ from 2015 to 2018

Tobacco Cigarette Use Overall

Year Comparisons

- From 2011 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.



Quit Smoking for at Least One Day in Past Year as a Result of Trying to Quit

The Healthy People 2020 goal for current smokers to have tried quitting for at least one day is 80% (Objective TU-4.1)

In 2005, 49% of Wisconsin respondents reported they quit smoking for at least one day because they were trying to quit while 56% of U.S. respondents reported a cessation attempt for at least one day (2005 Behavioral Risk Factor Surveillance).

In 2018, 48% of Tri-County respondents reported they quit smoking for at least one day because they were trying to quit (2018 Tri-County Community Health Survey).

2018 Findings

Of the 17% current tobacco cigarette smokers (n=87)...

- Forty-five percent of the 87 current smokers reported they quit smoking for one day or longer in the past year because they were trying to quit.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2011 to 2018 Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer because they were trying to quit.

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

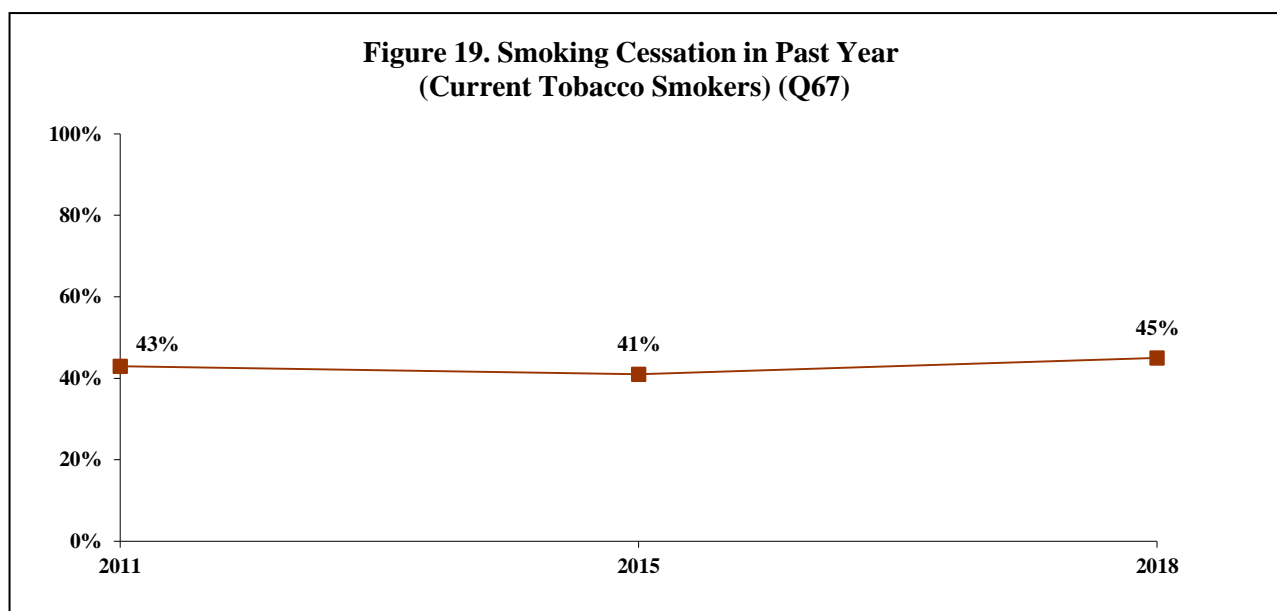
2015 to 2018 Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer because they were trying to quit.
- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question.

Smoking Cessation Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2015 to 2018.



Smoke Indoors or in Vehicle (Figure 20; Table 40)

KEY FINDINGS: In 2018, 9% of Winnebago County respondents reported they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle; unmarried respondents were more likely to report this.

From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting they or someone in their household smoked cigarettes, cigars or pipes inside their home or vehicle.

Smoke Indoors or in Vehicle

The Healthy People 2020 goal for a smoke-free home is 87%, resulting in 13% exposure (Objective TU-14).

In 2018, 7% of Tri-County respondents reported they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle (2018 Tri-County Community Health Survey).

2018 Findings (Table 40)

- Nine percent of respondents reported they or someone in the household smoked cigarettes, cigars or pipes somewhere inside their home or vehicle.
- Unmarried respondents were more likely to report they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle compared to married respondents (13% and 6%, respectively).

2011 to 2018 Year Comparisons (Table 40)

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting they or someone in the household smoked cigarettes, cigars or pipes somewhere inside their home or vehicle.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle. In 2018, household income was not a significant variable. From 2011 to 2018, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle.
- In 2011, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle. From 2011 to 2018, there was a noted decrease in the percent of married respondents reporting they or someone in the household smoked cigarettes, cigars or pipes inside their home or vehicle.

Table 40. Smoke Indoors or in Vehicle by Demographic Variables for Each Survey Year (Q68)^{①,②}

	2011	2018
TOTAL ^a	14%	9%
Household Income ¹		
Bottom 40 Percent Bracket ^a	29	14
Middle 20 Percent Bracket	8	6
Top 40 Percent Bracket	9	9
Marital Status ²		
Married ^a	13	6
Not Married	16	13
Children in Household		
Yes	--	11
No ^a	--	9

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2015.

--Not asked in 2011.

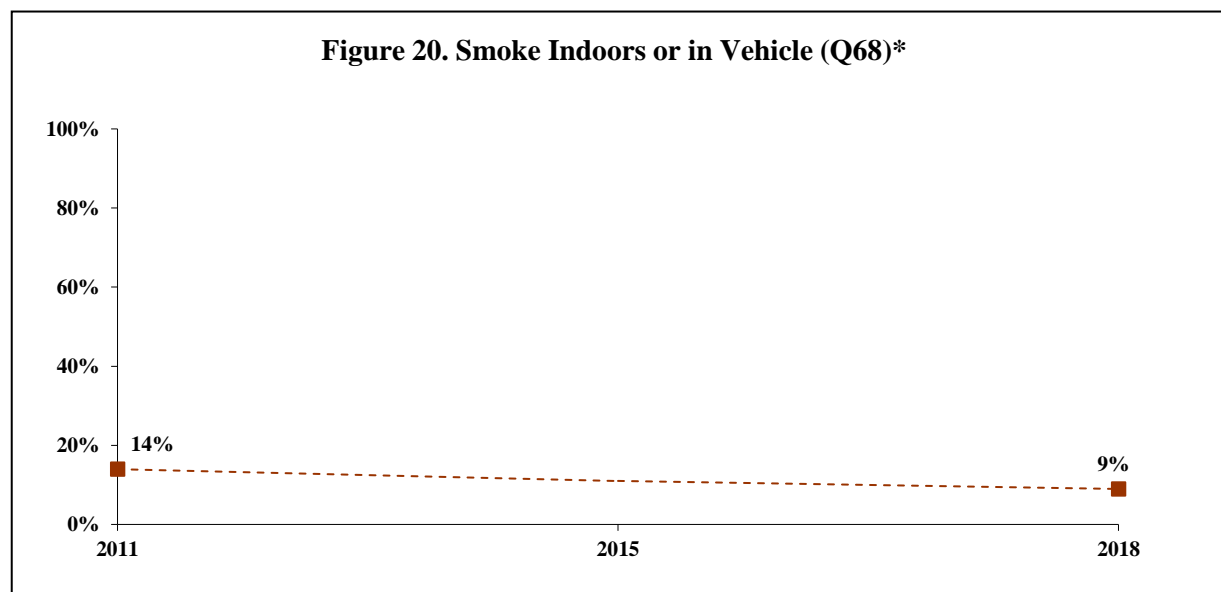
¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2011 to 2018

Smoke Indoors or in Vehicle Overall

Year Comparisons

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents reporting they or someone in their household smoked cigarettes, cigars or pipes inside their home or vehicle.



*Not asked in 2015.

Other Tobacco Products (Figure 21; Tables 41 & 42)

KEY FINDINGS: In 2018, 2% of Winnebago County respondents used smokeless tobacco on some days or every day. Six percent of respondents used electronic cigarettes on some days or every day; respondents 18 to 34 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this.

From 2011 to 2018, there was a statistical decrease in the overall percent of respondents who currently used smokeless tobacco 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 who currently used electronic cigarettes.

Smokeless Tobacco

The Healthy People 2020 goal for current smokeless tobacco users is 0.2% (Objective TU-1.2).

In 2016, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2016 Behavioral Risk Factor Surveillance).

In 2018, 4% of Tri-County respondents used chewing tobacco, snuff or snus (2018 Tri-County Community Health Survey).

2018 Findings (Table 41)

- Two percent of respondents used smokeless tobacco on some days or every day.
- No demographic comparisons were conducted as a result of the low percent of respondents who used smokeless tobacco.

2011 to 2018 Year Comparisons (Table 41)

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents who currently used smokeless tobacco.
- In 2011, respondents who were male, 18 to 34 years old or unmarried were more likely to currently use smokeless tobacco.

2015 to 2018 Year Comparisons (Table 41)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who currently used smokeless tobacco.
- In 2015, male respondents were more likely to currently use smokeless tobacco.

Table 41. Current Smokeless Tobacco Use by Demographic Variables for Each Survey Year (Q65)^⓪

	2011	2015	2018 [Ⓜ]
TOTAL ^a	5%	4%	2%
Gender ^{1,2}			
Male	7	8	--
Female	3	<1	--
Age ¹			
18 to 34	11	5	--
35 to 44	5	8	--
45 to 54	<1	<1	--
55 to 64	0	3	--
65 and Older	2	2	--
Education			
High School or Less	7	5	--
Some Post High School	5	4	--
College Graduate	4	3	--
Household Income			
Bottom 40 Percent Bracket	8	5	--
Middle 20 Percent Bracket	3	3	--
Top 40 Percent Bracket	5	4	--
Marital Status ¹			
Married	4	3	--
Not Married	7	5	--

^⓪Percentages 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 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Electronic Cigarettes

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

In 2018, 5% of Tri-County respondents currently used electronic cigarettes (2018 Tri-County Community Health Survey).

2018 Findings (Table 42)

- Six percent of respondents currently used electronic cigarettes (some days or every day).
- Fourteen percent of respondents 18 to 34 years old currently used electronic cigarettes compared to 1% of respondents 35 to 44 years old or 55 to 64 years old.
- Respondents with some post high school education were more likely to currently use electronic cigarettes (10%) compared to those with a high school education or less (6%) or respondents with a college education (3%).

- Fourteen percent of respondents in the middle 20 percent household income bracket currently used electronic cigarettes compared to 4% of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket.
- Unmarried respondents were more likely to currently use electronic cigarettes compared to married respondents (9% and 4%, respectively).

2015 to 2018 Year Comparisons (Table 42)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who currently used electronic cigarettes.
- In 2015, male respondents were more likely to use electronic cigarettes. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of female respondents reporting they currently used electronic cigarettes.
- In 2015 and 2018, respondents 18 to 34 years old were more likely to currently use electronic cigarettes.
- In 2015, education was not a significant variable. In 2018, respondents with some post high school education were more likely to currently use electronic cigarettes.
- In 2015, respondents in the bottom 40 percent household income bracket were more likely to currently use electronic cigarettes. In 2018, respondents in the middle 20 percent household income bracket were more likely to use electronic cigarettes, with a noted increase since 2015.
- In 2015 and 2018, unmarried respondents were more likely to currently use electronic cigarettes.

Table 42. Current Electronic Cigarette Use by Demographic Variables for Each Survey Year (Q64)^{①,②}

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

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

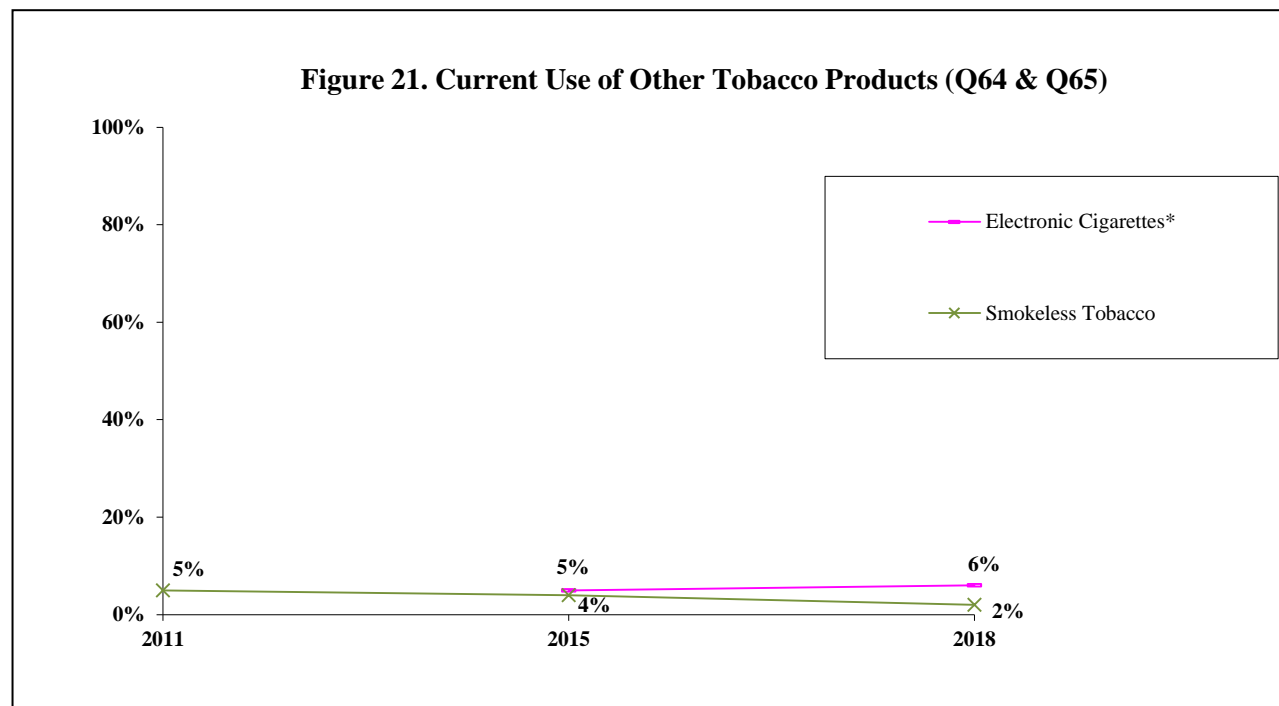
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Other Tobacco Products Overall

Year Comparisons

- From 2011 to 2018, there was a statistical decrease in the overall percent of respondents who currently used smokeless tobacco 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 who currently used electronic cigarettes.



*Not asked in 2011.

Alcohol Use (Figure 22; Tables 43 - 46)

KEY FINDINGS: In 2018, 68% of Winnebago County respondents had an alcoholic drink in the past month. Nine percent of all respondents were heavy drinkers (females 31+ drinks and males 61+ drinks past month) while 28% were binge drinkers (females 4+ drinks and males 5+ drinks). Respondents who were female, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to be heavy drinkers. Respondents who were male, 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket or unmarried respondents were more likely to have binged at least once in the past month. Combined, this equals 29% who were excessive drinkers in the past month (either heavy or binge drinker). Respondents 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket, who were unmarried or whose health care provider inquired about their alcohol consumption were more likely to be excessive drinkers. Two percent of respondents reported in the past month they had driven a vehicle when they perhaps had too much to drink.

From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported binge drinking or excessive drinking in the past month while from 2015 to 2018, there was a statistical increase. Please note: in 2018, binge drinking was defined as 4+ drinks for females and 5+ drinks for males on an occasion while in 2011 and 2015 it was 5+ drinks regardless of gender. In addition, in 2018 excessive drinking included heavy drinking or binge drinking while in 2011 and 2015, it only includes binge drinking. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they drove a vehicle when they perhaps had too much to drink while from 2015 to 2018, there was a statistical decrease.

Heavy Drinking in the Past Month

According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

In 2007, 7% of Wisconsin respondents and 5% of U.S. respondents were classified as heavy drinkers (2007 Behavioral Risk Factor Surveillance).

In 2018, 10% of Tri-County respondents were classified as heavy drinkers (2018 Tri-County Community Health Survey).

2018 Findings (Table 43)

- Sixty-eight percent of respondents had a drink in the past month. Four percent reported they drank 30 days while 6% reported 15 to 29 days, 9% reported 9 to 14 days and 49% reported drinking on one to eight days in the past month.
- Eleven percent of all respondents reported an average of five or more drinks per day on the days they drank while 13% reported three to four drinks, 44% reported one to two drinks on average on the days they drank. Thirty-one percent reported having no drinks in the past month.
- Combined, 9% of respondents were classified as heavy drinkers in the past month (61 or more drinks for males and 31 or more drinks for females).
- Female respondents were more likely to report heavy drinking (13%) compared to male respondents (6%).
- Eighteen percent of respondents 18 to 34 years old reported heavy drinking compared to 5% of those 55 and older or 4% of respondents 45 to 54 years old.

- Sixteen percent of respondents with some post high school education reported heavy drinking compared to 9% of those with a college education or 2% of respondents with a high school education or less.
- Unmarried respondents were more likely to report heavy drinking compared to married respondents (14% and 4%, respectively).

Table 43. Heavy Drinking in Past Month by Demographic Variables for 2018 (Q58 & Q59)^{①,②,③}

	2018
TOTAL	9%
Gender ¹	
Male	6
Female	13
Age ¹	
18 to 34	18
35 to 44	7
45 to 54	4
55 to 64	5
65 and Older	5
Education ¹	
High School or Less	2
Some Post High School	16
College Graduate	9
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	11
Marital Status ¹	
Married	4
Not Married	14

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

^③Heavy drinking was defined as 61+ drinks for males and 31+ drinks for females.

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

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, Winnebago County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2020 goal for adult binge drinking (5 or more drinks) is 24%. (Objective SA-14.3)

In 2016, 25% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Seventeen percent of U.S. respondents reported binge drinking in the past month (2016 Behavioral Risk Factor Surveillance).

In 2018, 25% of Tri-County 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) (2018 Tri-County Community Health Survey).

2018 Findings (Table 44)

- Twenty-eight percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).
- Male respondents were more likely to have binged (32%) compared to female respondents (24%).
- Respondents 18 to 34 years old were more likely to have binged in the past month (45%) compared to those 55 to 64 years old (9%) or respondents 65 and older (8%).
- Respondents with some post high school education were more likely to have binged in the past month (37%) compared to those with a high school education or less (25%) or respondents with a college education (24%).
- Thirty-seven percent of respondents in the top 40 percent household income bracket binged in the past month compared to 28% of those in the middle 20 percent income bracket or 20% of respondents in the bottom 40 percent household income bracket.
- Unmarried respondents were more likely to have binged in the past month compared to married respondents (40% and 17%, respectively).

2011 to 2018 Year Comparisons (Table 44)

In 2011, the binge drinking definition was five or more drinks, regardless of gender. In 2018, the definition was four or more drinks per occasion for females and five or more drinks per occasion for males.

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who binged.
- In 2011 and 2018, male respondents were more likely to have binged. From 2011 to 2018, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2011 and 2018, respondents 18 to 34 years old were more likely to have binged.
- In 2011, education was not a significant variable. In 2018, respondents with some post high school education were more likely to have binged.
- In 2011, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to have binged, with a noted increase since 2011.
- In 2011, marital status was not a significant variable. In 2018, unmarried respondents were more likely to have binged, with a noted increase since 2011. From 2011 to 2018, there was a noted decrease in the percent of married respondents reporting binge drinking.

2015 to 2018 Year Comparisons (Table 44)

In 2015, the binge drinking definition was five or more drinks, regardless of gender. In 2018, the Winnebago County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males.

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who binged.

- In 2015 and 2018, male respondents were more likely to have binged. From 2015 to 2018, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2015, respondents 35 to 44 years old were more likely to have binged. In 2018, respondents 18 to 34 years old were more likely to have binged, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old reporting binge drinking.
- In 2015 and 2018, respondents with some post high school education were more likely to have binged. From 2015 to 2018, there was a noted increase in the percent of respondents with at least some post high school education reporting binge drinking.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to have binged. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting binge drinking.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to have binged, with a noted increase since 2015.

Table 44. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q60)^{①,②}

	2011	2015	2018
TOTAL ^b	26%	18%	28%
Gender ^{1,2,3}			
Male	39	25	32
Female ^{a,b}	13	11	24
Age ^{1,2,3}			
18 to 34 ^b	45	23	45
35 to 44	30	26	35
45 to 54 ^b	19	17	29
55 to 64	12	15	9
65 and Older	6	6	8
Education ^{2,3}			
High School or Less	25	19	25
Some Post High School ^b	32	25	37
College Graduate ^b	22	11	24
Household Income ³			
Bottom 40 Percent Bracket	26	19	20
Middle 20 Percent Bracket ^b	21	16	28
Top 40 Percent Bracket ^{a,b}	28	18	37
Marital Status ³			
Married ^a	24	17	17
Not Married ^{a,b}	29	19	40

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

^②In 2018, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2011 and 2015, “5 or more drinks on an occasion” was used for both males and females.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Excessive Drinking in Past Month

Excessive drinking is defined as a heavy drinker (2+ drinks per day for males and 1+ per day for females) or a binge drinker (four or more drinks per occasion for females and five or more drinks per occasion for males).

The Healthy People 2020 goal for adult excessive drinking is 25%. (Objective SA-15)

In 2018, 26% of Tri-County respondents reported excessive drinking in the past month (2018 Tri-County Community Health Survey).

2018 Findings (Table 45)

- Twenty-nine percent of all respondents excessively drank in the past month (heavy drinking or binge drinking).
- Respondents 18 to 34 years old were more likely to have excessively drank in the past month (45%) compared to those 55 to 64 years old (12%) or respondents 65 and older (10%).
- Respondents with some post high school education were more likely to have excessively drank in the past month (38%) compared to those with a high school education or less (26%) or respondents with a college education (25%).
- Thirty-seven percent of respondents in the top 40 percent household income bracket excessively drank in the past month compared to 28% of those in the middle 20 percent income bracket or 22% of respondents in the bottom 40 percent household income bracket.
- Unmarried respondents were more likely to have excessively drank in the past month compared to married respondents (41% and 18%, respectively).
- Respondents who had their health care provider inquire about their alcohol consumption at their last routine checkup in the past two years were more likely to have excessively drank in the past month compared to respondents who did not have their HCP inquire about their alcohol consumption (31% and 9%, respectively).

2011 to 2018 Year Comparisons (Table 45)

In 2011, the Winnebago County Health Survey did not include questions about heavy drinking, as a result, excessive drinking is equal to binge drinking.

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who excessively drank.
- In 2011, male respondents were more likely to have excessively drank. In 2018, gender was not a significant variable. From 2011 to 2018, there was a noted increase in the percent of female respondents reporting excessive drinking.
- In 2011 and 2018, respondents 18 to 34 years old were more likely to have excessively drank.
- In 2011, education was not a significant variable. In 2018, respondents with some post high school education were more likely to have excessively drank.
- In 2011, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to have excessively drank, with a noted increase since 2011.
- In 2011, marital status was not a significant variable. In 2018, unmarried respondents were more likely to have excessively drank, with a noted increase since 2011.

2015 to 2018 Year Comparisons (Table 45)

In 2015, the Winnebago County Health Survey did not include questions about heavy drinking, as a result, excessive drinking is equal to binge drinking.

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who excessively drank.
- In 2015, male respondents were more likely to have excessively drank. In 2018, gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of female respondents reporting excessive drinking.
- In 2015, respondents 35 to 44 years old were more likely to have excessively drank. In 2018, respondents 18 to 34 years old were more likely to have excessively drank, with a noted increase since 2015. From 2015 to 2018, there was a noted increase in the percent of respondents 45 to 54 years old reporting excessive drinking.
- In 2015 and 2018, respondents with some post high school education were more likely to have excessively drank. From 2015 to 2018, there was a noted increase in the percent of respondents with at least some post high school education reporting excessive drinking.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket were more likely to have excessively drank. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting excessive drinking.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to have drank excessively, with a noted increase since 2015.
- In 2015, respondents whose HCP did not inquire about their alcohol consumption were more likely to excessively drink. In 2018, respondents whose HCP inquired about their alcohol consumption were more likely to excessively drink, with a noted increase since 2015. From 2015 to 2018, there was a noted decrease in the percent of respondents whose HCP did not inquire about their alcohol consumption reporting excessive drinking.

Table 45. Excessive Drinking in Past Month by Demographic Variables for Each Survey Year (Q58 - Q60)^{①,②}

	2011	2015	2018
TOTAL ^b	26%	18%	29%
Gender ^{1,2}			
Male	39	25	33
Female ^{a,b}	13	11	26
Age ^{1,2,3}			
18 to 34 ^b	45	23	45
35 to 44	30	26	35
45 to 54 ^b	19	17	29
55 to 64	12	15	12
65 and Older	6	6	10
Education ^{2,3}			
High School or Less	25	19	26
Some Post High School ^b	32	25	38
College Graduate ^b	22	11	25
Household Income ³			
Bottom 40 Percent Bracket	26	19	22
Middle 20 Percent Bracket ^b	21	16	28
Top 40 Percent Bracket ^{a,b}	28	18	37
Marital Status ³			
Married	24	17	18
Not Married ^{a,b}	29	19	41
HCP Inquired about Alcohol Consumption ^{2,3}			
Yes ^b	--	15	31
No ^b	--	23	9

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

^②In 2018, excessive drinker was defined as a binge drinker (5+ drinks for males and 4+ drinks for females on an occasion in past month) or heavy drinker (61+ drinks for males and 31+ drinks for females in the past month). In 2011 and 2015, heavy drinking questions were not asked, as a result, excessive drinker is defined as having 5+ drinks on an occasion in past month.

--Not asked in 2011.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Driven When Perhaps Had Too Much to Drink in Past Month

In 2018, 1% of Tri-County respondents reported in the past month they drove a vehicle when they perhaps had too much alcohol to drink (2018 Tri-County Community Health Survey).

2018 Findings (Table 46)

- Two percent of respondents reported in the past month they drove a vehicle when they perhaps had too much alcohol to drink.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they drove a vehicle when they perhaps had too much alcohol to drink.

2011 to 2018 Year Comparisons (Table 46)

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported they drove a vehicle when they perhaps had too much to drink.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they drove a vehicle when they perhaps had too much alcohol to drink in both study years.

2015 to 2018 Year Comparisons (Table 46)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported they drove a vehicle when they perhaps had too much to drink.
- In 2015, respondents who were male, 35 to 54 years old or married were more likely to report they drove a vehicle when they perhaps had too much alcohol to drink.

Table 46. Driven a Vehicle When Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year (Q61)^o

	2011 ^o	2015	2018 ^o
TOTAL ^b	2%	4%	2%
Gender ²			
Male	--	6	--
Female	--	1	--
Age ²			
18 to 34	--	0	--
35 to 44	--	7	--
45 to 54	--	9	--
55 to 64	--	4	--
65 and Older	--	0	--
Education			
High School or Less	--	5	--
Some Post High School	--	4	--
College Graduate	--	2	--
Household Income			
Bottom 40 Percent Bracket	--	3	--
Middle 20 Percent Bracket	--	1	--
Top 40 Percent Bracket	--	3	--
Marital Status ²			
Married	--	7	--
Not Married	--	<1	--

^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.

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

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2015

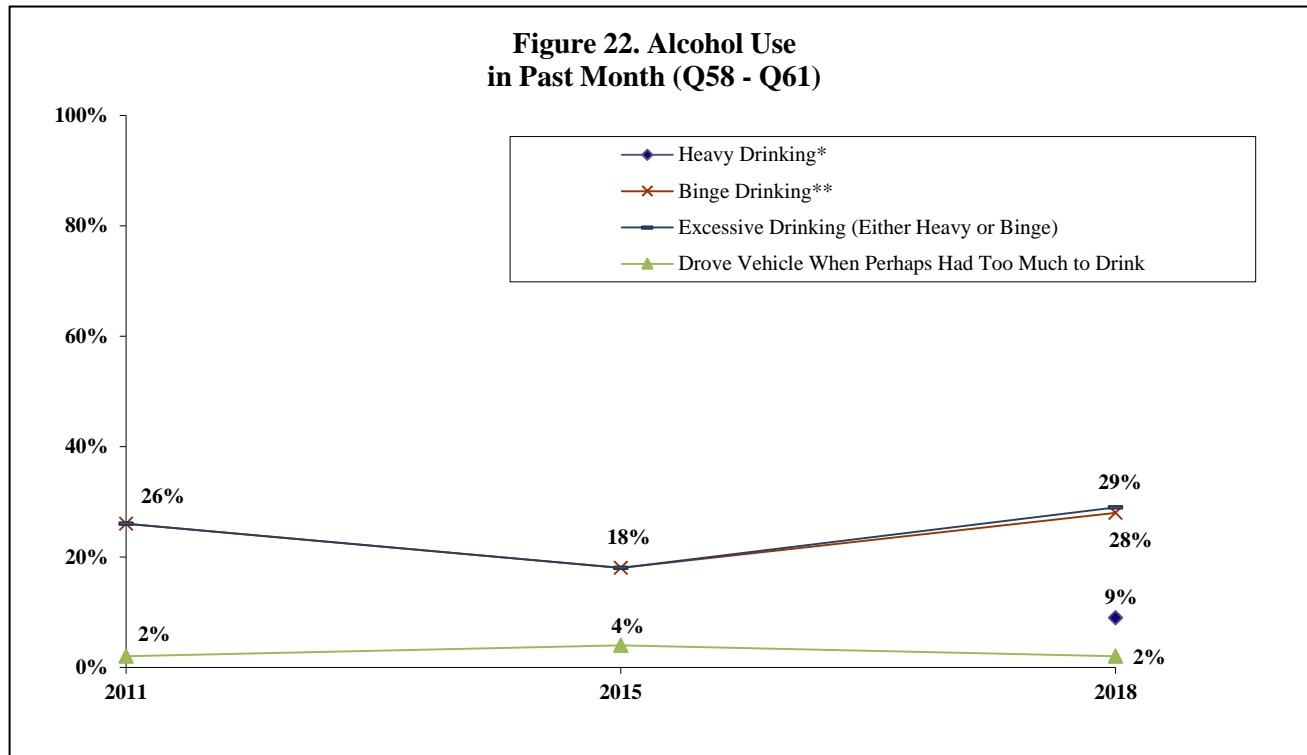
³demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2011 to 2018; ^byear difference at p≤0.05 from 2015 to 2018

Alcohol Use Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported binge drinking or excessive drinking in the past month while from 2015 to 2018, there was a statistical increase. Please note: in 2018, binge drinking was defined as 4+ drinks for females and 5+ drinks for males on an occasion while in 2011 and 2015 it was 5+ drinks regardless of gender. In addition, in 2018 excessive drinking included heavy drinking or binge drinking while in 2011 and 2015, it only includes binge drinking. From 2011 to 2018, there was no statistical change in the overall percent of respondents who reported in the past month they drove a vehicle when they perhaps had too much to drink while from 2015 to 2018, there was a statistical decrease.



*In 2018, heavy drinking is defined as at least 31 drinks for females and at least 61 drinks for males in the past month.

**In 2018, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2011 and 2015, “5 or more drinks on an occasion” was used for both males and females.

Household Problems (Figure 23; Table 47)

KEY FINDINGS: In 2018, 4% of Winnebago County respondents reported in the past year, someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol; respondents in households with children were more likely to report this. Two percent of respondents reported in the past year, someone in their household experienced a problem in connection with the misuse of prescription drugs/over-the-counter drugs.

From 2011 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol.

Household Problem Associated with Alcohol in Past Year

In 2018, 2% of Tri-County 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. (2018 Tri-County Community Health Survey).

2018 Findings (Table 47)

- Four percent of respondents reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking alcohol in the past year.
- Respondents in households with children were more likely to report they, or someone in their household, experienced a problem with drinking alcohol in the past year (8%) compared to respondents in households without children (2%).

2011 to 2018 Year Comparisons (Table 47)

- From 2011 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.
- In 2011, the presence of children was not a significant variable. In 2018, respondents in households with children were more likely to report a household problem with drinking alcohol in the past year.

Table 47. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year (Q62)^{①,②}

	2011	2018
TOTAL	4%	4%
Household Income		
Bottom 40 Percent Bracket	5	5
Middle 20 Percent Bracket	3	<1
Top 40 Percent Bracket	4	5
Marital Status		
Married	4	3
Not Married	4	5
Children in Household ²		
Yes	4	8
No	4	2

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2015.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2018

^ayear difference at $p \leq 0.05$ from 2011 to 2018

Prescription Drugs or Over-the-Counter Drug Problems in Past Year

In 2018, 2% of Tri-County respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs/over-the-counter drugs (2018 Tri-County Community Health Survey).

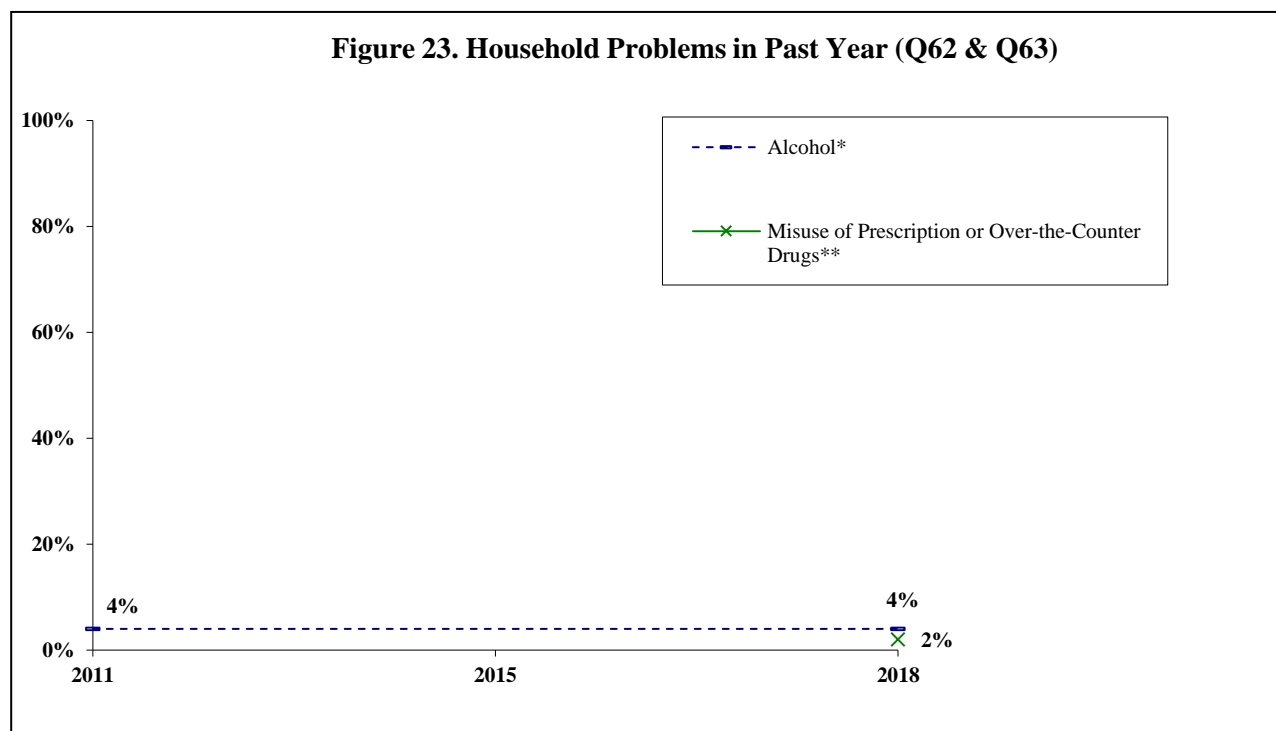
2018 Findings

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

Household Problems Overall

Year Comparisons

- From 2011 to 2018, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol.



*Not asked in 2015.

**Not asked in 2011 and 2015.

Presence of Firearms in Household (Tables 48 - 50)

KEY FINDINGS: In 2018, 43% of Winnebago County households had a firearm in or around the home; respondents who were in the top 40 percent household income bracket or married were more likely to report this. Of all households, 14% had a loaded firearm; respondents in the top 40 percent household income bracket were more likely to report this. Seven percent of all households had a firearm loaded and unlocked; respondents in the top 40 percent household income bracket were more likely to report this.

Firearm in Household

In 2002, 44% of Wisconsin respondents and 33% of U.S. respondents reported any firearm in the household (2002 Behavioral Risk Factor Surveillance as cited in the American Academy of Pediatrics, Prevalence of Household Firearms and Firearm-Storage Practices www.pediatrics.org.)

In 2018, 43% of Tri-County respondent households had at least one firearm (2018 Tri-County Community Health Survey).

2018 Findings (Table 48)

- At the time of the survey administration, 43% of households had at least one firearm.
- Fifty-nine percent of respondents in the top 40 percent household income bracket reported a firearm compared to 34% of those in the middle 20 percent income bracket or 29% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a firearm compared to unmarried respondents (52% and 33%, respectively).

Table 48. Firearm in Household by Demographic Variables for 2018 (Q69)^{①,②}

	2018
TOTAL	43%
Household Income ¹	
Bottom 40 Percent Bracket	29
Middle 20 Percent Bracket	34
Top 40 Percent Bracket	59
Marital Status ¹	
Married	52
Not Married	33
Children in Household	
Yes	41
No	44

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Loaded Firearm

In 2002, 3% of Wisconsin households and 8% of U.S. households had any loaded firearm in or around their home. (2002 Behavioral Risk Factor Surveillance as cited in the American Academy of Pediatrics, Prevalence of Household Firearms and Firearm-Storage Practices www.pediatrics.org.)

In 2018, 9% of all Tri-County respondent households had a loaded firearm (2018 Tri-County Community Health Survey).

2018 Findings (Table 49)

- Fourteen percent of all households had a loaded firearm.
- Twenty-four percent of respondents in the top 40 percent household income bracket reported a loaded firearm in the household compared to 12% of those in the middle 20 percent income bracket or 5% of respondents in the bottom 40 percent household income bracket.

Table 49. Loaded Firearm in Household by Demographic Variables for 2018 (All Households) (Q70)^{①,②}

	2018
TOTAL	14%
Household Income ¹	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	24
Marital Status	
Married	16
Not Married	12
Children in Household	
Yes	17
No	13

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Loaded Firearm Also Unlocked

Respondents were given the following definition for unlocked: you do not need a key or combination to get the gun or to fire it. A safety is not counted as a lock.

In 2002, 2% of all Wisconsin households and 4% of all U.S. households had any loaded and unlocked firearm. (2002 Behavioral Risk Factor Surveillance as cited in the American Academy of Pediatrics, Prevalence of Household Firearms and Firearm-Storage Practices www.pediatrics.org.) This results in 5% of Wisconsin households and 13% of U.S. households with firearms having a loaded and unlocked firearm.

In 2018, 3% of all Tri-County respondent households had a loaded firearm also unlocked. This relates to 7% of Tri-County households with a firearm having at least one loaded firearm which is also unlocked (2018 Tri-County Community Health Survey).

2018 Findings (Table 50)

- Seven percent of all households had a loaded firearm also unlocked. This approximately equals 16% of households with a firearm having at least one loaded firearm which is also unlocked.
- Twelve percent of respondents in the top 40 percent household income bracket reported a loaded and unlocked firearm compared to 4% of those in the middle 20 percent income bracket or 3% of respondents in the bottom 40 percent household income bracket.

Table 50. Loaded Firearm Also Unlocked in Household by Demographic Variables for 2018 (All Households) (Q71)^{①,②}

	2018
TOTAL	7%
Household Income ¹	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	12
Marital Status	
Married	5
Not Married	9
Children in Household	
Yes	8
No	6

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Personal Safety Issues (Figure 24; Tables 51 - 54)

KEY FINDINGS: In 2018, 9% of Winnebago County respondents reported someone made them afraid for their personal safety in the past year; respondents 18 to 34 years old were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. A total of 13% reported at least one of these two situations; respondents 18 to 34 years old were more likely to report this. Four percent of respondents reported their neighborhood was unsafe or extremely unsafe from crime; respondents with some post high school education or less or in households without children were more likely to report this.

Afraid for Personal Safety

In 2018, 8% of Tri-County respondents reported someone made them afraid for their personal safety in the past year (2018 Tri-County Community Health Survey).

2018 Findings (Table 51)

- Nine percent of respondents reported someone made them afraid for their personal safety in the past year.
- Respondents 18 to 34 years old were more likely to report someone made them afraid for their personal safety in the past year (16%) compared to those 45 to 54 years old (5%) or respondents 65 and older (2%).

Table 51. Afraid for Personal Safety in Past Year by Demographic Variables for 2018 (Q116)^{①,②}

	2018
TOTAL	9%
Gender	
Male	11
Female	8
Age ¹	
18 to 34	16
35 to 44	11
45 to 54	5
55 to 64	7
65 and Older	2
Education	
High School or Less	8
Some Post High School	9
College Graduate	10
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	11
Top 40 Percent Bracket	9
Marital Status	
Married	7
Not Married	11

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Pushed, Kicked, Slapped or Hit

In 2018, 4% of Tri-County respondents reported they were pushed, kicked, slapped or hit in the past year (2018 Tri-County Community Health Survey).

2018 Findings (Table 52)

- Five percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- Twelve percent of respondents 18 to 34 years old reported they were pushed, kicked, slapped or hit in the past year compared to 0% of respondents 35 to 44 years old or 55 and older.
- Eleven percent of respondents in the middle 20 percent household income bracket reported they were pushed, kicked, slapped or hit in the past year compared to 4% of those in the top 40 percent income bracket or 2% of respondents in the bottom 40 percent household income bracket.

Table 52. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for 2018 (Q117)^{①,②}

	2018
TOTAL	5%
Gender	
Male	4
Female	6
Age ¹	
18 to 34	12
35 to 44	0
45 to 54	7
55 to 64	0
65 and Older	0
Education	
High School or Less	5
Some Post High School	8
College Graduate	4
Household Income ¹	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	11
Top 40 Percent Bracket	4
Marital Status	
Married	4
Not Married	7

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Combined Personal Safety Issues

In 2018, a total of 10% of all Tri-County respondents reported at least one of the two personal safety issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 53)

- A total of 13% of all respondents reported at least one of the two personal safety issues.
- Respondents 18 to 34 years old were more likely to report at least one of the two personal safety issues (23%) compared to those 55 to 64 years old (7%) or respondents 65 and older (2%)

Table 53. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for 2018 (Q116 & Q117)^{①,②}

	2018
TOTAL	13%
Gender	
Male	14
Female	11
Age ¹	
18 to 34	23
35 to 44	11
45 to 54	13
55 to 64	7
65 and Older	2
Education	
High School or Less	12
Some Post High School	12
College Graduate	14
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	13
Marital Status	
Married	12
Not Married	14

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

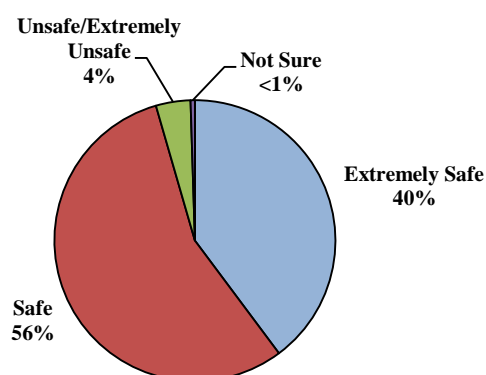
Safe from Crime in Neighborhood

In 2018, 48% of Tri-County respondents reported their neighborhood was extremely safe from crime while 50% reported their neighborhood was safe. Two percent of respondents reported their neighborhood was unsafe or extremely unsafe from crime (2018 Tri-County Community Health Survey).

2018 Findings (Table 54)

- Forty percent of respondents reported their neighborhood was extremely safe from crime while 56% reported their neighborhood was safe. Four percent of respondents reported their neighborhood was unsafe or extremely unsafe from crime.

Figure 24. Safe from Crime in Neighborhood for 2018 (Q55)



- Seven percent of respondents with some post high school education or less reported their neighborhood was unsafe or extremely unsafe from crime compared to 0% of respondents with a college education.
- Respondents in households without children were more likely to report their neighborhood was unsafe or extremely unsafe from crime (5%) compared to respondents in households with children (2%).

Table 54. Unsafe/Extremely Unsafe from Crime in Neighborhood by Demographic Variables for 2018
(Q55)^{①,②}

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

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Children in Household (Figure 25; Tables 55 - 65)

KEY FINDINGS: In 2018, the Winnebago County respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of one of the children. Ninety-two percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 97% reporting their child visited their personal doctor or nurse for preventive care during the past year. Zero percent reported there was a time in the past year their child was not able to visit a specialist they needed to see. Twelve percent of respondents reported their child was helped by new parent programs. Ten percent of respondents reported their child currently had asthma while 0% reported their child had diabetes. One percent of respondents reported their child was unsafe or extremely unsafe in their community. One percent of respondents reported when their child was an infant, he/she slept in bed with the respondent or another person. Seventy-three percent of respondents reported their child ate at least two servings of fruit on an average day while 23% reported three or more servings of vegetables. Thirty-six percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Nineteen percent of respondents reported their child drank at least one sugared drink a day during the past month. Sixty-four percent of respondents reported their 4 to 17 year old child was physically active five times a week for 60 minutes. Twenty-three percent of respondents reported their child spent four or more hours of screen time on an average day. Nine percent of respondents reported their 4 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Twenty-five percent reported their 4 to 17 year old child experienced some form of bullying in the past year; 23% reported verbal bullying, 7% physical bullying and 3% reported cyber bullying.

From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting their child had a personal doctor or nurse. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting in the past year their child was unable to see a specialist when needed. From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting they were helped by new parent programs. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child currently had asthma or had diabetes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported as an infant, their child slept with them or another person. From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child ate at least two servings of fruit or met the recommendation of at least five servings of fruit/vegetables. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported their 4 to 17 year old child was physically active five times a week for at least 60 minutes. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their 4 to 17 year old child always or nearly always felt unhappy/sad/depressed. 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 overall, verbally bullied or cyber bullied. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported in the past year their child was physically bullied.

Children in Household

In 2018, 37% of Tri-County respondents reported they have a child under the age of 18 living in their household. Eighty-three percent of these respondents reported they make the health care decisions for their child(ren) (2018 Tri-County Community Health Survey).

2018 Findings

- Thirty-six percent of respondents reported they have a child under the age of 18 living in their household. Eighty-two percent of these respondents reported they make the health care decisions for their child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.
 - Sixty-four percent of the children selected were 12 or younger. Forty-nine percent were boys. Of these households, 44% were in the bottom 60 percent household income bracket and 68% were married.

Child's Personal Doctor

In 2018, 95% of Tri-County 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 (2018 Tri-County Community Health Survey).

2018 Findings (Table 55)

Of the 146 respondents with a child...

- Ninety-two 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.
- Respondents were more likely to report their son has one or more persons they think of as their child's personal doctor or nurse (99%) compared to respondents speaking on behalf of their daughter (85%).
- One hundred percent of respondents reported their child who was 13 to 17 years old has one or more persons they think of as their child's personal doctor or nurse compared to 87% of respondents speaking on behalf of their child who was 12 years or younger.
- Ninety-six percent of respondents in the top 40 percent household income bracket reported they have one or more persons they think of as their child's personal doctor or nurse compared to 86% of respondents in the bottom 60 percent household income bracket.
- Unmarried respondents were more likely to report they have one or more persons they think of as their child's personal doctor or nurse compared to married respondents (100% and 88%, respectively).

2015 to 2018 Comparisons (Table 55)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting their child had a personal doctor or nurse.
- In 2015, child's gender was not a significant variable. In 2018, respondents were more likely to report their son had a personal doctor or nurse. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their daughter had a personal doctor or nurse.
- In 2018, respondents were more likely to report their 13 to 17 year old child had a personal doctor or nurse. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their child who was 12 or younger had a personal doctor or nurse.
- In 2015, household income was not a significant variable. In 2018, respondents in the top 40 percent household income bracket reported their child had a personal doctor or nurse. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting their child had a personal doctor or nurse.

- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report their child had a personal doctor or nurse. From 2015 to 2018, there was noted decrease in the percent of married respondents reporting their child had a personal doctor or nurse.

Table 55. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year (Q96)^{①,②}

	2015	2018
TOTAL ^a	99%	92%
Gender ²		
Boy	98	99
Girl ^a	100	85
Age ²		
12 Years Old or Younger ^a	99	87
13 to 17 Years Old	NA	100
Household Income ²		
Bottom 60 Percent Bracket ^a	100	86
Top 40 Percent Bracket	97	96
Marital Status ²		
Married ^a	99	88
Not Married	100	100

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

^ayear difference at p≤0.05 from 2015 to 2018

Preventive Care with Child's Personal Doctor

The Healthy People 2020 goal for adolescents 10 to 17 having a wellness checkup in the past year is 76% (Objective AH-1).

In 2018, of Tri-County children who had a personal doctor, 97% reported their child visited their personal doctor/nurse for preventive care during the past 12 months (2018 Tri-County Community Health Survey).

2018 Findings (Table 56)

Of the 92% of respondents with a child who had a personal doctor (n=134)...

- Of children who had a personal doctor, 97% reported their child visited their personal doctor/nurse for preventive care during the past year.
- Married respondents were more likely to report their child visited their personal doctor/nurse for preventive care in the past year compared to unmarried respondents (99% and 91%, respectively).

2015 to 2018 Comparisons (Table 56)

- 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, marital status was not a significant variable. In 2018, married respondents were more likely to report their child visited their personal doctor/nurse for preventive care in the past year.

Table 56. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q97)^{①,②}

	2015	2018
TOTAL	97%	97%
Gender		
Boy	95	94
Girl	97	98
Age		
12 Years Old or Younger	97	98
13 to 17 Years Old	NA	96
Household Income		
Bottom 60 Percent Bracket	94	93
Top 40 Percent Bracket	100	99
Marital Status ²		
Married	96	99
Not Married	98	91

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

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

Unmet Care

In 2018, 0% of Tri-County respondents reported there was a time in the past 12 months their child was not able to visit a specialist they needed to see (2018 Tri-County Community Health Survey).

2018 Findings

Of the 146 respondents with a child...

- Zero percent of respondents reported there was a time in the past year their child was not able to visit a specialist they needed to see.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported there was a time in the past year their child was not able to visit a specialist they needed to see.

2015 to 2018 Comparisons

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents reporting in the past year their child was unable to see a specialist when needed (4% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child was not able to visit a specialist they needed to see in both study years.

New Parent Programs for Child

In 2018, 12% of Tri-County respondents reported they were helped by programs that send nurses, health care workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother between the time of pregnancy and up until the present day (2018 Tri-County Community Health Survey).

2018 Findings (Table 57)

Of the 146 respondents with a child...

- Twelve percent of respondents reported they were helped by programs that send nurses, health care workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother between the time of pregnancy and up until the present day.
- There were no statistically significant differences between demographic variables and responses of they were helped by new parent programs.

2015 to 2018 Comparisons (Table 57)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents reporting they were helped by programs that send nurses, health care workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother between the time of pregnancy and up until the present day.
- In 2015, respondents were more likely to report their son was helped by new parent programs. In 2018, child's gender was not a significant variable.
- In 2015, respondents in the top 40 percent household income bracket were more likely to report their child was helped by new parent programs. 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 top 40 percent household income bracket reporting their child was helped by new parent programs.

Table 57. New Parent Programs for Child by Demographic Variables for Each Survey Year (Q101)^{①,②}

	2015	2018
TOTAL	15%	12%
Gender ¹		
Boy	22	14
Girl	7	9
Age		
12 Years Old or Younger	15	14
13 to 17 Years Old	NA	9
Household Income ¹		
Bottom 60 Percent Bracket	10	13
Top 40 Percent Bracket ^a	28	11
Marital Status		
Married	18	11
Not Married	9	15

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

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

Child's Asthma

In 2018, 6% of Tri-County respondents reported their child currently had asthma (2018 Tri-County Community Health Survey).

2018 Findings (Table 58)

Of the 146 respondents with a child...

- Ten percent of respondents reported their child currently had asthma.
- Respondents were more likely to report their son currently had asthma (14%) compared to respondents speaking on behalf of their daughter (4%).
- Seventeen percent of respondents in the bottom 60 percent household income bracket reported their child currently had asthma compared to 3% of respondents in the top 40 percent household income bracket.

2015 to 2018 Comparisons (Table 58)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child currently had asthma.
- No demographic comparison across years were conducted as a result of the low percent of respondents who reported their child currently had asthma in 2015.

Table 58. Child Currently has Asthma by Demographic Variables for Each Survey Year (Q103)^{①,②}

	2015 ^③	2018
TOTAL	9%	10%
Gender ²		
Boy	--	14
Girl	--	4
Age		
12 Years Old or Younger	--	12
13 to 17 Years Old	NA	4
Household Income ²		
Bottom 60 Percent Bracket	--	17
Top 40 Percent Bracket	--	3
Marital Status		
Married	--	9
Not Married	--	11

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

^③Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

NA—In 2015, child questions were asked of children 12 or younger only.

--Too few respondents causing statistical instability.

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

^ayear difference at p≤0.05 from 2015 to 2018

Child's Diabetes

In 2018, less than one percent of Tri-County respondents reported their child currently had diabetes (2018 Tri-County Community Health Survey).

2018 Findings

Of the 146 respondents with a child...

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

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 diabetes (0% and 0%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had diabetes in both study years.

Child's Safety in Community

In 2018, less than one percent of Tri-County respondents reported their child was unsafe/extremely unsafe in their community or neighborhood (2018 Tri-County Community Health Survey).

2018 Findings

Of the 146 respondents with a child...

- One percent of respondents reported their child was unsafe/extremely unsafe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child was unsafe/extremely unsafe in their community.

Child's Sleeping Arrangement

In 2018, 94% of Tri-County respondents reported when their child was a baby, their child usually slept in a crib or bassinette. Three percent reported in bed with them or another person (2018 Tri-County Community Health Survey).

2018 Findings

Of the 146 respondents with a child...

- Ninety-two percent of respondents reported when their child was a baby, their child usually slept in a crib or bassinette. One percent reported in bed with them or another person.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported when their child was an infant he/she slept with them or another person.

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 (3% and 1%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported when their child was an infant he/she slept with them or another person in both study years.

Child's Fruit Intake

In 2018, 73% of Tri-County respondents reported their child ate at least two servings of fruit on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 59)

Of the 146 respondents with a child...

- Seventy-three percent of respondents reported their child ate at least two servings of fruit on an average day.
- Respondents were more likely to report their daughter ate at least two servings of fruit on an average day (83%) compared to respondents speaking on behalf of their son (62%).

2015 to 2018 Comparisons (Table 59)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child ate at least two servings of fruit on an average day.

- In 2015 and 2018, respondents were more likely to report their daughter ate at least two servings of fruit on an average day. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their daughter ate at least two servings of fruit on an average day.
- In 2018, child's age was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their child who was 12 years or younger ate at least two servings of fruit on an average day.
- 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 top 40 percent household income bracket reporting their child ate at least two servings of fruit on an average day.
- In 2015 and 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of married respondents reporting their child ate at least two servings of fruit on an average day.

Table 59. Child's Fruit Intake (Two or More Servings) by Demographic Variables for Each Survey Year (Q110)^{①,②}

	2015	2018
TOTAL ^a	86%	73%
Gender ^{1,2}		
Boy	78	62
Girl ^a	95	83
Age		
12 Years Old or Younger ^a	86	74
13 to 17 Years Old	NA	70
Household Income		
Bottom 60 Percent Bracket	88	76
Top 40 Percent Bracket ^a	90	69
Marital Status		
Married ^a	88	73
Not Married	86	72

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

^ayear difference at p≤0.05 from 2015 to 2018

Child's Vegetable Intake

In 2018, 23% of Tri-County respondents reported their child ate at least three servings of vegetables on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 60)

Of the 146 respondents with a child...

- Twenty-three percent of respondents reported their child ate at least three servings of vegetables on an average day.

- Respondents were more likely to report their daughter ate at least three servings of vegetables on an average day (31%) compared to respondents speaking on behalf of their son (15%).
- Thirty-two percent of respondents reported their child who was 13 to 17 years old ate at least three servings of vegetables on an average day compared to 17% of respondents speaking on behalf of their child who was 12 years or younger.

2015 to 2018 Comparisons (Table 60)

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables on an average day.
- In 2015, child's gender was not a significant variable. In 2018, respondents were more likely to report their daughter ate at least three servings of vegetables on an average day.
- In 2018, respondents were more likely to report their 13 to 17 year old child ate at least three servings of vegetables on an average day. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their child who was 12 years or younger ate at least three servings of vegetables on an average day.
- In 2015 and 2018, household income was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting their child ate at least three servings of vegetables on an average day.
- In 2015, unmarried respondents were more likely to report their child ate at least three servings of vegetables on an average day. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting their child ate at least three servings of vegetables on an average day.

Table 60. Child's Vegetable Intake (Three or More Servings) by Demographic Variables for Each Survey Year (Q111)^{①,②}

	2015	2018
TOTAL	32%	23%
Gender ²		
Boy	28	15
Girl	36	31
Age ²		
12 Years Old or Younger ^a	32	17
13 to 17 Years Old	NA	32
Household Income		
Bottom 60 Percent Bracket ^a	40	21
Top 40 Percent Bracket	23	24
Marital Status ¹		
Married	19	22
Not Married ^a	55	24

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

^ayear difference at p≤0.05 from 2015 to 2018

Child's Fruit and Vegetable Intake

In 2018, 40% of Tri-County respondents reported their child ate at least five servings of fruits or vegetables on an average day (2018 Tri-County Community Health Survey).

2018 Findings (Table 61)

Of the 146 respondents with a child...

- Thirty-six percent of respondents reported their child ate at least five servings of fruits or vegetables on an average day.
- Forty-seven percent of respondents reported their 13 to 17 year old child ate at least five servings of fruits or vegetables on an average day compared to 30% of respondents speaking on behalf of their child who was 12 years or younger.

2015 to 2018 Comparisons (Table 61)

- From 2015 to 2018, there was a statistical decrease in the overall percent of respondents who reported their child ate at least five servings of fruits or vegetables on an average day.
- In 2018, respondents were more likely to report their 13 to 17 year old child ate at least five servings of fruits or vegetables on an average day. From 2015 to 2018, there was a noted decrease in the percent of respondents reporting their child who was 12 years or younger ate at least five servings of fruit or vegetables on an average day.
- In 2015, respondents in the bottom 60 percent household income bracket were more likely to report their child ate at least five servings of fruits or vegetables on an average day. 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 60 percent household income bracket reporting their child ate at least five servings of fruit or vegetables on an average day.
- In 2015, unmarried respondents were more likely to report their child ate at least five servings of fruits or vegetables on an average day. In 2018, marital status was not a significant variable. From 2015 to 2018, there was a noted decrease in the percent of unmarried respondents reporting their child ate at least five servings of fruit or vegetables on an average day.

Table 61. Child's Fruit or Vegetable Intake (Five or More Servings) by Demographic Variables for Each Survey Year (Q110 & Q111)^{①,②}

	2015	2018
TOTAL ^a	52%	36%
Gender		
Boy	48	34
Girl	54	38
Age ²		
12 Years Old or Younger ^a	52	30
13 to 17 Years Old	NA	47
Household Income ¹		
Bottom 60 Percent Bracket ^a	60	30
Top 40 Percent Bracket	37	39
Marital Status ¹		
Married	42	35
Not Married ^a	68	37

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

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

Child's Sugar Drink Intake

In 2018, 15% of Tri-County respondents reported their child drank at least one drink of regular soda or pop that contained sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks every day in the past month. Thirty-eight percent reported more than once a week, but less than once a day. Forty-seven percent reported less than once a week (2018 Tri-County Community Health Survey).

2018 Findings (Table 62)

Of the 142 respondents with a child...

- Nineteen percent of respondents reported their child drank at least one drink of regular soda or pop that contained sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks every day in the past month. Forty-four percent reported more than once a week, but less than once a day. Thirty-seven percent reported less than once a week.
- Thirty-one percent of respondents in the bottom 60 percent household income bracket reported their child drank at least one sugared drink a day during the past month compared to 10% of respondents in the top 40 percent household income bracket.

Table 62. Child's Sugar Drink Intake by Demographic Variables for 2018 (Q113)^{①,②}

	Less than One a Week	Less than One a Day/More than Once a Week	At Least One a Day
TOTAL	37%	44%	19%
Gender			
Boy	29	47	24
Girl	44	40	15
Age			
12 Years Old or Younger	40	38	22
13 to 17 Years Old	35	52	14
Household Income ¹			
Bottom 60 Percent Bracket	29	40	31
Top 40 Percent Bracket	44	46	10
Marital Status			
Married	39	38	23
Not Married	34	55	11

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Child's Physical Activity

In 2018, 63% of Tri-County respondents reported their 4 to 17 year old child was physically active five times a week for at least 60 minutes each (2018 Tri-County Community Health Survey).

2018 Findings (Table 63)

Of the 79% of respondents with a child 4 to 17 years old (n=116)...

- Sixty-four percent of respondents reported their 4 to 17 year old child was physically active five times a week for at least 60 minutes each.
- Unmarried respondents were more likely to report their child was physically active five times a week for at least 60 minutes compared to married respondents (80% and 55%, respectively).

Of the 34% of respondents with a child 4 to 17 years old who was not physically active five times a week for 60 minutes (n=39)...

- Of the 39 respondents who reported their child was not physically active five times a week/60 minutes, 63% reported the weather as the reason for less physical activity while 18% reported school/homework/other activities.

2015 to 2018 Comparisons (Table 63)

- From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.

- In 2015 and 2018, child's gender was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents reporting their daughter was physically active five times a week.
- In 2018, child's age was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents reporting their 4 to 12 year old child was physically active five times a week.
- In 2015, respondents in the bottom 60 percent household income bracket were more likely to report their child was physically active. In 2018, household income was not a significant variable. From 2015 to 2018, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child was physically active five times a week.
- In 2015, marital status was not a significant variable. In 2018, unmarried respondents were more likely to report their child was physically active. From 2015 to 2018, there was a noted increase in the percent of respondents across marital status reporting their child was physically active five times a week.

Table 63. Child's Physical Activity (Five or More Times for 60 Minutes/Week) by Demographic Variables for Each Survey Year (Children 4 to 17 Years Old) (Q114)^{①,②}

	2015	2018
TOTAL ^a	39%	64%
Gender		
Boy	46	61
Girl ^a	30	68
Age		
4 to 12 Years Old ^a	39	60
13 to 17 Years Old	NA	70
Household Income ¹		
Bottom 60 Percent Bracket	50	67
Top 40 Percent Bracket ^a	24	61
Marital Status ²		
Married ^a	35	55
Not Married ^a	47	80

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

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

^ayear difference at p≤0.05 from 2015 to 2018

Child's Screen Time

In 2018, 18% of Tri-County respondents reported their child spends four or more hours in front of a tv, computer, smart phone, tablet or video gaming system for leisure on an average day while 38% spent two or three hours. Forty-two percent reported one or less hours a day (2018 Tri-County Community Health Survey).

2018 Findings (Table 64)

Of the 146 respondents with a child...

- Twenty-three percent of respondents reported their child spends four or more hours in front of a tv, computer, smart phone, tablet or video gaming system for leisure on an average day while 38% spent two or three hours. Thirty-nine percent reported one or less hours a day.
- Thirty-two percent of respondents reported their daughter spent four or more hours of screen time on an average day compared to 13% of respondents speaking on behalf of their son.
- Forty-one percent of respondents reported their 13 to 17 year old child spent four or more hours of screen time on an average day compared to 13% of respondents speaking on behalf of their child who was 12 or younger.

Table 64. Child's Screen Time by Demographic Variables for 2018 (Q112)^{①,②}

	One or Less	Two or Three Hours	Four or More Hours
TOTAL	39%	38%	23%
Gender ¹			
Boy	35	52	13
Girl	43	25	32
Age ¹			
12 Years Old or Younger	49	38	13
13 to 17 Years Old	20	39	41
Household Income			
Bottom 60 Percent Bracket	38	38	25
Top 40 Percent Bracket	42	37	21
Marital Status			
Married	38	36	25
Not Married	40	42	18

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

¹demographic difference at p≤0.05 in 2018

Child's Emotional Well-Being

In 2018, 6% of Tri-County respondents reported their 4 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months (2018 Tri-County Community Health Survey).

2018 Findings

Of the 79% of respondents with a child 4 to 17 years old (n=116)...

- Nine percent of respondents reported their 4 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.

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 (4% and 9%, 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

In 2018, 24% of Tri-County respondents reported their 4 to 17 year old child experienced some form of bullying in the past year. More specifically, 21% reported their child was verbally bullied, 7% physically bullied, and 3% of Tri-County respondents reported their child was cyber or electronically bullied (2018 Tri-County Community Health Survey).

2018 Findings (Table 65)

Of the 79% of respondents with a child 4 to 17 years old (n=116)...

- Twenty-five percent of respondents reported their 4 to 17 year old child experienced some form of bullying in the past year. More specifically, 23% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Seven percent reported their child was physically bullied, for example, being hit or kicked. Three percent of respondents reported their child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.
- Thirty-eight percent of respondents reported their 4 to 12 year old child was bullied in some way in the past year compared to 9% of respondents speaking on behalf of the child who was 13 to 17 years old.
- Thirty-five percent of respondents in the bottom 60 percent household income bracket reported their child was bullied in some way in the past year compared to 16% of respondents in the top 40 percent household income bracket.

2015 to 2018 Year Comparisons (Table 65)

- 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 overall, verbally bullied or cyber bullied. From 2015 to 2018, there was a noted increase in the overall percent of respondents who reported in the past year their child was physically bullied.
- In 2018, respondents were more likely to report their 4 to 12 year old child was bullied in some way in the past year, with a noted increase since 2015.
- In 2015, household income was not a significant variable. In 2018, respondents in the bottom 60 percent household income bracket were more likely to report their child was bullied in some way in the past year, with a noted increase since 2015.

Table 65. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 4 to 17 Years Old) (Q108)^{①,②}

	2015	2018
TOTAL	16%	25%
Gender		
Boy	20	27
Girl	11	22
Age ²		
4 to 12 Years Old ^a	16	38
13 to 17 Years Old	NA	9
Household Income ²		
Bottom 60 Percent Bracket ^a	18	35
Top 40 Percent Bracket	16	16
Marital Status		
Married	17	24
Not Married	16	27

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011.

NA—In 2015, child questions were asked of children 12 or younger only.

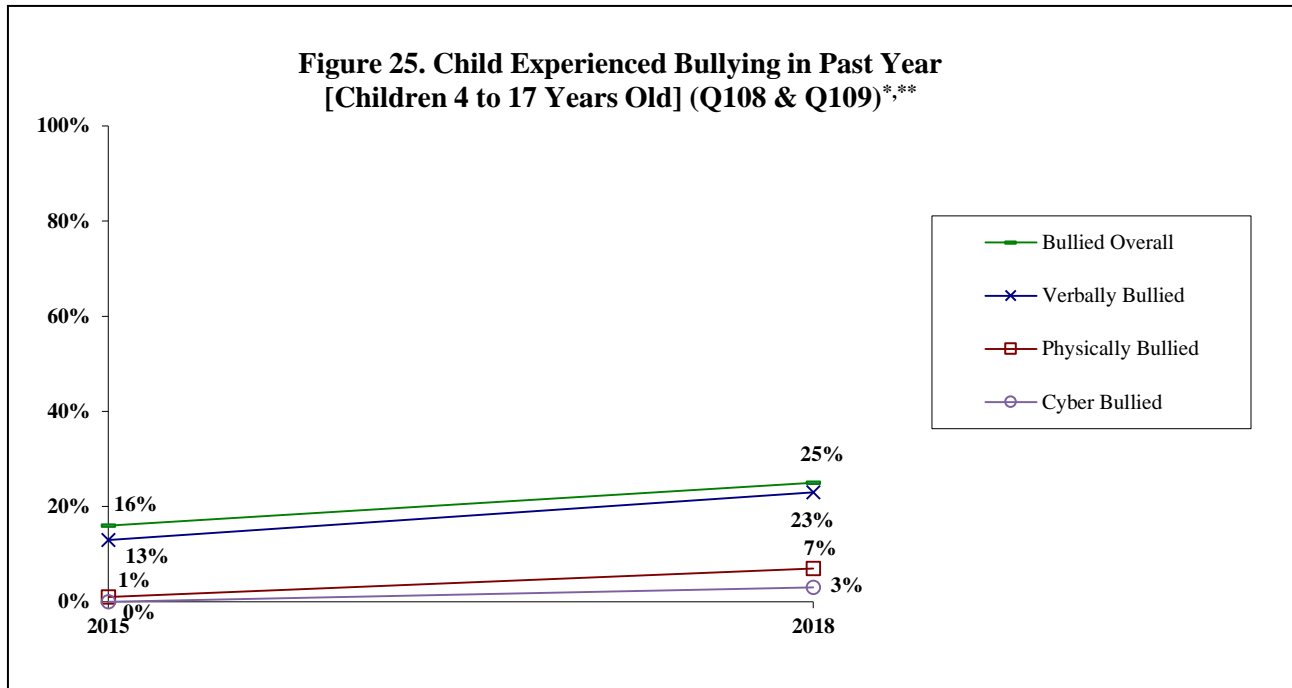
¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2018

^ayear difference at p≤0.05 from 2015 to 2018

Child Experienced Bullying Overall

Year Comparisons

- From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child was bullied in some way. From 2015 to 2018, there was no statistical change in the overall percent of respondents who reported their child was verbally bullied or cyber bullied. From 2015 to 2018, there was a statistical increase in the overall percent of respondents who reported their child was physically bullied.



*Not asked in 2011.

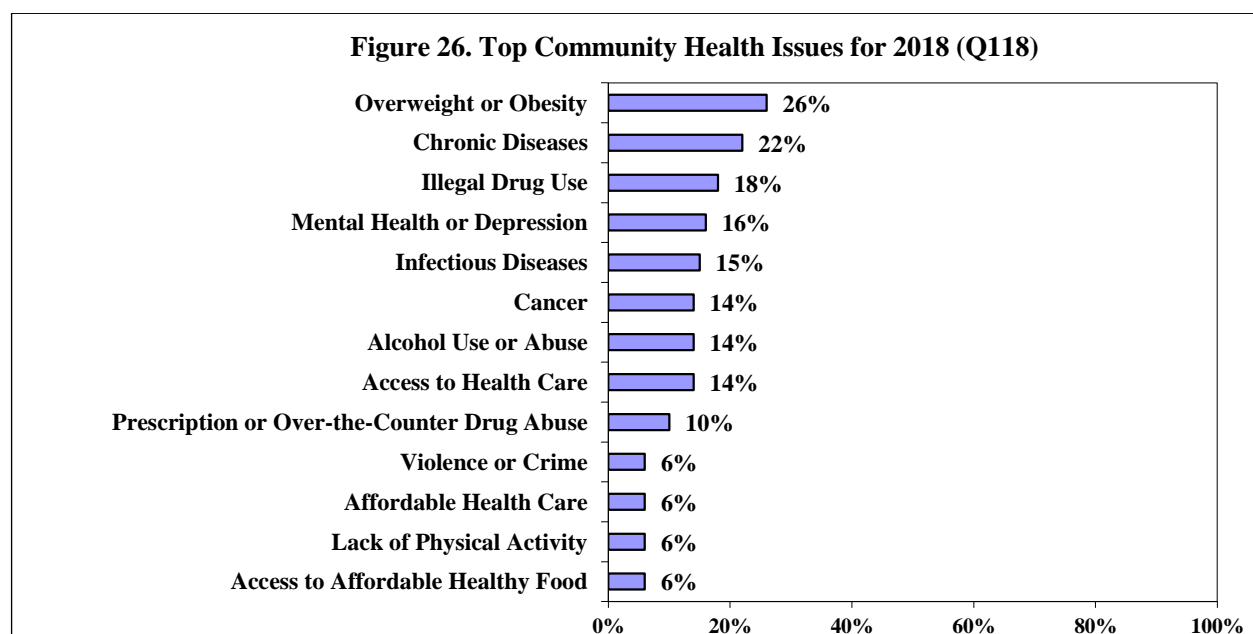
**In 2015, child questions were asked of children 12 or younger only.

Top Community Health Issues (Figure 26; Tables 66 - 78)

KEY FINDINGS: In 2018, Winnebago County respondents were asked to list the top three health issues in the community. The most often cited was overweight/obesity (26%). Respondents 18 to 44 years old were more likely to report overweight/obesity as a top community health issue. Twenty-two percent of respondents were more likely to report chronic diseases as a top health issue. Eighteen percent reported illegal drug use as a top health issue; respondents 18 to 34 years old or with a college education were more likely to report this. Sixteen percent of respondents reported mental health or depression. Respondents who were female, 18 to 44 years old or in the middle 20 percent household income bracket were more likely to report mental health or depression as a top community health issue. Fifteen percent of respondents reported infectious diseases; respondents with a high school education or less were more likely to report this. Fourteen percent of respondents reported cancer; respondents 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported alcohol use or abuse as a top health issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported access to health care as a top health issue. Respondents who were female or married were more likely to report access to health care. Ten percent of respondents reported prescription or over-the-counter drug abuse; respondents 45 to 54 years old or with a college education were more likely to report this. Six percent of respondents reported violence or crime as a top health issue. Respondents 35 to 54 years old or in the top 40 percent household income bracket were more likely to report violence or crime. Six percent of respondents reported affordable health care as a top community health issue. Female respondents were more likely to report affordable health care. Six percent of respondents reported lack of physical activity; respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Six percent of respondents reported access to affordable healthy food as a top community health issue. Respondents who were female, 45 to 54 years old or with a college education were more likely to report access to affordable healthy food.

2018 Findings

- Respondents were asked to list the three largest health issues in the community. Respondents were more likely to select overweight/obesity (26%) followed by chronic diseases (22%) or illegal drug use (18%).



Overweight or Obesity as a Top Community Health Issue

In 2018, 22% of Tri-County respondents reported overweight or obesity as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 66)

- Twenty-six percent of respondents reported overweight or obesity as one of the top three community health issues.
- Thirty-four percent of respondents 35 to 44 years old and 33% of those 18 to 34 years old reported overweight or obesity as one of the top community health issues compared to 11% of respondents 65 and older.

Table 66. Overweight or Obesity as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	26%
Gender	
Male	27
Female	25
Age ¹	
18 to 34	33
35 to 44	34
45 to 54	29
55 to 64	16
65 and Older	11
Education	
High School or Less	22
Some Post High School	23
College Graduate	30
Household Income	
Bottom 40 Percent Bracket	24
Middle 20 Percent Bracket	32
Top 40 Percent Bracket	26
Marital Status	
Married	26
Not Married	26

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Chronic Diseases as a Top Community Health Issue

In 2018, 21% of Tri-County respondents reported chronic diseases, like diabetes or heart disease, as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 67)

- Twenty-two percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three community health issues.
- There were no statistically significant differences between demographic variables and responses of reporting chronic diseases as one of the top community health issues.

Table 67. Chronic Diseases as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	22%
Gender	
Male	23
Female	21
Age	
18 to 34	24
35 to 44	26
45 to 54	18
55 to 64	19
65 and Older	22
Education	
High School or Less	19
Some Post High School	22
College Graduate	24
Household Income	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	23
Top 40 Percent Bracket	26
Marital Status	
Married	22
Not Married	21

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Illegal Drug Use as a Top Community Health Issue

In 2018, 18% of Tri-County respondents reported illegal drug use as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 68)

- Eighteen percent of respondents reported illegal drug use as one of the top three community health issues.
- Respondents 18 to 34 years old were more likely to report illegal drug use as one of the top health issues (25%) compared to those 45 to 54 years old (11%) or respondents 35 to 44 years old (9%).
- Twenty-two percent of respondents with a college education reported illegal drug use as a top community health issue compared to 17% of those with some post high school education or 11% of respondents with a high school education or less.

Table 68. Illegal Drug Use as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	18%
Gender	
Male	17
Female	18
Age ¹	
18 to 34	25
35 to 44	9
45 to 54	11
55 to 64	19
65 and Older	19
Education ¹	
High School or Less	11
Some Post High School	17
College Graduate	22
Household Income	
Bottom 40 Percent Bracket	19
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	20
Marital Status	
Married	20
Not Married	15

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Mental Health or Depression as a Top Community Health Issue

In 2018, 15% of Tri-County respondents reported mental health or depression as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 69)

- Sixteen percent of respondents reported mental health or depression as one of the top three community health issues.
- Female respondents were more likely to report mental health or depression as one of the top community health issues (20%) compared to male respondents (13%).
- Twenty-three percent of respondents 18 to 34 years old and 21% of those 35 to 44 years old reported mental health or depression compared to 6% of respondents 65 and older.
- Twenty-five percent of respondents in the middle 20 percent household income bracket reported mental health or depression as a top community health issue compared to 18% of those in the bottom 40 percent income bracket or 11% of respondents in the top 40 percent household income bracket.

Table 69. Mental Health or Depression as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	16%
Gender ¹	
Male	13
Female	20
Age ¹	
18 to 34	23
35 to 44	21
45 to 54	16
55 to 64	11
65 and Older	6
Education	
High School or Less	16
Some Post High School	14
College Graduate	17
Household Income ¹	
Bottom 40 Percent Bracket	18
Middle 20 Percent Bracket	25
Top 40 Percent Bracket	11
Marital Status	
Married	16
Not Married	17

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Infectious Diseases as a Top Community Health Issue

In 2018, 13% of Tri-County respondents reported infectious diseases as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 70)

- Fifteen percent of respondents reported infectious diseases, such as whooping cough, tuberculosis, or sexually transmitted diseases, as one of the top three community health issues.
- Twenty percent of respondents with a high school education or less reported infectious diseases as one of the top community health issues compared to 16% of those with some post high school education or 10% of respondents with a college education.

Table 70. Infectious Diseases as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	15%
Gender	
Male	14
Female	15
Age	
18 to 34	12
35 to 44	14
45 to 54	17
55 to 64	8
65 and Older	22
Education ¹	
High School or Less	20
Some Post High School	16
College Graduate	10
Household Income	
Bottom 40 Percent Bracket	18
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	11
Marital Status	
Married	16
Not Married	14

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Cancer as a Top Community Health Issue

In 2018, 17% of Tri-County respondents reported cancer as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 71)

- Fourteen percent of respondents reported cancer as one of the top three community health issues.
- Respondents 65 and older were more likely to report cancer as one of the top community health issues (22%) compared to those 45 to 64 years old (13%) or respondents 35 to 44 years old (4%).
- Respondents with some post high school education were more likely to report cancer (20%) compared to those with a high school education or less (15%) or respondents with a college education (10%).
- Twenty percent of respondents in the bottom 40 percent household income bracket reported cancer as a top community health issue compared to 13% of those in the top 40 percent income bracket or 7% of respondents in the middle 20 percent household income bracket.

Table 71. Cancer as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	14%
Gender	
Male	14
Female	15
Age ¹	
18 to 34	17
35 to 44	4
45 to 54	13
55 to 64	13
65 and Older	22
Education ¹	
High School or Less	15
Some Post High School	20
College Graduate	10
Household Income ¹	
Bottom 40 Percent Bracket	20
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	13
Marital Status	
Married	13
Not Married	15

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

¹demographic difference at p≤0.05 in 2018

Alcohol Use or Abuse as a Top Community Health Issue

In 2018, 14% of Tri-County respondents reported alcohol use or abuse as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 72)

- Fourteen percent of respondents reported alcohol use or abuse as one of the top three community health issues.
- Twenty-three percent of respondents with a college education reported alcohol use or abuse as one of the top community health issues compared to 12% of those with some post high school education or 4% of respondents with a high school education or less.
- Twenty-one percent of respondents in the top 40 percent household income bracket reported alcohol use or abuse compared to 13% of those in the middle 20 percent income bracket or 8% of respondents in the bottom 40 percent household income bracket.

Table 72. Alcohol Use or Abuse as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	14%
Gender	
Male	17
Female	12
Age	
18 to 34	19
35 to 44	9
45 to 54	18
55 to 64	9
65 and Older	13
Education ¹	
High School or Less	4
Some Post High School	12
College Graduate	23
Household Income ¹	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	21
Marital Status	
Married	16
Not Married	14

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Access to Health Care as a Top Community Health Issue

In 2018, 17% of Tri-County respondents reported access to health care as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 73)

- Fourteen percent of respondents reported access to health care (physical, dental or mental) as one of the top three community health issues.
- Female respondents were more likely to report access to health care as one of the top community health issues (18%) compared to male respondents (11%).
- Married respondents were more likely to report access to health care compared to unmarried respondents (20% and 8%, respectively).

Table 73. Access to Health Care as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	14%
Gender ¹	
Male	11
Female	18
Age	
18 to 34	11
35 to 44	14
45 to 54	17
55 to 64	23
65 and Older	12
Education	
High School or Less	12
Some Post High School	14
College Graduate	16
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	18
Top 40 Percent Bracket	16
Marital Status ¹	
Married	20
Not Married	8

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

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

In 2018, 9% of Tri-County respondents reported prescription or over-the-counter drug abuse as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 74)

- Ten percent of respondents reported prescription or over-the-counter drug abuse as one of the top three community health issues.
- Respondents 45 to 54 years old were more likely to report prescription or over-the-counter drug abuse as one of the top community health issues (19%) compared to those 55 to 64 years old (7%) or respondents 35 to 44 years old (5%).
- Thirteen percent of respondents with a college education reported prescription or over-the counter drug abuse compared to 10% of those with some post high school education or 4% of respondents with a high school education or less.

Table 74. Prescription or Over-the Counter Drug Abuse as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	10%
Gender	
Male	11
Female	8
Age ¹	
18 to 34	10
35 to 44	5
45 to 54	19
55 to 64	7
65 and Older	8
Education ¹	
High School or Less	4
Some Post High School	10
College Graduate	13
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	12
Marital Status	
Married	12
Not Married	8

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Violence or Crime as a Top Community Health Issue

In 2018, 4% of Tri-County respondents reported violence or crime as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 75)

- Six percent of respondents reported violence or crime as one of the top three community health issues.
- Fourteen percent of respondents 35 to 44 years old and 13% of those 45 to 54 years old reported violence or crime as one of the top community health issues compared to 1% of respondents 55 to 64 years old.
- Ten percent of respondents in the top 40 percent household income bracket reported violence or crime compared to 4% of those in the bottom 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

Table 75. Violence or Crime as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	6%
Gender	
Male	7
Female	5
Age ¹	
18 to 34	2
35 to 44	14
45 to 54	13
55 to 64	1
65 and Older	5
Education	
High School or Less	4
Some Post High School	8
College Graduate	6
Household Income ¹	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	10
Marital Status	
Married	7
Not Married	5

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Affordable Health Care as a Top Community Health Issue

In 2018, 8% of Tri-County respondents reported affordable health care as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 76)

- Six percent of respondents reported affordable health care as one of the top three community health issues.
- Female respondents were more likely to report affordable health care as one of the top community health issues (10%) compared to male respondents (3%).

Table 76. Affordable Health Care as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	6%
Gender ¹	
Male	3
Female	10
Age	
18 to 34	6
35 to 44	4
45 to 54	10
55 to 64	8
65 and older	4
Education	
High School or Less	7
Some Post High School	6
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	9
Marital Status	
Married	7
Not Married	6

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Lack of Physical Activity as a Top Community Health Issue

In 2018, 5% of Tri-County respondents reported lack of physical activity as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 77)

- Six percent of respondents reported lack of physical activity as one of the top three community health issues.
- Respondents with a college education were more likely to report lack of physical activity as one of the top community health issues (13%) compared to those with a high school education or less (2%) or respondents with some post high school education (0%).
- Eleven percent of respondents in the top 40 percent household income bracket reported lack of physical activity compared to 3% of those in the middle 20 percent income bracket or 2% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report lack of physical activity as a top community health issue compared to unmarried respondents (8% and 4%, respectively).

Table 77. Lack of Physical Activity as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	6%
Gender	
Male	6
Female	7
Age	
18 to 34	4
35 to 44	12
45 to 54	5
55 to 64	5
65 and older	4
Education ¹	
High School or Less	2
Some Post High School	0
College Graduate	13
Household Income ¹	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	11
Marital Status ¹	
Married	8
Not Married	4

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

Access to Affordable Healthy Food as a Top Community Health Issue

In 2018, 6% of Tri-County respondents reported access to affordable healthy food as one of the top three community health issues (2018 Tri-County Community Health Survey).

2018 Findings (Table 78)

- Six percent of respondents reported access to affordable healthy food as one of the top three community health issues.
- Female respondents were more likely to report access to affordable healthy food as one of the top community health issues (8%) compared to male respondents (3%).
- Thirteen percent of respondents 45 to 54 years old reported affordable healthy food compared to 3% of respondents 55 to 64 years old.
- Respondents with a college education were more likely to report affordable healthy food as a top community health issue (11%) compared to respondents with a high school education or less (3%) or respondents with some post high school education (less than one percent).

Table 78. Access to Affordable Healthy Food as a Top Community Health Issue by Demographic Variables for 2018 (Q118)^{①,②}

	2018
TOTAL	6%
Gender ¹	
Male	3
Female	8
Age ¹	
18 to 34	4
35 to 44	5
45 to 54	13
55 to 64	3
65 and older	4
Education ¹	
High School or Less	3
Some Post High School	<1
College Graduate	11
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	6
Marital Status	
Married	6
Not Married	5

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Not asked in 2011 and 2015.

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

APPENDIX A: QUESTIONNAIRE FREQUENCIES

WINNEBAGO COUNTY

December 7, 2017 through February 28, 2018

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. Generally speaking, would you say that your own health is...?

Poor	2%
Fair	12
Good	43
Very good	28
Excellent	14
Not sure	0

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

0 days.....	58%
1 to 2 days	11
3 to 5 days	14
6 to 15 days	8
16 to 30 days	9
Not sure	<1

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

0 days.....	55%
1 to 2 days	15
3 to 5 days	10
6 to 15 days	12
16 to 30 days	8
Not sure	<1

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [All Respondents]

0 days.....	71%
1 to 2 days	10
3 to 5 days	6
6 to 15 days	8
16 to 30 days	5
Not sure	<1

5. Currently, what is your primary source of health care coverage? Is it through...

A plan purchased through an employer or union (includes plans purchased through another person's employer)	67%
A plan that you or another family member buys on your own.....	4
Medicare.....	19
Medicaid or other state program	7
TRICARE (formerly CHAMPUS), VA or Military.....	2
Alaska Native, Indian Health Service, Tribal Health Services.....	0
Some other source	<1
None	<1
Not sure	<1

6. In the past 12 months, have you or anyone in the household not get the medical care needed?

Yes.....	6%	→CONTINUE WITH Q7
No.....	94	→GO TO Q9
Not sure	<1	→GO TO Q9

7. Who did not receive the medical care needed? Was it... [28 Respondents]

An adult.....	93%
A child.....	3
Both.....	3
Not sure	0

8. Why did they not receive the medical care needed? [28 Respondents; More than 1 response accepted]

Co-payments too high	37%
Insurance did not cover it	21
Cannot afford to pay.....	20
Not enough time	18
Unable to get appointment	14
Other (6% or less)	13
Not sure	2

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

Yes.....	8%	→CONTINUE WITH Q10
No.....	91	→GO TO Q12
Not sure	<1	→GO TO Q12

10. Who did not receive the dental care needed? Was it... [40 Respondents]

An adult.....	90%
A child.....	3
Both.....	8
Not sure	0

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

Uninsured	37%
Cannot afford to pay	35
Unable to get appointment	14
Insurance did not cover it	9
Don't know where to go	6
Other (6% or less)	13
Not sure	2

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

Yes.....	2%	→ CONTINUE WITH Q13
No	98	→ GO TO Q15
Not sure	0	→ GO TO Q15

13. Who did not receive the mental health care needed? Was it... [8 Respondents]

An adult	8 respondents
A child	0 respondents
Both	0 respondents
Not sure	0 respondents

14. Why did someone in your household not receive the mental health care needed?
[8 Respondents: Multiple responses accepted]

Cannot afford to pay	6 respondents
Not enough time	3 respondents
Other	4 respondents

15. Do you have a doctor, nurse practitioner, physician assistant or primary care clinic that you think of as your personal doctor or health care provider?

Yes.....	89%
No	11
Not sure	0

16. An Advance Directive for Health Care is a document that allows you to appoint someone to make health care decisions on your behalf and/or to leave instructions about the kind of health care you want or don't want. This document is used to guide decisions about your health care in the event that you become very ill and cannot decide for yourself. The document is sometimes called a Living Will or Power of Attorney for Health Care. Do you have an advance directive for health care?

Yes.....	44%
No	52
Not sure	4

17. In the past 12 months, have you had a conversation with family, friends or other persons you trust about your wishes for health care if you were unable to speak for yourself?

Yes.....	49%
No	51
Not sure	<1

18. A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last received a routine checkup?

Less than a year ago73% → CONTINUE WITH Q19
 1 to 2 years ago.....19 → CONTINUE WITH Q19
 3 to 4 years ago..... 4 → GO TO Q21
 5 or more years ago 3 → GO TO Q21
 Never 0 → GO TO Q21
 Not sure<1 → GO TO Q21

19. Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions. Did the health care provider ask you in person or on a form how much you drink? [459 Respondents]

Yes.....81% → CONTINUE WITH Q20
 No11 → GO TO Q21
 Not sure 9 → GO TO Q21

20. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? [369 Respondents]

Yes..... 6%
 No93
 Not sure<1

21. When was the last time you had a visit to a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Less than a year ago74%
 1 to 2 years ago.....14
 3 to 4 years ago..... 3
 5 or more years ago10
 Never 0
 Not sure<1

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

	Yes	No	Not Sure
22. You have high blood pressure?.....	26%	74%	0%
23. Your blood cholesterol is high?	22	78	<1
24. You have heart disease or a heart condition?.....	8	92	<1
25. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?.	21	77	2

26. You have diabetes (men). You have diabetes not associated with a pregnancy (women)?

Yes.....10% → CONTINUE WITH Q27
 No90 → GO TO Q28
 Not sure 0 → GO TO Q28

27. How old were you when you were told you have diabetes? [49 Respondents]

1 to 14 years old	0%
15 to 24 years old	0
25 to 34 years old	10
35 to 44 years old	18
45 to 54 years old	30
55 to 64 years old	20
65 and older	16
Not sure	6

28. Are you being treated for or been told by a doctor, nurse or other health care provider that you currently have asthma?

Yes.....	9%
No	91
Not sure	<1

29. On an average day, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 1 cup of leafy greens.

1 or fewer servings	45%
2 servings.....	24
3 or more servings	31
Not sure	0

30. On an average day, not counting juice, how many servings of fruit do you eat? One serving is ½ cup of cooked or canned fruit, 1 medium piece of fruit or ¼ cup of dried fruit.

1 or fewer servings	56%
2 servings.....	28
3 or more servings	16
Not sure	0

We are interested in two types of physical activity—vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

31. Now thinking about the moderate activities you do when you are not working, in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate?

32. How many days per week do you do these moderate activities for at least 10 minutes at a time?

33. On the days you do these moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

No moderate activity	14%
Less than 5 times/week for 30 minutes or less than 30 minutes each time	54
5 times/week for 30 minutes or more	32
Not sure	1

34. Now thinking about the vigorous activities you do when you are not working, in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
35. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
36. On the days you do these vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

No vigorous activity57%
 Less than 3 times/week for 20 minutes
 or less than 20 minutes each time.....18
 3 times/week for 20 minutes or more25
 Not sure<1

Now I am going to read reasons that some people do not participate in physical activities more. Please let me know if it is a major reason, moderate reason, minor reason or not a reason for you. [282 Respondents Who Did Not Meet Recommended Amount of Physical Activity]

	Not a Reason	Minor Reason	Moderate Reason	Major Reason	Not Sure
37. There is not enough time to exercise....	37%	20%	15%	29%	0%
38. It is inconvenient to exercise.....	44	24	22	10	<1
39. It is difficult to motivate myself to exercise.....	32	16	24	28	0
40. Exercise is boring or not enjoyable.....	44	24	16	15	<1
41. I am afraid of getting injured or I was injured recently	70	13	8	9	<1
42. I am not confident in being physically active or how to manage progress	69	21	7	3	<1
43. I do not have encouragement, support or companionship from family and friends.....	67	22	9	2	<1
44. I do not have parks, sidewalks, bicycle trails, or safe and pleasant walking paths convenient to my home or office	80	9	8	4	0

45. Is there any other reason that prevents you from participating in physical activities more?
46. What is this other reason that prevents you from physical activity?
47. Is this a major reason, moderate reason, minor reason or not a reason that prevents you from participating in physical activities more?

[To determine if any reasons were inadvertently excluded.]

48. On average, how many hours of sleep do you get in a 24-hour period?

1 to 5 hours	13%
6 hours	23
7 hours	32
8 hours	26
9 or more hours	6
Not sure	<1

49. On average, approximately how many hours a day do you spend in front of a tv, computer, smart phone, tablet or video gaming system for leisure?

1 hour or less	23%
2 to 3 hours	44
4 to 5 hours	19
6 or more hours	13
Not sure	<1

50. During the past week, how many times did all, or most, of your family living in your household eat a meal together? [390 Respondents living with others]

Never	7%
1 to 2 times	14
3 to 4 times	24
5 to 6 times	16
7 times	16
More than 7 times	24
Not sure	0

51. During the past 30 days, how often did you drink regular soda or pop that contains sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks?

0 times	30%
Few times per month	11
1 to 3 times per week	19
4 to 6 times per week	5
1 time per day	21
2 times per day	9
3 or more times per day	3
Not sure	0

52. How often do you get the social and emotional support you need? Would you say...

Always.....	43%
Usually	35
Sometimes	12
Rarely	6
Never	4
Not sure	<1

53. Now, I am going to ask you about some factors that can affect a person's health. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent, mortgage or utility bills? Would you say...

Always.....	8%
Usually	6
Sometimes	16
Rarely	26
Never	44
Not sure	<1

54. Please tell me whether the following statement was often true, sometimes true, or never true for you in the past 12 months. The food that I bought just didn't last, and I didn't have money to get more.

Often true.....	1%
Sometimes true	14
Never true	85
Not sure	0

55. How safe from crime do you consider your neighborhood to be? Would you say...?

Extremely safe	40%
Safe.....	56
Unsafe.....	4
Extremely unsafe.....	<1
Not sure	<1

56. Stress means a situation in which a person feels tense, restless, nervous or anxious or unable to sleep at night because his or her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

None of the time	34%
A little of the time	32
Some of the time	20
Most of the time	8
All of the time	5
Not sure	<1

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

Yes.....	10%
No.....	90
Not sure	0

Now I'd like to ask you about alcohol.

58. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

0 days.....31%
 1 to 8 days49
 9 to 14 days 9
 15 to 29 days 6
 30 days..... 4
 Not sure 0

59. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days you drank, about how many drinks did you drink on the average?

0 drinks31%
 1 to 2 drinks.....44
 3 to 4 drinks.....13
 5 or more drinks11
 Not sure<1

60. Considering all types of alcoholic beverages, how many times during the past 30 days, did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

0 times72%
 1 time.....10
 2 or more times.....18
 Not sure<1

61. During the past 30 days, were you a driver when you had perhaps too much to drink?

Yes..... 2%
 No.....98
 Not sure 0

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

		Yes	No	Not Sure
62.	Drinking alcohol.....	4%	96%	0%
63.	Misuse of prescription drugs or over-the-counter drugs.....	2	98	0

64. Do you currently use electronic cigarettes also known as e-cigarettes, vaping, NJOY, or Bluetip, every day, some days or not at all?

Every day..... 2%
 Some days 5
 Not at all94
 Not sure 0

65. Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all?

Every day.....	2%
Some days	<1
Not at all	98
Not sure	0

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

Every day.....	13%	CONTINUE WITH Q67
Some days	4	CONTINUE WITH Q67
Not at all	83	→GO TO Q68
Not sure	0	→GO TO Q68

67. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?
[87 Current Smokers]

Yes.....	45%
No	55
Not sure	0

68. Does anyone in your household, including yourself, smoke cigarettes, cigars or pipes anywhere inside your home or vehicle?

Yes.....	9%
No	91
Not sure	0

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

69. Are any firearms now kept in or around your home?

Yes.....	43%
No	57
Not sure	0

70. Are any of these firearms now loaded? [All Respondents]

Yes.....	14%
No	26
Not sure	1
No firearms in the household/no answer.....	58

71. Are any of these loaded firearms also unlocked? [All Respondents]

Yes.....	7%
No	7
Not sure	0
No firearms in the household/not loaded/no answer	86

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

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

18 to 34 years old	32%
35 to 44 years old	17
45 to 54 years old	20
55 to 64 years old	15
65 and older	17

73. Gender [DERIVED, NOT ASKED]

Male.....	51%
Female	49

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

75. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese.....	30%
Overweight	31
Obese.....	39

76. Are you Hispanic or Latino?

Yes.....	2%
No	98
Not sure	0

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

White	93%
Black, African American.....	<1
Asian.....	3
Native Hawaiian or Other Pacific Islander.....	<1
American Indian or Alaska Native	<1
Another race	<1
Multiple races.....	1
Not sure	0

78. In the past year, have you experienced discrimination, bigotry or prejudice due to your race or ethnicity?

[42 Respondents Who Reported Hispanic Ethnicity and/or at Least One Non-White Race]

Yes.....	31%
No	69
Not sure	0

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

8th grade or less.....	0%
Some high school	2
High school graduate or GED	26
Some college	18
Technical school graduate	12
College graduate.....	26
Advanced or professional degree	16
Not sure	0

80. How many adults, INCLUDING YOURSELF, live in your household?

1	30%
2	59
3	9
4 or more	2

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

Winnebago	100%
-----------------	------

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

Oshkosh city	39%
Neenah city.....	18
Menasha town	10
Menasha city	9
All others (3% or less).....	24

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

54956.....	26%
54901	20
54952	16
54902	15
54904	13
All others (3% or less).....	11

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

84. 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.

85. How many of these telephone numbers are residential numbers?

86. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

87. What is your current marital status?

Married	48%
Divorced	16
Widowed	7
Separated	<1
Never been married	25
A member of an unmarried couple	3
Not sure	0

88. What is your annual household income from all sources before taxes?

Less than \$10,000	3%
\$10,000 to \$20,000	6
\$20,001 to \$30,000	11
\$30,001 to \$40,000	9
\$40,001 to \$50,000	10
\$50,001 to \$60,000	12
\$60,001 to \$75,000	10
\$75,001 to \$90,000	9
\$90,001 to \$105,000	4
\$105,001 to \$120,000	7
\$120,001 to \$135,000	3
Over \$135,000	9
Not sure	2
No answer	5

The next two questions are about sexual orientation and gender identity.

89. Do you consider yourself to be... INTERVIEWER, IF ASKED WHY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

Straight	97%
Lesbian or gay	1
Bisexual	2
Not sure	0

90. Do you consider yourself to be transgender or gender non-conforming? INTERVIEWER, IF ASKED
DEFINITION: People describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation-straight, gay, lesbian or bisexual. GENDER NON-CONFORMING DEFINITION: some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

Yes	<1%
No	99
Not sure	<1

91. In the past year, have you experienced discrimination, bigotry or prejudice due to your sexual orientation or gender identity? [18 Respondents]

Yes.....	3 respondents
No.....	15 respondents
Not sure	0 respondents

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

None	64%	→GO TO Q116
One	18	→ CONTINUE WITH Q93
Two or more	18	→ CONTINUE WITH Q93

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

93. Do you make health care decisions for [HIM/HER]? [179 Respondents]

Yes.....	82%	→ CONTINUE WITH Q94
No.....	18	→GO TO Q116

94. What is the age of the child? [146 Respondents]

12 or younger	64%
13 to 17 years old	36

95. Is this child a boy or girl? [145 Respondents]

Boy	49%
Girl	51

96. A personal doctor or nurse is a health professional who knows your child well, and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as your child's personal doctor or nurse? [146 Respondents]

Yes.....	92%	→ CONTINUE WITH Q97
No.....	8	→ GO TO Q98
Not sure	0	→ GO TO Q98

97. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did [HE/SHE] visit their personal doctor or nurse for preventive care? [134 Respondents]

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

98. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and others who specialize in one area of health care. Was there a time during the past 12 months your child needed to see a specialist but did not? [146 Respondents]

Yes.....	0%	→ CONTINUE WITH Q99
No.....	100	→ GO TO Q101

99. Why did your child not see a specialist needed? [0 Respondents; Multiple Responses Accepted]

100. What type of specialist was your child directed to see? [0 Respondents]

101. Some new parents are helped by programs that send nurses, health care workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother. Between the time of pregnancy and up until the present day, did someone from such a program visit your home?
[146 Respondents]

Yes.....	12%
No.....	86
Not sure	2

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

Crib or bassinette.....	92%
Pack n' Play.....	3
Couch or chair	0
Swing.....	0
Car	0
Car seat.....	<1
Floor	0
In bed with you or another person.....	1
Not sure	3

103. Does your child have asthma? [146 Respondents]

Yes.....	10%	→CONTINUE WITH Q104
No.....	90	→GO TO Q105
Not sure	0	→GO TO Q105

104. Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the child limit his or her activity more than usual, or make you seek medical care. During the past 12 months, has your child had an episode of asthma or an asthma attack? [14 Respondents]

Yes.....	10 respondents
No.....	3 respondents

105. Does your child have diabetes? [146 Respondents]

Yes.....	0%
No.....	99
Not sure	1

106. How safe from crime is your child in your community or neighborhood? [146 Respondents]

Extremely safe.....	38%
Safe.....	61
Unsafe.....	0
Extremely unsafe.....	1
Not sure	0

107. During the past 6 months, how often was your child unhappy, sad or depressed? [116 Respondents of Children 4 to 17 years old]

Always.....	<1%
Nearly always.....	8
Sometimes	25
Seldom.....	53
Never	14
Not sure	0

108. During the past 12 months, has your child experienced any bullying? [116 Respondents of Children 4 to 17 years old]

Yes.....	25%	→CONTINUE WITH Q109
No	71	→GO TO Q110
Not sure	4	→GO TO Q110

109. What type of bullying did your child experience? [116 Respondents of Children 4 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group....	23%
Physically bullied for example, being hit or kicked	7
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	3

110. On an average day, not counting juice, how many servings of fruit does your child eat? One serving is ½ cup canned or cooked fruit, 1 medium piece of fruit or ¼ cup dried fruit. [146 Respondents]

1 or fewer servings	27%
2 servings.....	36
3 or more servings	36
Not sure	0

111. On an average day, how many times does your child eat vegetables? One serving is ½ cup cooked or raw vegetables, or 1 cup of raw leafy greens. [146 Respondents]

1 or fewer servings	36%
2 servings.....	41
3 or more servings	23
Not sure	0

112. On average, approximately how many hours a day does your child spend in front of a tv, computer, smart phone, tablet or video gaming system for leisure? [146 Respondents]

1 hour or less	38%
2 to 3 hours	38
4 to 5 hours	14
6 or more hours	9
Not sure	1

113. During the past 30 days, how often did your child drink regular soda or pop that contains sugar, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea and sports or energy drinks such as Gatorade and Red Bull or sweetened coffee drinks? [142 Respondents]

0 times	28%
Few times per month	9
1 to 3 times per week.....	39
4 to 6 times per week.....	4
1 time per day	15
2 times per day	4
3 or more times per day	0
Not sure	0

114. During the past seven days, on how many days was your child physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time?
[116 Respondents of Children 4 to 17 years old]

0 or 1 day	4%	→ CONTINUE WITH Q115
2 through 4 days	29	→ CONTINUE WITH Q115
5 or more days	64	→ GO TO Q116
Not sure	3	→ GO TO Q116

115. Why was your child not physically active for at least 60 minutes on more days?
[39 Respondents: Multiple responses accepted]

Weather	63%
School/homework/other activities	18
Child does not like to be physically active	7
No afterschool activities	6
Work.....	6
Sick/ill	6
Other (3% or less)	5

116. During the past year has anyone made you afraid for your personal safety?

Yes.....	9%
No	91
Not sure	0

117. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes.....	5%
No	94
Not sure	<1

118. Finally, what are the three largest health concerns in Winnebago County?

Overweight or obesity	26%
Chronic diseases like diabetes or heart disease	22
Illegal drug use	18
Mental health or depression.....	16
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	15
Cancer.....	14
Alcohol use or abuse.....	14
Access to health care (physical, dental or mental care)	14
Prescription or over-the-counter drug abuse.....	10
Violence or crime	6
Affordable health care	6
Lack of physical activity.....	6
Access to affordable healthy food	6
Tobacco use	3
Environmental issues (air, water, wind turbines, animal waste) ...	3
Driving problems/aggressive driving/drunken driving	2
Aging/aging population	1